



Health Insurance Marketplace 2016 Open Enrollment

Open Enrollment Week 6

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

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



Intended Audience

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

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

Session Guidelines

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

Disclaimer

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

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

Purpose



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



Health Insurance Marketplace 2016 Open Enrollment



*Updates
and
Announcements*

Key Open Enrollment Dates for Plan Year 2016

November 1, 2015

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

November 15, 2015 –
December 15, 2015

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

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

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

January 1, 2016

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

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

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

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

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

February 1, 2016

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

March 1, 2016

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

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

Tips from the Marketplace Call Center

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

HealthCare.gov Find Local Help Tip

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

Portal Help & FAQs Print

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

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

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

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

Transitioning Consumer Operated and Oriented Plan (Co-op) Program Enrollees

The following issuers participating in the Co-op Program are ceasing to offer plans on the Marketplaces effective January 1, 2016:

| State | Issuer Name |
|----------------|---|
| Arizona | Meritus Health Partners |
| Arizona | Meritus Mutual Health Partners |
| Colorado | Colorado Health Insurance Cooperative (Colorado HealthOp) |
| Kentucky | Kentucky Health Cooperative |
| Louisiana | Louisiana Health Cooperative |
| Michigan | Consumers Mutual Insurance of Michigan |
| Nevada | Nevada Health Cooperative |
| New York | Health Republic Insurance of New York |
| Oregon | Health Republic Insurance of Oregon |
| South Carolina | Consumer's Choice Health Insurance Company |
| Tennessee | Community Health Alliance Mutual Insurance Company |
| Utah | Arches Community Healthcare |

Transitioning Consumer Operated and Oriented Plan (Co-op) Program Enrollees (Cont.)

- Enrollees in these qualified health plans (QHPs) should enroll in a new plan by December 15, 2015 to ensure that the first day of their coverage will begin January 1, 2016. (If consumers enroll after this date, a special enrollment period will need to be accessed to have coverage effective January 1, 2016.)
- If consumers do not enroll in a new Marketplace QHP, enrollees in the plans offered by these issuers will stop receiving any advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) (which lower copayments, coinsurance, and deductibles) that they currently receive, **effective January 1, 2016**.
- Please encourage your customers who are enrolled in QHPs offered by these co-op issuers to enroll in new plans for 2016 coverage by December 15, 2015.

Proposed New Policies Impacting Agents/Brokers

On the last couple of calls, we went over proposed policies outlined in the 2017 Payment Notice impacting agents/brokers, including:

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

More information about these proposals is available on the Agents and Brokers Resources webpage: <http://go.cms.gov/CCIIOAB>.

How to Submit a Comment

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

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

Question: I don't believe the FFM has captured my NPN on a specific enrollment. What should I do?

Answer:

- When helping a consumer complete a new application or update an existing application using the “Side-by-Side” (i.e., Marketplace) model, the agent or broker should ensure the customer enters his or her name and National Producer Number (NPN) to get credit for that enrollment.
- The Direct Enrollment pathway should automatically capture the agent/broker's information in the submit enrollment response.
- An agent or broker or a consumer should not return to the Marketplace (via the Side-by-Side or Direct Enrollment channel) to edit an application *only* for the purpose of adding/changing the NPN on record; instead, the consumer should be reporting some type of life change when adding/changing the NPN on record.

Question: I don't believe the FFM has captured my NPN on a specific enrollment.
What should I do? (Cont.)

Answer:

- If an FFM-registered agent or broker has a reason to believe his or her NPN should have been included on an FFM enrollment transaction and was not, the agent or broker may contact the respective QHP issuer directly to discuss the situation since the FFM considers issuers as the source of truth for NPNs for enrollments.

Marketing Opportunities for Agents and Brokers

- Licensed agents and brokers may print Marketplace materials and add a physical sticker (or stamp) to these documents with their contact information.
- An example of a marketing material is this general Open Enrollment flyer:
 - <https://marketplace.cms.gov/outreach-and-education/need-affordable-health-coverage-poster.pdf>
 - Spanish-language version: <https://marketplace.cms.gov/outreach-and-education/need-affordable-health-coverage-poster-spanish.pdf>
- Some materials even allow the agent or broker to enter his or her information directly into the material itself, such as this event flyer:
 - <https://marketplace.cms.gov/outreach-and-education/open-enrollment-fillable-flyer.pdf>
 - Spanish-language version: <https://marketplace.cms.gov/outreach-and-education/need-health-coverage-flyer-spanish.pdf>

Marketing Opportunities for Agents and Brokers (Cont.)

- Additional Marketplace documents are available at:
 - www.HealthCare.gov
 - <https://marketplace.cms.gov/>
- To order Marketplace materials, review the instructions at: <https://marketplace.cms.gov/outreach-and-education/need-a-product-order-now.pdf>
- CMS suggests the following content for agent and broker stickers added to Marketplace materials:
 - For in-person help with your application, contact:
 - Name (licensed insurance broker):
 - National Producer Number:
 - State License Number:
 - Work Address:
 - Contact Phone Number:
 - Email Address:

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

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

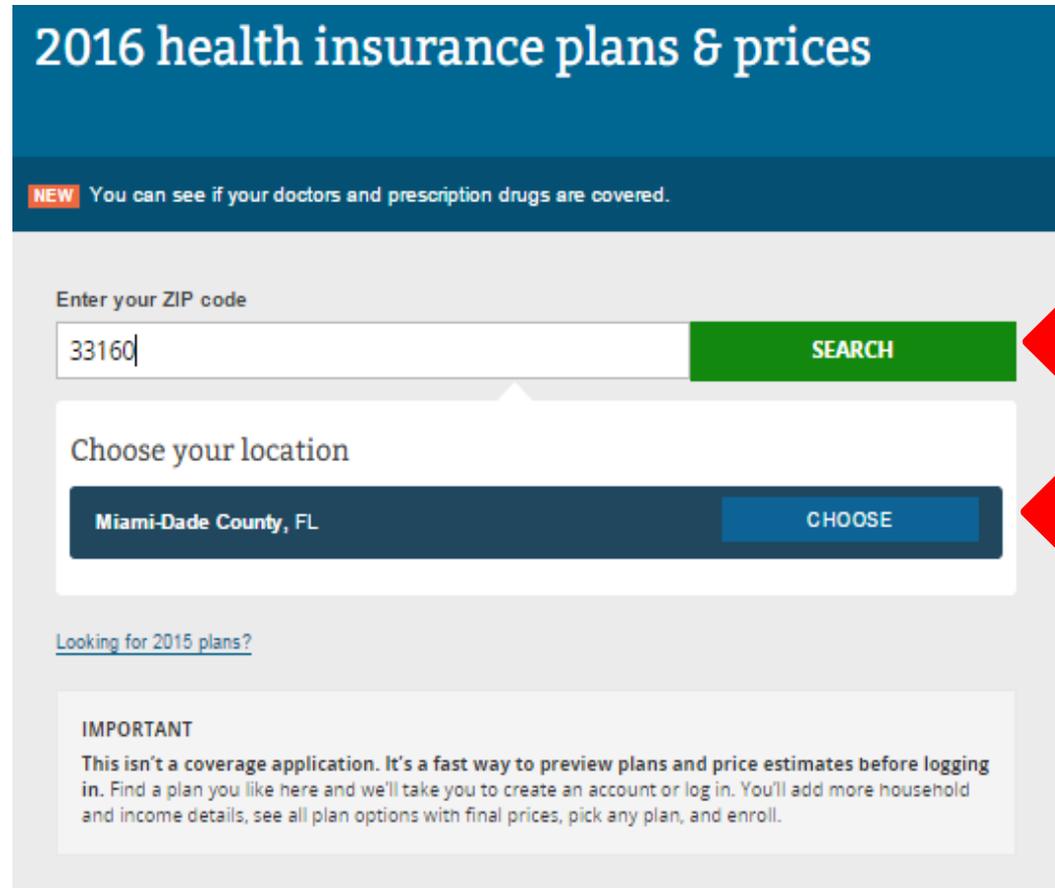
November 15 and 30 were the cut-off dates for a number of SEPs and CiCs (e.g., permanent moves, releases from incarceration). For consumers who qualified for an SEP that ended on one of those days, HealthCare.gov will display a message that the consumer cannot select a new plan on his or her 2015 application because the coverage effective date would be January 1, 2016.

New Prescription Drug Check Tool at HealthCare.gov

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

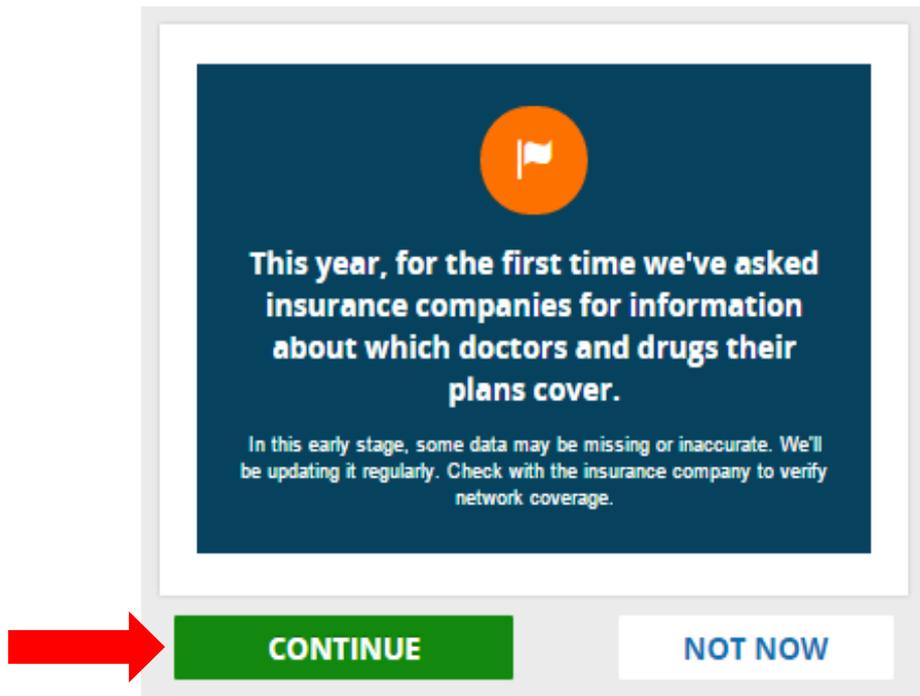
New Prescription Drug Check Tool at HealthCare.gov (Cont.)

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



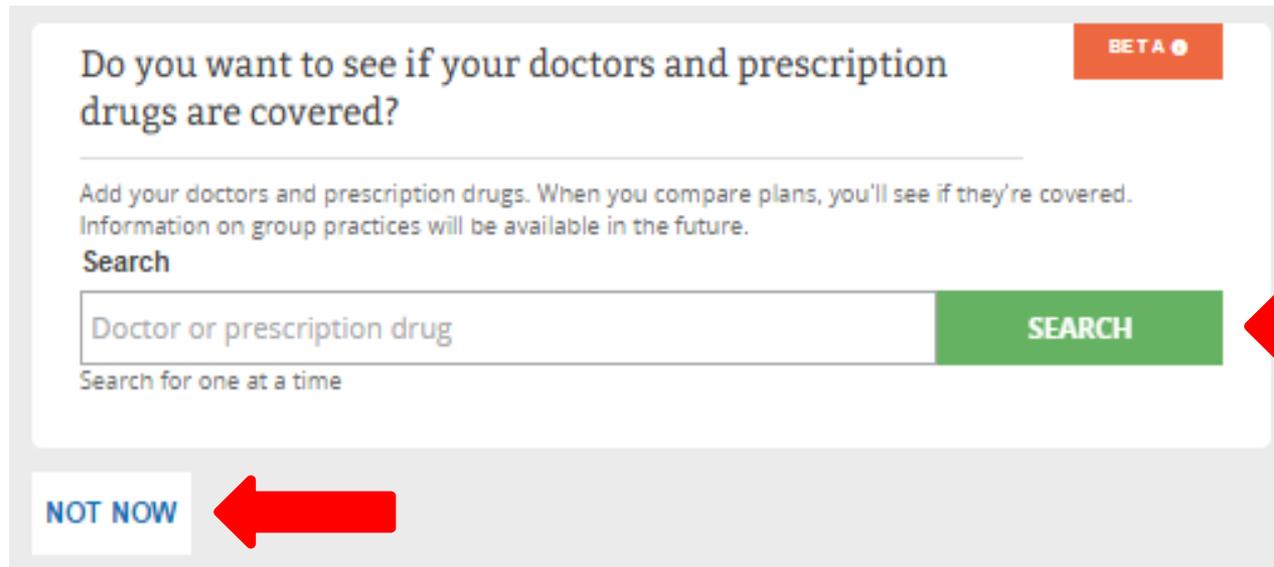
The screenshot displays the '2016 health insurance plans & prices' webpage. At the top, a blue header contains the title. Below it, a dark blue banner features a 'NEW' tag and the text 'You can see if your doctors and prescription drugs are covered.' The main content area is light gray and includes a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

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



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

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



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

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

Search

Doctor or prescription drug SEARCH

Search for one at a time

NOT NOW

The screenshot shows a user interface for a prescription drug check tool. At the top right, there is a red 'BETA' badge. The main heading asks if the user wants to see if their doctors and prescription drugs are covered. Below this is a sub-heading and a line of text explaining the tool's purpose. A search section follows, with a text input field containing the placeholder 'Doctor or prescription drug' and a green 'SEARCH' button. A red arrow points to the 'SEARCH' button. Below the search field is the text 'Search for one at a time'. At the bottom left, there is a white button with the text 'NOT NOW' in blue, with a red arrow pointing to it.

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

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

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

The screenshot displays the Prescription Drug Check Tool interface. At the top right, there is a red "BETA" badge. The main heading asks, "Do you want to see if your doctors and prescription drugs are covered?". Below this, there is a sub-heading: "Add your doctors and prescription drugs. When you compare plans, you'll see if they're covered. Information on group practices will be available in the future." A "Search" label is positioned above a search input field containing the text "Norvasc". To the right of the input field is a green "SEARCH" button. Below the search results, there is a section titled "results for *Norvasc*". This section contains three lines of informational text: "A single provider may have multiple offices, and have different coverage options at each office.", "If the same doctor is listed more than once, contact the insurance company to verify the location near you is in the network.", and "Information on group practices will be available in the future. In the meantime, check the plan's provider directory." Below the text is a "PRESCRIPTION DRUGS" section with a table of results. A red arrow points to the middle row of the table. At the bottom of the interface, there are two buttons: a green "ADD" button and a white "NOT NOW" button. A red arrow points to the "ADD" button.

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

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

Search

Norvasc SEARCH

results for *Norvasc*

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

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

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

| PRESCRIPTION DRUGS | | |
|--------------------------|-------------------------------|----------------|
| <input type="checkbox"/> | NORVASC 2.5 mg Oral Tablet | ⓘ |
| <input type="checkbox"/> | NORVASC 5 mg Oral Tablet | ⓘ |
| <input type="checkbox"/> | NORVASC 10 mg Oral Tablet | ⓘ |

ADD NOT NOW

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

Confirm your providers and prescription drugs

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

 **ADD** CONTINUE

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

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

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

6 plans available

Sort by: Premium | Plan type: Health plans

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

FILTERS

Monthly premium

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

Plan category

- Silver plans (6) X

Plan type

- EPO (6) X

Medical management programs

- Asthma (6)
- Heart Disease (8)
- Depression (8)
- Diabetes (8)
- High Blood Pressure and High Cholesterol (6)
- Pain Management (6)
- Pregnancy (6)

Insurance companies

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

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

Silver EPO | Plan ID: 16942FL0120072

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

Estimated total yearly costs

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

Your doctors and prescription drugs

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

Copayments / Coinsurance

- Emergency room care: \$600 Copay after deductible
- Generic drugs: \$30 Copay after deductible
- Primary doctor: \$65
- Specialist doctor: \$90 Copay after deductible

LEARN MORE ABOUT THIS PLAN | **COMPARE**

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

- To register for any of these sessions, please log in to www.REGTAP.info and complete the following steps:
 - Select "Training Events" from "My Dashboard."
 - Select the "View" icon next to the event title for the webinar you are interested in attending.
 - Select "Register Me."

| Tuesdays: 3:00–4:00 PM ET |
|---------------------------------|
| December 8 |
| December 15 – NO WEBINAR |
| December 22 |
| December 29 |
| January 5 |
| January 12 |
| January 19 |
| January 26 |

Income and Household Size Overview in the Marketplace

- Eligibility for Insurance Affordability Programs (IAPs) is streamlined in one application for multiple programs:
 - APTC for a Marketplace QHP
 - CSRs for a Marketplace QHP
 - Medicaid (Modified Adjusted Gross Income [MAGI]-based categories)
 - Children's Health Insurance Program (CHIP)
- Eligibility criteria include:
 - Household income (MAGI) for any tax filers, and any tax dependents who are required to file taxes, minus deductions
 - Household size

Types of Income Counted for MAGI

| Counted | Not Counted |
|---|---|
| Taxable wages/salary | Gifts/Inheritances |
| Social Security benefits (including Social Security Disability Insurance (SSDI) and retirement) | Supplemental Security Income (SSI) |
| Self-employment (net income) | Workers' compensation payments |
| Most retirement benefits and pensions (including Department of Veterans Affairs pensions) | Veteran's disability payments |
| Alimony received | Child support received |
| Unemployment benefits | Proceeds from loans (e.g., student loans) |
| Rental Income | |
| Interest (including tax-exempt interest) | |
| Other taxable income | |

For more detailed descriptions of income types, see <https://www.HealthCare.gov/help/income/>.

Calculating Household Size

- For eligibility for the APTC and/or CSRs in the Marketplaces, the household size is based on the number of the tax filer(s) and any dependents claimed on the tax filer(s)' federal income tax return.
 - For Medicaid and CHIP, household size rules are sometimes based on tax household size and other times are based on who the consumers live with.
- Here are a few things to know about defining household size:
 - Spouses must file jointly to qualify for the APTC and/or CSRs.
 - There are a few exceptions to this: People who file taxes as heads of households who are victims of domestic abuse or spousal abandonment may indicate they are not married on the application.
 - Legally married same sex couples are treated as married for the purposes of eligibility for the APTC.

Resource: <https://www.HealthCare.gov/income-and-household-information/household-size/>

Multi-tax Households

- “Multi-tax households” are more complex households where family members file more than one federal income tax return (e.g., domestic partners, parents with non-dependent children who file their own taxes).
- Ask if the applicant is applying for help paying for coverage.
- Identify the people in the household and their plans for filing taxes for 2016 by asking the following questions:
 - Do you plan on filing a federal income tax return for 2016?
 - If married, do you plan to file jointly with your spouse?
 - Will you claim any dependents?
 - Does anyone in the household file taxes separately?

Completing Separate Applications for Members of Multi-tax Households

- If the consumer plans to file separate federal income tax returns for one or more of the household members (i.e., members of the household will collectively be filing more than one tax return), you should assist the consumer by either calling the Marketplace Call Center for assistance or helping the consumer complete separate Marketplace applications for each tax household (i.e., household members listed on the same tax return).
- For each tax household, list members of the tax household as applicants (applying for coverage) on only ONE application.
 - List the other household members as non-applicants (not applying for coverage) on the application.
- Each tax household application group will be on its own policy, but can still select the same QHP.

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 QHPs and the enrollment process as described in 45 CFR § 155.220(c)(3).



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 state(s) 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 (Cont.)

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 requests 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.

Steps to Become an FFM Web-broker (Cont.)

4. 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.
5. 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).
6. 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 (Cont.)

- 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 (Cont.)

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.

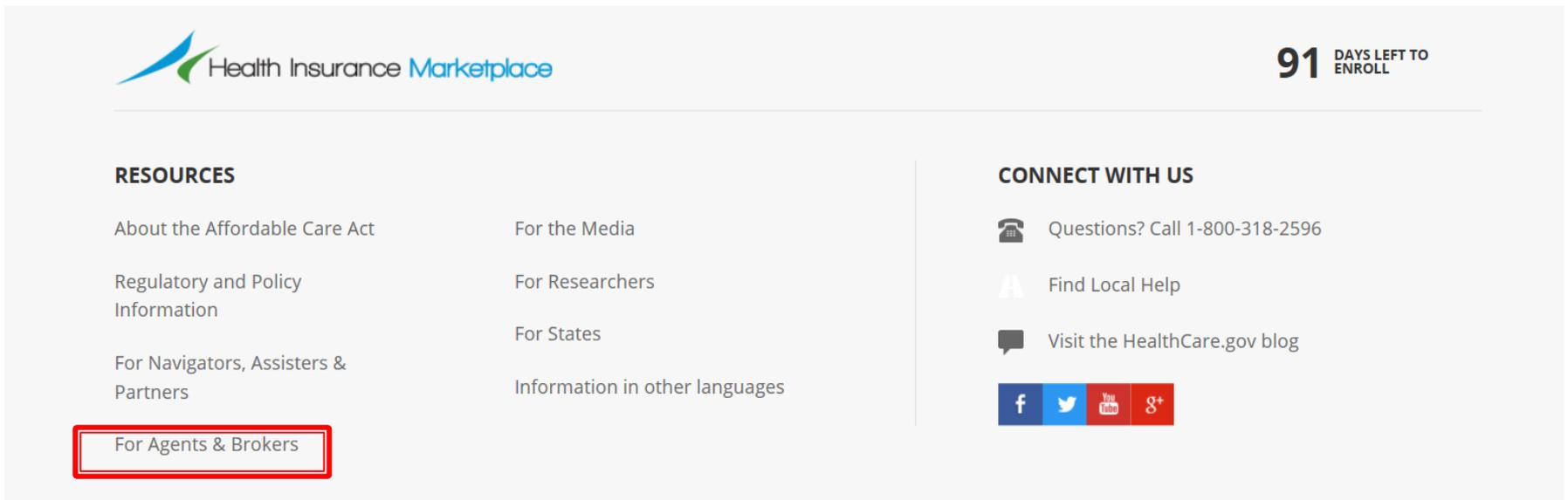
Health Insurance Marketplace 2016 Open Enrollment



*Agent and
Broker
Resources*

New Agent and Broker Resource Link at HealthCare.gov

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



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

RESOURCES

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

CONNECT WITH US

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

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

New Call Center Support for Agents and Brokers

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

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

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

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

Agent and Broker Resources

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

Agent and Broker Resources (Cont.)

- *Agent and Broker NPNs can be found at: www.nipr.com/PacNpnSearch.htm.*
- *The checklist for agents and brokers to use when helping consumers with their applications can be found at: <https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>.*
- *For more information on Open Enrollment, please review the following resources on the Agents and Brokers Resources webpage at: <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>:*
 - *Slide from the “FFM Plan Year 2016 Open Enrollment Overview and Kick-Off for Agents and Brokers” webinar held on October 14, 2015*
 - *Slide from Weeks 1-4 of the “Operational Updates and Announcements for Agents and Brokers Participating in the FFM” webinar series*
- *For more information on income and household composition for Marketplace eligibility, visit <https://www.HealthCare.gov/income-and-household-information/household-size/> and <https://www.HealthCare.gov/help/income/>.*

Agent and Broker Resources (Cont.)

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

Agent and Broker Resources (Cont.)

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

Agent and Broker Resources (Cont.)

- *For a description of the web-broker role and obligations as defined in regulation, review 45 CFR § 155.220(c)(3).*
- *For the Marketplace privacy and security standards authority, review 45 CFR §155.260.*
- *The CMS Enterprise Portal can be accessed at: <https://portal.cms.gov/>.*
- *For more information on catastrophic plans and how a consumer can file for an exemption, review: <https://marketplace.cms.gov/technical-assistance-resources/exemptions-catastrophic-coverage.pdf>.*
- *Consumers can also use the Out-of-pocket Cost feature to estimate what his or her premiums, deductibles and copays may be for the year at: <https://www.healthcare.gov/see-plans/>.*
- *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>.*

Agent and Broker Resources (Cont.)

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

Questions?

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

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

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

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

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

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

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