

Federally-facilitated Marketplace Enrollment

Tips for Agents and Brokers in the Individual Marketplace



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Objectives

- This document is designed to assist agents and brokers as they assist consumers to enroll in Individual Marketplace qualified health plans (QHPs) in the Federally-facilitated Marketplaces (FFMs).
- This document provides tips on the key screens for agent and broker assistance during FFM enrollment.
- There are two pathways for agents and brokers to help qualified individuals enroll in an Individual Marketplace QHP:
 - The Direct Enrollment Pathway, through which the agent logs on to a web-broker's or issuer's website to assist the consumer
 - The Marketplace Pathway, or “Side-by-Side” Pathway, through which the agent or broker assists the consumer to use the HealthCare.gov website
- An overview of key steps for both these pathways follows.



Federally-facilitated Marketplace Enrollment: Tips for Agents and Brokers in the Individual Market



*Direct
Enrollment
Pathway*

Direct Enrollment Pathway: Overview

- First, please check with the web-brokers and/or issuers you partner with to find out if the Direct Enrollment Pathway is supported.
- If you are affiliated with a web-broker or issuer that supports Direct Enrollment, you will be able to use the web-broker's or issuer's online agent/broker platform to assist the consumer with the completion of an application for the FFMs and then help the consumer select an QHP.
- Check with your partner web-broker or issuer for training on its Direct Enrollment process, and how to log in to its website.

Direct Enrollment Pathway: Overview (cont.)

- Using the Direct Enrollment Pathway, you will be able to log on to an agent/broker landing page at HealthCare.gov and assist with the completion of an application with a consumer.
 - Please note that you must be working with a web-broker or issuer that supports Direct Enrollment to access the agent/broker landing page at HealthCare.gov.
- The following walkthrough does not represent every step in the process, but rather some of the key steps that are integral to a successful enrollment.

Direct Enrollment Pathway: Key Screen Shots

- After you log in through a web-broker's or issuer's online portal, you will be securely redirected to an agent/broker landing page at HealthCare.gov.
- At this point, you can select to start a new application or look up an existing application. To search for an existing application, select "Look Up Application."

Important: Select "Look Up Application" to see if the person has an existing 2016 application:

- If there **is** a 2016 application, it will be pre-populated, but you can make changes by selecting "Report a life change."
- If there **isn't** a 2016 application, select his or her 2015 application, then the 2016 option to pre-populate their application for 2016. Don't select "Start Application" unless a person doesn't have a 2015 or 2016 application.

Start a client's new application

To start a new application, enter the state in which your client wishes to purchase Marketplace coverage.

Select Year Application state

Select Year Select State

START APPLICATION

Look up a client's existing application

To find client's existing Marketplace application, click the button below and enter the requested information on the page that follows. (This is for applications that have already been started. If you are starting a new application, please refer to the 'Start Application' feature on the left.)

LOOK UP APPLICATION

Small business employers and employees

This application is only for helping consumers get coverage for individuals and families.

Searching for an Existing Application

To find an application that your client had previously submitted/started, enter the consumer's full information, and select "Search" to retrieve the application.

Find an application

To find a client's existing Marketplace application, enter his or her information. (The easiest way to find an application is to enter their Marketplace application ID.)

Application ID *optional*

Coverage year 

State 

First name

Last name

Date of birth 

MM/DD/YYYY

Social Security Number (SSN) *optional*

XXX-XX-XXXX

SEARCH

Searching for an Existing Application (cont.)

Once redirected, scroll to the bottom and select the application ID number.

Date of birth 
MM/DD/YYYY

Social Security Number (SSN) *optional*
XXX-XX-XXXX

SEARCH

1 Matches found

Application information 	Application ID 	Coverage year 
John Doe SSN: null DOB: 01/01/1989 Sex: M Address: 1111 ballston st. Arlington , VA 22203	 127187173	2016

Showing 1 to 1 of 1 entries [« First](#) [« Prev](#) **1** [Next »](#) [Last »](#)

Searching for an Existing Application (cont.)

Once HealthCare.gov redirects to the application's summary page, select "Report a Life Change" to update the consumer's application.

Return to enrollment website

2016 application for Individuals & Families (ID#: 127187173)

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions

MY COVERAGE

My plans & programs

CareFirst BlueChoice, Inc.
BlueChoice HMO Young Adult \$6,850
John
Status: Initial Enrollment

Innovation Health Leap Bronze Basic

John
Status: Cancelled (coverage ended on 01/01/2016)

PAY YOUR FIRST PREMIUM

Searching for an Existing Application (cont.)

The screenshot shows a web interface for a 2016 application for Individuals & Families (ID#: 127187173). The left sidebar contains a navigation menu with the following items: My plans & programs, Eligibility & appeals, Applications details, Report a life change (highlighted), Communication preferences, Authorized users, and Exemptions. The main content area is titled 'Report a life change' and includes the following text: 'Some changes may qualify you or your dependents for a Special Enrollment Period.' Below this is a section titled 'What kind of changes should I report?' with the subtext: 'Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.' This is followed by a list of 'Examples of changes to report:' including household income changes, household size changes, new coverage needs, citizenship/immigration status changes, communication preference changes, and tax filing status changes. An 'Important' note states: 'Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.' Below the note is a section titled 'After you report a change:' with a list of outcomes: new Eligibility Results, qualification for different help amounts, and the ability to check enrollment details. At the bottom of the page is a green button labeled 'REPORT A LIFE CHANGE' with a red arrow pointing to it from the right.

Review the types of changes that should be reported under “Report a Life Change” and select the “Report a Life Change” button to move forward with the updates.

Searching for an Existing Application (cont.)

2016 application for Individuals & Families (ID#: 127187173)

My plans & programs
Eligibility & appeals
Applications details
Report a life change

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

Have you had any changes like these?

- You moved to a different state
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You had family changes, like a new baby or a divorce

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

Choose an option below to continue

- Report a move to a new state
- Change how we send information to you
- Report a change in my household's income, size, or other information

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send your updates to your plan or your state.

Select “Report a Change in My Household’s Income, Size, or Other Information” from the pop-up screen and then select the “Continue” button to report the appropriate changes to the consumer’s application.

Starting a New Application

If the consumer does not have an existing application, you can select the “Start Application” button to begin a new application on behalf of the consumer.



Important: Select “Look Up Application” to see if the person has an existing 2016 application:

- If there **is** a 2016 application, it will be pre-populated, but you can make changes by selecting “Report a life change.”
- If there **isn't** a 2016 application, select his or her 2015 application, then the 2016 option to pre-populate their application for 2016. Don't select “Start Application” unless a person doesn't have a 2015 or 2016 application.

Start a client's new application

To start a new application, enter the state in which your client wishes to purchase Marketplace coverage.

Select Year Application state

Select Year Select State

START APPLICATION

Look up a client's existing application

To find client's existing Marketplace application, click the button below and enter the requested information on the page that follows. (This is for applications that have already been started. If you are starting a new application, please refer to the 'Start Application' feature on the left.)

LOOK UP APPLICATION

Small business employers and employees

This application is only for helping consumers get coverage for individuals and families.

Starting a New Application (cont.)

To begin a new application, select “Start a New One” button and you will be redirected to HealthCare.gov.

Find an application , or [start a new one](#) 

To find a client's existing Marketplace application, enter his or her information. (The easiest way to find an application is to enter their Marketplace application ID.)

Application ID *optional* Coverage year State

2015 ME

First name Last name

Date of birth Social Security Number (SSN) *optional*

MM/DD/YYYY XXX-XX-XXXX

Starting a New Application (cont.)

- Once redirected to HealthCare.gov, you will see this screen.
- Select the “Start a New Application or Update an Existing One” button.

HealthCare.gov Individuals & Families Small Businesses

John Carson

WELCOME
MY PROFILE
MESSAGES (0)

John, where would you like to go?

INDIVIDUALS & FAMILIES

START A NEW APPLICATION OR UPDATE AN EXISTING ONE »

Choose this option if you're looking for health coverage for you and/or your family. Or, you can review, renew, or make changes to your current Marketplace coverage.

FOR EMPLOYERS

[VISIT EMPLOYER MARKETPLACE »](#)

If you're a small business employer, choose this option to provide health coverage to you and your employees. You can also view and make changes to your current coverage offering. [Learn more about coverage options for small businesses.](#)

FOR EMPLOYEES

[VISIT EMPLOYEE MARKETPLACE »](#)

If you're a small business employee and you've received a SHOP employee code from your employer, choose this to view your health coverage options. You can also view and make changes to your coverage. Click on the link to find out what you can do to get ready now and learn more about coverage options for employees of small businesses. [Learn more about coverage options for employees of small businesses.](#)

Marketplace 2.0 Application

- Verify consumer's contact information.
- Some of the information may be carried over from the web-broker's or issuer's website and be prepopulated here.

The screenshot shows the HealthCare.gov application interface. At the top, there are navigation tabs for "Individuals & Families" and "Small Businesses", along with a user profile "John" and a "Log out" link. Below this is a progress bar with three steps: "Apply" (active), "Get Results", and "Get Coverage". The main heading is "Verify your identity & contact information". A sub-heading asks the user to provide their complete name as it appears on legal documents. The form fields are as follows:

John	Middle	Carson	Suffix ▾
Phone number	Date of birth		
601-856-3063	Home ▾	06/19/1961	
824 DEBORAH ST			Apt./Ste. #
JACKSON	Mississippi ▾	39208	
Social Security Number (SSN) ⓘ			
XXX-XX-XXXX			

At the bottom of the form is a large green button labeled "CONTINUE".

Marketplace 2.0 Application (cont.)

- The consumer will need to verify his or her identity and answer the four questions. Remind the consumer that these questions help protect his or her personally identifiable information.
- Once the consumer has verified, select the “Verify My Identity” button to continue.

Answer these questions so we can verify your identity

Based on your information, we've put together a few questions that only you'll be able to answer. [Why do I need to verify my identity?](#)

Please select the county for the address you provided.

MIDLAND
ALCONA
MARQUETTE
INGHAM
NONE OF THE ABOVE

According to our records, you previously lived on (PLYMOUTH). Please choose the city from the following list where this street is located.

DILLON
LEADVILLE
LITTLETON
ELIZABETH
NONE OF THE ABOVE

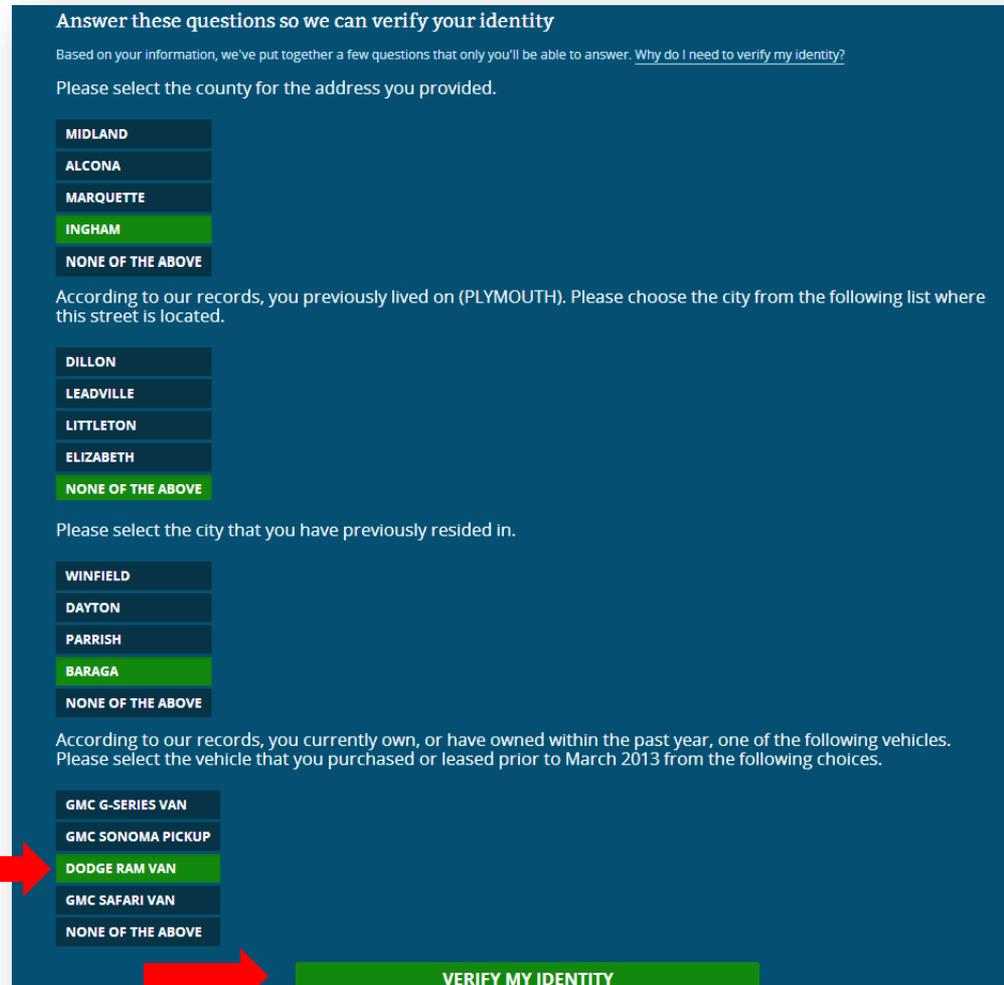
Please select the city that you have previously resided in.

WINFIELD
DAYTON
PARRISH
BARAGA
NONE OF THE ABOVE

According to our records, you currently own, or have owned within the past year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to March 2013 from the following choices.

GMC G-SERIES VAN
GMC SONOMA PICKUP
DODGE RAM VAN
GMC SAFARI VAN
NONE OF THE ABOVE

VERIFY MY IDENTITY



Marketplace 2.0 Application (cont).

- With the consumer, complete the remainder of the eligibility application at HealthCare.gov for the consumer.
- Please note that the consumer will not set up his/her own “MyAccount” user name and password through an agent or broker, but can return to the Marketplace website separately or call the Marketplace Call Center to set up his/her “MyAccount” user name and password.

Continue your application

After you complete this section, you'll answer a few more questions before you compare plans.

Household contact information

These fields are optional: middle name, suffix, and preferred written and spoken languages.

First name	Middle	Last name	Suffix
Traci		Douglas	
Email address		Phone number	
jcarson091715@yopmail.com		555-555-0001	
Preferred written language		Preferred spoken language	
English		English	

Go paperless! Get your notices by email, instead of paper copies in your mailbox.

Another person is helping me complete my application.

Home address

Enter the permanent address where everyone on your application lives. The apt./ste. # field is optional.

Address	Apt./Ste. #		
1206 Carter Hill Rd			
City	State	Zip	City
Montgomery	Alabama	36106	MONTGOMERY

Did you mean **1206 CARTER HILL RD, MONTGOMERY, AL 36106-7333**? [Update your address.](#)

YES NO Is your mailing address the same as your permanent address?

Check & update your information

If the name on your Social Security card is different than the name below, update it here so it's the same as it appears on your Social Security card. These fields are optional: middle name, suffix, and race & ethnicity.

First name	Middle	Last name	Suffix
Traci		Douglas	
Date of birth	Social Security Number (SSN)	Sex	Race & ethnicity
04/07/1982	317-20-1401	Female	

CONTINUE

Direct Enrollment Pathway: Final Steps

- Once you have assisted the consumer with completion of the application and received the consumer's eligibility determination from the FFM, you will be securely redirected to the web-broker's or issuer's website.
- Once back on the web-broker's or issuer's site, compare and select a plan with the consumer.
 - Please note that through this process, if you're using an issuer's website you will only be able to help the consumer choose among plans offered by that specific issuer. Agents and brokers are required to disclose to consumers that this enrollment path is only for plans specific to this issuer.
 - Web-brokers are required to display all plans for which a consumer is eligible.
- Once the consumer has selected a plan, if applicable, remind the consumer to select the amount of advance payments of the premium tax credit (APTC) he or she would like to apply.
- At this point, the web-broker or issuer will submit the enrollment information to the Marketplace.
 - Your agent/broker identifying information (your National Producer Number [NPN]) will be included in the official FFM enrollment record sent to the issuer.

Federally-facilitated Marketplace Enrollment: Tips for Agents and Brokers in the Individual Market

Marketplace Pathway



Marketplace Pathway: Overview

- You can also assist consumers directly at HealthCare.gov using the Marketplace Pathway, also referred to as the Side-by-Side Pathway.
- You can use this pathway to help enroll qualified consumers in Individual Marketplace QHP coverage.
- In the Marketplace Pathway, the consumer will log directly into his or her own Marketplace account.
 - You can help the consumer as the consumer completes the application and plan selection processes using the Marketplace website.
 - Note that you do not log in with your agent/broker FFM user ID; the consumer will log in directly, using his or her FFM user ID.

Marketplace Pathway: Overview (cont.)

- Advise the consumer to gather the appropriate documents that he or she will need to complete the application.
- You can refer consumers to this [Marketplace Application Checklist](#) to help them assemble information to complete their applications.

A graphic titled "Marketplace Application Checklist" with a decorative header in shades of blue and green. The text explains that when applying for or renewing coverage, consumers need to provide information about themselves and their households. It includes a list of 13 items to check, each with a checkbox and a brief description of the information required, along with a link to the relevant page on HealthCare.gov.

Marketplace Application Checklist

When you apply for or renew your coverage in the Health Insurance Marketplace, you'll need to provide some information about you and your household, including income, any coverage you currently have, and some additional items.

Use the checklist below to help you gather what you need to apply for coverage.

- Information about your household. Figure out who's applying for coverage before you start your application. Visit [HealthCare.gov/income-and-household-information/household-size](#) for help figuring out who needs coverage.
- Home and/or mailing addresses for everyone applying for coverage.
- Information about everyone applying for coverage.
- Social Security Numbers.
- Information about the professional helping you apply (if you're getting help completing your application). Visit [HealthCare.gov/help/whos-helping-me-complete-my-application](#) for more information.
- Document information for legal immigrants. Visit [HealthCare.gov/help/immigration-document-types](#) for more information.
- Information on how you file your taxes.
- Employer and income information for every member of your household (for example, from pay stubs or W-2 forms—Wage and Tax Statements). Visit [HealthCare.gov/income-and-household-information/income](#) to learn more about what types of income to include and not include.
- Your best estimate of what your household income will be in 2016. Visit [HealthCare.gov/income-and-household-information/how-to-report](#) for help estimating your income.
- Policy numbers for any current health insurance plans covering members of your household.
- A completed "Employer Coverage Tool" for every job-based plan you or someone in your household is eligible for. (You'll need to fill out this form even for coverage you're eligible for but don't enroll in.) Visit [HealthCare.gov/downloads/employer-coverage-tool.pdf](#) to view or print

Marketplace Log In

- Help guide the consumer to set up a Marketplace account, if he or she does not already have an FFM user ID.
- Note: You can assist the consumer in creating his or her account, if needed, but the consumer or a legally authorized representative must create his or her own Marketplace user name and password.
- Consumers should not share this information with third parties, including agents and brokers.

Individuals & Families Small Businesses

Log in

All fields are required unless they're marked optional.

Username [Forgot your username?](#)

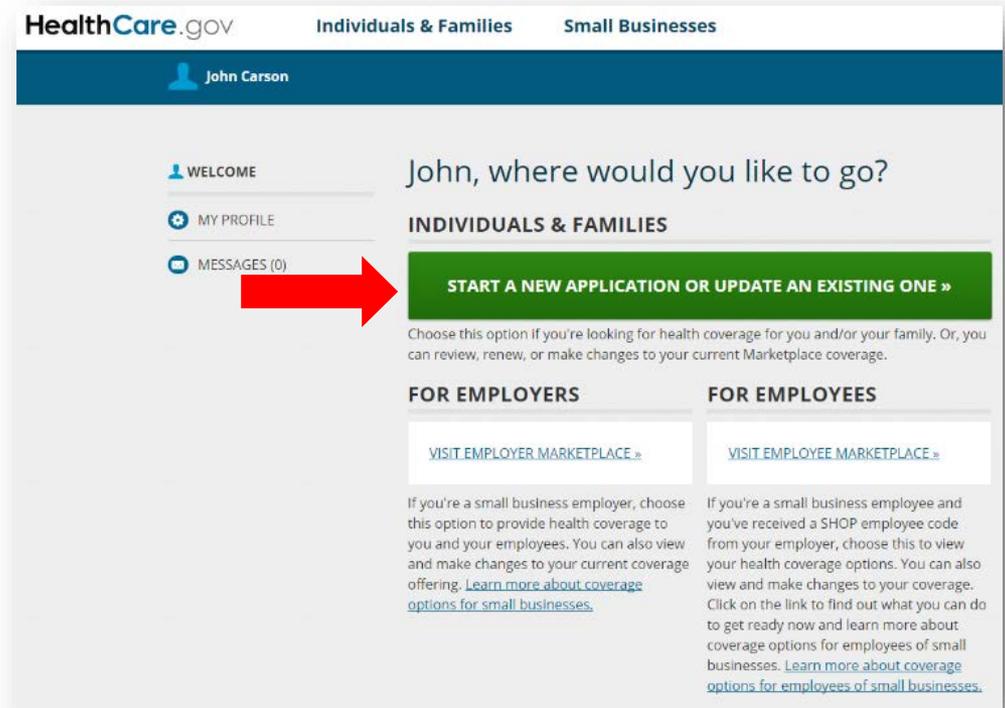
Password [Forgot your password?](#)

LOG IN

Don't have an account? [Create one now.](#)

Marketplace 2.0 Application

- The consumer will have a choice of continuing an existing application OR starting a new application.
- Note that the following screenshots depict the Marketplace 2.0 Application, which allows Individual Marketplace consumers to navigate through fewer screens than the classic Marketplace application requires.
- The shorter, streamlined Marketplace 2.0 Application is used with consumers who have simple household situations.
- Consumers are automatically routed by the system to the correct application process for their situations.



Marketplace 2.0 Application

The consumer will be asked to verify/submit his or her contact information.

The screenshot shows the HealthCare.gov application interface. At the top, there are navigation tabs for "Individuals & Families" and "Small Businesses", along with a user profile "John" and a "Log out" link. Below this is a progress bar with three steps: "Apply" (highlighted), "Get Results", and "Get Coverage". The main heading is "Verify your identity & contact information". A sub-heading asks the user to provide their complete name as it appears on legal documents. The form fields are as follows:

John	Middle	Carson	Suffix ▾
Phone number	Date of birth		
601-856-3063	06/19/1961		
Home ▾			
824 DEBORAH ST		Apt./Ste. #	
JACKSON	Mississippi ▾	39208	
Social Security Number (SSN) ⓘ			
XXX-XX-XXXX			

At the bottom of the form is a large green button labeled "CONTINUE".

Marketplace 2.0 Application (cont.)

- The consumer will need to verify his or her identity and answer the four questions.
- Remind the consumer that these questions help protect his or her personally identifiable information.
- Once the consumer selects the correct answers, he or she selects the “Verify My Identity” button to continue.

Answer these questions so we can verify your identity

Based on your information, we've put together a few questions that only you'll be able to answer. [Why do I need to verify my identity?](#)

Please select the county for the address you provided.

MIDLAND
ALCONA
MARQUETTE
INGHAM
NONE OF THE ABOVE

According to our records, you previously lived on (PLYMOUTH). Please choose the city from the following list where this street is located.

DILLON
LEADVILLE
LITTLETON
ELIZABETH
NONE OF THE ABOVE

Please select the city that you have previously resided in.

WINFIELD
DAYTON
PARRISH
BARAGA
NONE OF THE ABOVE

According to our records, you currently own, or have owned within the past year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to March 2013 from the following choices.

GMC G-SERIES VAN
GMC SONOMA PICKUP
DODGE RAM VAN
GMC SAFARI VAN
NONE OF THE ABOVE

VERIFY MY IDENTITY

Marketplace 2.0 Application (cont).

- With the consumer, complete the remainder of the eligibility application at HealthCare.gov.
- At this point, direct the consumer to select the “Another person is helping me complete my application” box.

Continue your application
After you complete this section, you'll answer a few more questions before you compare plans.

Household contact information
These fields are optional: middle name, suffix, and preferred written and spoken languages.

First name	Middle	Last name	Suffix
Traci		Douglas	
Email address		Phone number	
jcarson091715@yopmail.com		555-555-0001	
Preferred written language		Preferred spoken language	
English		English	

Go paperless! Get your notices by email, instead of paper copies in your mailbox.

Another person is helping me complete my application. 

Home address
Enter the permanent address where everyone on your application lives. The apt./ste. # field is optional.

1206 Carter Hill Rd	Apt./Ste. #		
Montgomery	Alabama	36106	MONTGOMERY

Did you mean **1206 CARTER HILL RD, MONTGOMERY, AL 36106-7333**? [Update your address.](#)

YES NO Is your mailing address the same as your permanent address?

Check & update your information
If the name on your Social Security card is different than the name below, update it here so it's the same as it appears on your Social Security card. These fields are optional: middle name, suffix, and race & ethnicity.

First name	Middle	Last name	Suffix
Traci		Douglas	
Date of birth	Social Security Number (SSN)	Gender	Race & ethnicity
04/07/1982	317-20-1401	Female	

CONTINUE

Marketplace 2.0 Application (cont.)

- The consumer will be prompted to enter your name and NPN on the application to indicate an agent or broker assisted him or her.
- You should provide this information to the consumer and help ensure the consumer correctly fills in this information on this screen.
- A correct NPN is required for issuers' compensation purposes.

Household contact information

These fields are optional: middle name, suffix, and preferred written and spoken languages.

First name	Middle	Last name	Suffix ▾
Email address		Phone number	
Email address		Phone number	Home ▾
Preferred written language ⓘ	Preferred spoken language ⓘ		
English ▾	English ▾		
<input checked="" type="checkbox"/> Go paperless! Get your notices by email, instead of paper copies in your mailbox.			
<input checked="" type="checkbox"/> Another person is helping me complete my application. ⓘ			
First name	Middle	Last name	Suffix ▾
Agent or broker ▾	Organization name	ID number	NPN number



Note: Agents and brokers using the Direct Enrollment Pathway can enter their own names and NPNs on the application in this location to ensure that their information is carried forward through the application process.

Marketplace 2.0 Application (cont.)

- HealthCare.gov provides a summary of all the consumer's application responses.
- Direct the consumer to review the information.

The screenshot shows the HealthCare.gov website interface. At the top, there is a navigation bar with "HealthCare.gov" on the left, "Individuals & Families" and "Small Businesses" in the center, and a user profile "John" with a "Log out" link on the right. Below the navigation bar is a progress indicator with three steps: "Apply" (highlighted), "Get Results", and "Get Coverage". The main content area is titled "Application summary" with the application ID "97372139" on the right. A sub-header reads: "Take a few minutes to review the information you gave us and make changes, if necessary. Once everything is correct, you can sign and submit your application." Below this is a section for "Household contact" with an "EDIT" button. The contact information is as follows:

Full name	Traci Douglas
Address	1206 Carter Hill Rd Montgomery, AL 36106
Phone number	555-555-0001
Email address	jcarson091715@yopmail.com
Get updates by email	No
Preferred written language	English
Preferred spoken language	English

Below the contact information is another "Household members" section with an "EDIT" button. At the bottom, there is a third "Household members" section, also with an "EDIT" button.

Marketplace 2.0 Application (cont.)

"Eligibility Results" to learn how to submit this information.

Step 2 : View Your "Eligibility Results"

Your "Eligibility Results" contain important information about your Marketplace coverage, including your eligibility for coverage, costs, deadlines, and next steps. If you're eligible for coverage through a Marketplace plan, you'll continue to Step 3 to enroll in coverage after you review your results.

You're eligible for a Special Enrollment Period. Select "View Eligibility Results" to find out when you can select a plan or change plans. If you miss the deadline, you may not be able to enroll in a Marketplace plan until the next Open Enrollment, unless you qualify for another Special Enrollment Period.



VIEW ELIGIBILITY RESULTS (PDF)

Step 3: Continue to enrollment

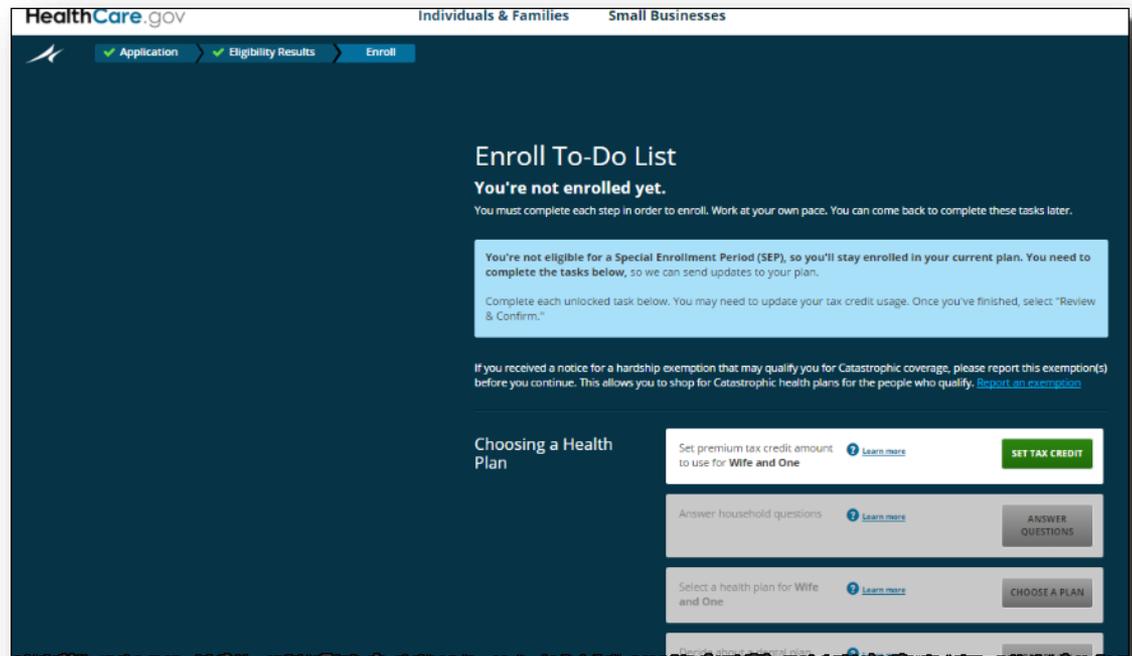
You've finished and submitted your application, and viewed your "Eligibility Results." Next, you'll choose a plan and enroll in coverage.

CONTINUE TO ENROLLMENT

- The consumer will receive an eligibility determination.
- Please have the consumer print their eligibility results for his or her records.

Marketplace 2.0 Application (cont.)

- If the consumer is determined eligible for coverage, have him or her use the plan shopping feature at HealthCare.gov.
- You can assist the consumer in comparing QHPs on the Marketplace website and submitting his or her selection.



Marketplace 2.0 Application (cont.)

The consumer will be asked to verify the accuracy of his or her plan enrollment information, and the APTC he or she wants to apply.

2016 application for Individuals & Families (ID#: 132202480)

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Exemptions

MY COVERAGE

My plans & programs

Blue Cross and Blue Shield of Alabama Blue Value Gold
One and Wife
Status: Initial Enrollment

UnitedHealthcare of Alabama, Inc. Bronze Compass 6400
One and Wife
Status: Cancelled (coverage ended on 03/01/2016)

UnitedHealthcare of Alabama, Inc. Bronze Compass 6400
One and Wife
Status: Cancelled (coverage ended on 03/01/2016)

Humana Insurance Company Humana Dental Smart Choice
One and Wife
Status: Initial Enrollment

Humana Insurance Company Humana Dental Smart Choice
One and Wife
Status: Cancelled (coverage ended on 03/01/2016)

Alabama ALL Kids coverage
Child
Status: State agency to contact you

PREMIUM TAX CREDIT

Premium tax credit usage
One and Wife

Using: \$1098 per month Eligible for: \$890 per month

PAY YOUR FIRST PREMIUM

Federally-facilitated Marketplace Enrollment: Tips for Agents and Brokers in the Individual Market



Other Useful Tips

Other Useful Tips: 403 Login Errors

Question: When I log in, I see a 403 error. What should I do?

Answer:

- A 403 error typically occurs when an agent or broker is attempting to log in directly to HealthCare.gov.
 - As an agent/broker, you cannot log in directly to HealthCare.gov on behalf of the consumer. Only consumers can log in directly to HealthCare.gov.
- As part of the Direct Enrollment Pathway, agents and brokers can log in to HealthCare.gov's agent/broker landing page after they have been redirected there from an issuer or web-broker's platform.
 - If you are affiliated with either an issuer that supports Direct Enrollment or with a web-broker, you must log onto the issuer's or web-broker's portal first. You will then be redirected to the agent/broker landing page at HealthCare.gov.
 - If you are not affiliated with an issuer or web-broker that supports Direct Enrollment, then use the Marketplace Pathway described earlier.

Other Useful Tips:

Receiving Credit for an Enrollment

Question: When using the Marketplace Pathway, how can I ensure that I will get credit for the enrollment?

Answer:

- When helping a consumer use the Marketplace Application 2.0, make sure that when the consumer completes the application, he or she enters your name and NPN in the “Help Applying for Coverage” section (see slides 27 and 28).
 - Have the consumer select “agent or broker” from the drop-down menu in response to the question, “Tell us if you’re getting help from one of these people.”
 - Have the consumer enter your first and last name in the appropriate fields, and then enter your NPN in the “NPN” field.
- When helping a consumer use the classic Marketplace application, refer to pages 4 and following of “Operational Tips for Agents/Brokers in the Federally-facilitated Marketplaces (FFMs)” for detailed instructions.

Be sure the consumer enters your NPN correctly.

Other Useful Tips:

Enrolling if HealthCare.gov is Not Available

Question: How can I enroll a consumer via the Marketplace Pathway, if HealthCare.gov is not available?

Answer:

- Arrange a 3-way call between yourself, the consumer, and the Marketplace Call Center (1-800-318-2596) to fill out the application over the phone, receive an eligibility determination, and choose a plan.
 - The consumer must be on the phone with you and a Marketplace Call Center representative to complete an application and/or make a plan selection.
 - The Marketplace Call Center will record the agent's information when you and the consumer conduct a 3-way call with the call center.

Other Useful Tips: Other Login Errors

Many of the login errors that occur on the agent/broker landing page at HealthCare.gov can be resolved by one of the following actions:

- Check to see that your password is current. CMS passwords expire every 60 days, so you may need to reset your password on the CMS Enterprise Portal, where you created your FFM account. (<https://portal.cms.gov>)
- Make sure your CMS Enterprise Portal account is provisioned for the agent/broker role. (Consumer accounts cannot be used to log in to the agent/broker landing page at HealthCare.gov; only agent/broker accounts can log in to the agent/broker landing page.)
- Refer to the "Plan Year 2017 FFM Registration and Refresher Training for Agents and Brokers Returning to the FFMs" and "Plan Year 2017 FFM Registration and Training for Agents and Brokers New to the FFMs" webinars for step-by-step instructions on how to complete registration as an FFM agent or broker.

Federally-facilitated Marketplace Enrollment: Tips for Agents and Brokers in the Individual Market



*Concluding
Notes*

Concluding Notes

- The screen shots in this document depict key screens for agent/broker assistance during enrollment using the Marketplace 2.0 Application.
 - Consumers are automatically routed by the system to the classic Marketplace application if their situations are more complex.
- These screen shots do not depict every possible screen during the consumer enrollment process.
- This content will be updated, as needed.
- CMS is continually working to enhance the agent and broker experience with the FFMs. Please see the following section for additional resources that may help you.

Federally-facilitated Marketplace Enrollment: Tips for Agents and Brokers in the Individual Market

*Other
Resources*



Other Resources

- “Resources for Agents and Brokers in the Health Insurance Marketplace” webpage
 - Available at: go.cms.gov/CCIIOAB
- “The Role of Agents, Brokers, and Web-brokers in Health Insurance Marketplaces”
 - Available at: www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Role-of-ABs-in-Marketplace-1_6_16.pdf
- "Operational Tips for Agents/Brokers in the Federally-facilitated Marketplaces (FFMs)"
 - Available at: www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/AB_Operational_Tips_01_22_2016.pdf
- General CCIIO Resources
 - Available at: www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/index.html
- HealthCare.gov
 - Available at: HealthCare.gov and <https://healthcare.gov/small-businesses/>
- FFM Producer-Assister Helpdesk: FFMProducerAssisterHelpDesk@cms.hhs.gov or call 1-855-CMS-1515 (855-267-1515) and select option “1”