Making the Most of Your Marketplace Participation During This Open Enrollment Period

October 25, 2017

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

Disclaimer

The information provided in this presentation is intended only as a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage 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 the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB) and Marketplace.CMS.gov to learn more.

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

Webinar Agenda

- Special Enrollment Period and Change-in-Circumstance Cutoff Dates for Plan Year 2017
- Enhancements to Find Local Help
- Consumer Decision Support Features
- 2018 HealthCare.gov Circle of Champions
- Working with Navigators and Certified Application Counselors
- New Service to Help Consumers Connect with Agents and Brokers
- Key Reminders and Resources
- How to Manage Marketplace and REGTAP Emails
- Questions and Answers

Now Posted: Privacy & Security Requirements for Agents and Brokers

- The deck from the September 27, 2017 webinar on Marketplace Privacy & Security Requirements for Agents and Brokers is now available on the Registration and Technical Assistance Portal, or REGTAP: https://www.regtap.info/reg_librarye.php?i=2334 and will be available on the Resources for Agents and Brokers webpage in the coming days.

- Topics covered in this resource include:
  - Key Sources for Agent and Broker Requirements
  - Requirement for Privacy Notice Statement
  - Requirement to Obtain Consumer Consent Prior to Assistance
  - Providing Correct Information to the Marketplace
  - Authorized Functions for Use of Personally Identifiable Information (PII)
  - Best Practices to Manage Risks to Information Security
  - Reporting an Incident or Breach of PII

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Marketplace Privacy & Security Requirements for Agents and Brokers

September 27, 2017

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

See Plans and Prices for 2018

- The preview of 2018 plans and prices is now available at https://www.healthcare.gov/see-plans/.

Special Enrollment Period (SEP) and Change-in-Circumstance (CiC) Cutoff Dates for 2017

Cutoff Date	Change Type	CMS Solution
11/15	After this date, consumers are no longer able to enroll in or select a different plan for 2017 at HealthCare.gov or by calling the Marketplace Call Center for SEPs granted through the 2017 consumer application, including: • American Indian/Alaska Native SEP • Becoming newly eligible for Marketplace coverage due to becoming a citizen, national, or lawfully-present individual • Permanent move • Release from incarceration • Enrollees determined newly eligible or ineligible for advance payments of the premium tax credit (APTC) ○ **Note:** Consumers who are already getting APTC and are only determined eligible for or would like to apply for more or less APTC will still be able to apply that change to their applications, effective immediately. • Enrollees who are determined eligible for a different amount of cost-sharing reductions (CSRs)	• Consumers will be encouraged to make needed changes on their 2018 applications and enroll in 2018 coverage. • Health Insurance Casework System (HICS) cases will not be assigned for these SEP situations alone. • If asked by consumers about how to report these changes, you can assist consumers with making these changes on their 2018 applications.

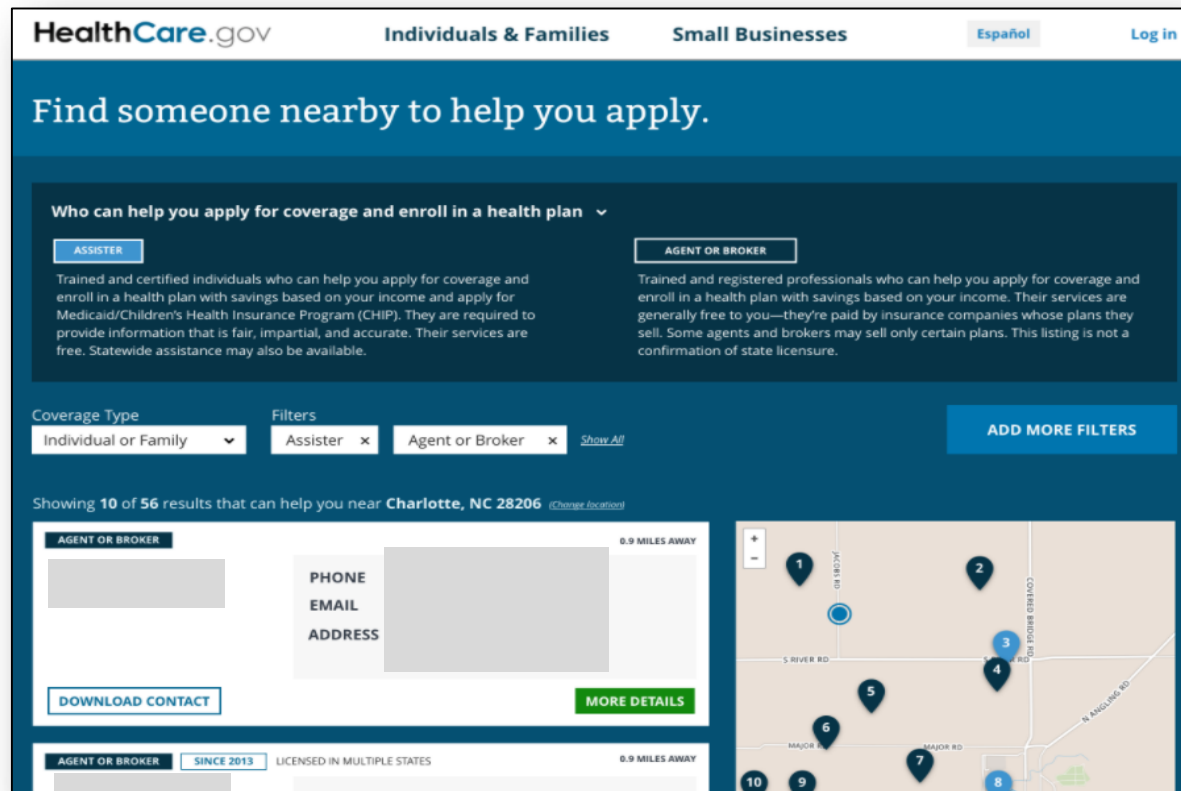# SEP and CiC Cut-Off Dates for 2017 (Continued)

Cutoff Date	Change Type	CMS Solution
11/15	After this date, Marketplace Call Center Representatives (CCRs) are no longer able to use the CCR SEP to unlock an SEP in a consumer's 2017 application, including SEPs for: • Domestic abuse or spousal abandonment • Consumers in non-Medicaid expansion states formerly in the coverage gap who are determined newly eligible for APTC • Plan display errors	• CCRs will assist consumers with making needed changes on their 2018 applications and enrolling in 2018 coverage. • HICS cases will not be assigned for prospective coverage for these SEP situations alone. • If asked by consumers about how to report these changes, you can assist consumers with calling the Marketplace Call Center. • **Note:** After 11/30, the consumer application will display pop-up text letting the consumer know that he or she cannot select a new plan for 2017.
11/30	After this date, consumers will no longer be able to enroll in or select a different plan for 2017 on HealthCare.gov or by calling the Marketplace Call Center for SEPs granted through the consumer application that have accelerated prospective coverage effective dates, including: • Loss of coverage • Marriage • Medicaid/Children's Health Insurance Program (CHIP) denial after applying for coverage during the Marketplace Open Enrollment period, or after a qualifying life event	

SEP and CiC Cut-Off Dates for 2017 (Continued)

Cutoff Date	Change Type	CMS Solution
12/15	After this date, the 2017 application will no longer be available to the consumer at HealthCare.gov. Therefore, he or she will not be able to record any CiC or qualify for any SEPs through the consumer application with a retroactive coverage effective date, including: • Updating name, date of birth, mailing or home address, Social Security number, or email address • Updating financial information • Removing a person from the application • Notifying CMS of a birth, adoption, foster care placement, or court order **Note:** HealthCare.gov should display information that instructs the consumer to call the Marketplace Call Center.	• For both CiCs and SEPs, consumers will need to call the Marketplace Call Center to make the changes and to enroll in or change plans, if applicable. • If asked by consumers about how to report these changes, you can assist consumers with making these changes on their 2018 applications.

Making the Most of Your Marketplace Participation During This Open Enrollment Period

Enhancements to Find Local Help (FLH)

Highlights

Feature	Improvement
Marketplace Learning Management System (MLMS) Options for FLH	• Added more options to users' current FLH selections in the MLMS profile for users who choose to display their contact information for all states in which they are licensed
FLH Search Prominent	• Moved the FLH search button to the HealthCare.gov "Get Covered" page
FLH Redesigned	• Modernized the look and feel of FLH pages • Updated search capabilities • Removed filters from the left navigation bar and promoted them to the top of the page to be more intuitive • Combined assisters, agents, and brokers into one set of search results • Changed display of search results to sort by distance from the address entered

Highlights (Continued)

Feature	Improvement
Detail Card Updates	• Updated to display the detailed card if the agent or broker is licensed in multiple states* • Provided option to download and save contact information for both the mobile and desktop versions of FLH • Added time zones for hours of operation
Mobile Enhancements	• Made the FLH pages mobile compatible for ease of navigation

*Based primarily on data from the National Insurance Producer Registry (NIPR). Agent must have an active license and health-related line of authority in each state to appear on FLH.

MLMS Profile Options

- Updates to the MLMS profile FLH drop-down menu selections provide you more options to choose which information is displayed in FLH.
- For plan year 2018, the MLMS requires all users to update their profiles before moving on to training.

Find Local Help

After you complete all CMS agent/broker registration requirements, your professional contact information will be displayed on HealthCare.gov's "Find Local Help" features. 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.

Find local help option

-Select One-

I would like all my profile information displayed

I would like all my profile information displayed, except my street address. Including states where I have a valid health license.

I do not want my contact information displayed

I would like my profile information displayed. Including states where I have a valid NPN

- You can select from four options for your profile information to be displayed in FLH.
- You must select one of the three public display options to be searchable in both FLH and Help On Demand.

Available on the "Get Coverage" Page at HealthCare.gov

FLH Redesign: New User Interface

Before

After

- Removed tabs that previously separated search results by "Agents & Brokers" and "Assisters."
- Default search results now include both agents and brokers and assisters.

A new user interface has modernized the look and feel of FLH pages and allows the consumer to navigate easily using updated search capabilities.

Individual names and contact information have been intentionally obscured in this presentation to protect the privacy of individual information.

FLH Redesign: Removed Surplus Questions

- Removed surplus questions "What do you want help with?" and "Do you want to see results on a map?"

- Data suggested user selections were generally the first top options, so these options are defaulted in the search results.

- The user can modify the search filters from the search results page.

FLH Redesign: Use My Current Location

- The new **Use My Current Location** option gives consumers the option to search faster and not have to type in an address.
- This option is available for both mobile and desktop users.

The user's location will never be stored on the HealthCare.gov site.

FLH Redesign: Simplified Search Filters

- First time visitors will see definitions of "Assister" and "Agent or Broker."

- Moved filters from left menu to the top of the page.

- Consumers can change the default Coverage Type from the search results page.

Individual names and contact information have been intentionally obscured in this presentation to protect the privacy of individual information.

FLH Redesign: Option to Expand Search Filters

- Consumers can add more search filters, which include:
  - Assistance Type: Assister, Assisters offering Statewide Services, Agent or Broker, and Agent or Broker licensed in multiple states
  - Hours of Operation
  - Time of Day
- Search results will show or hide the corresponding fields associated with the option(s) selected.
- Information is populated from the MLMS profile.

FLH Redesign: Default Search Results

- Removed the tabs that separated search results by "Agent or Broker" and "Assister"
  - Default search results are now color coded and include both "Agent or Broker" and "Assister."
- Removed the Distance filter
  - Default search results are sorted by distance from address entered.
  - Distance increases as the consumer clicks through the search result pages.

FLH Redesign: Ability to Change Address or Location within Search Results

Detail Card Updates

- Search results indicate if the agent or broker is licensed in multiple states.*
- The consumer can download and save the contact information for both mobile and desktop.
- Service Recognition appears for agents and brokers registered with the Marketplace for this year's Open Enrollment period and the previous four years. CMS is exploring additional designations for all agents and brokers who have registered/served with the Marketplace for fewer than five years.

Based primarily on data from the NIPR. Agent must have an active license and health-related line of authority in each state to appear on FLH.

Individual names and contact information have been intentionally obscured in this presentation to protect the privacy of individual information.

Detail Card Updates (Continued)

- Consumer can select **More Details** to expand information.
- Additional details show the states the agent or broker is licensed* and a location map, along with other data based on the selections the agent or broker made in his or her MLMS profile.

Based primarily on data from the NIPR. Agent must have an active license and health-related line of authority in each state to appear on FLH.

Individual names and contact information have been intentionally obscured in this presentation to protect the privacy of individual information.

Making the Most of Your Marketplace Participation During This Open Enrollment Period

Consumer Decision Support Features

Decision Support Features for Consumers

HealthCare.gov includes several features to help consumers choose the best plan for their situation. When previewing or shopping for plans, consumers can:

- **Get an estimate of total yearly out of pocket costs:** Consumers can choose between Low, Medium, and High levels of utilization in terms of how much they anticipate using health care services, like doctor visits and prescriptions. Then, when comparing plans, consumers will see an estimate of their total yearly costs for each plan, including premiums and out-of-pocket costs to help them make a decision.

- **See which plans cover their doctors and prescription drugs:** Consumers can search for their providers, including doctors and facilities, and their prescription drugs. Then, when viewing plans, they can see if their doctors and prescription drugs are covered. The search includes smart suggestions to help consumers.

- Consumers can also **sort plans** by premium or deductible and can **filter** the list of plans based on what features are most important to them. They can also select a few plans to compare additional details side-by-side.

Please note: Seeing if doctors and prescription drugs are covered and estimated total yearly costs are only available in the Individual Marketplace and are not available through the Small Business Health Options Program (SHOP). To access SHOP tools, see *www.healthcare.gov/small-businesses/choose-and-enroll/tools-and-calculators/*.

Previewing Plans, Getting Estimates, and Narrowing Options

To get estimates on HealthCare.gov without logging in, a consumer can select **Get Coverage** from the HealthCare.gov home page, and then select **See Plans & Prices**.

Previewing Plans, Getting Estimates, and Narrowing Options (Continued)

To get started, consumers will enter their ZIP code and then are asked some general questions about their household to help personalize estimates for them.

Previewing Plans, Getting Estimates, and Narrowing Options (Continued)

The consumer will then be asked if he or she is enrolled in a 2017 Marketplace health plan. Providing a current plan means the same plan will be highlighted in the results (if it is available for 2018).

Previewing Plans, Getting Estimates, and Narrowing Options (Continued)

Next, the consumer will need to answer general questions about his or her household (e.g., who is part of the household, marital status, whether the consumer will claim any dependents on his or her federal tax return).

Previewing Plans, Getting Estimates, and Narrowing Options (Continued)

The consumer is also asked about each member of his or her household (e.g., age; sex; whether the household member may be eligible for health coverage through a job, Medicare, Medicaid, or CHIP).

Previewing Plans, Getting Estimates, and Narrowing Options (Continued)

After entering information about each member of the household, the consumer will confirm the information he or she entered is accurate.

Previewing Plans, Getting Estimates, and Narrowing Options (Continued)

Lastly, the consumer will be asked to provide some basic information about his or her expected 2018 household income.

Next, the consumer will see an estimate of what he or she might be eligible for, including whether the consumer may be eligible for a premium tax credit or other savings.

Important: This tool is a fast way to preview plans and price estimates before logging in; it is not a coverage application. Consumers may find a plan they like before logging in and creating an account. Then, consumers can add more details, see plan options with final prices, pick a plan, and enroll.

Previewing Plans, Getting Estimates, and Narrowing Options (Continued)

After selecting **Continue** and reviewing their information, the consumer will see plans that are available.

If the consumer would like to **estimate total yearly costs** or **see if their preferred providers and drugs are covered**, he or she can select those options at the top of results or on any plan.

Estimating total yearly costs:

- The consumer sees examples about the expected medical care needs and can select Low, Medium, or High levels of utilization for each person.
- When the consumer returns to plan results, he or she will see estimated total yearly costs for each plan based on the level of utilization choses.

Seeing if Doctors and Drugs Are Covered

- The consumer can check to see if his or her household's doctors and medical facilities participate in the plans being displayed, and if specific prescription drugs are covered.

- The consumer can toggle between searching for medical providers or searching for prescription drugs.

- Smart search suggestions are available to help with spelling as the consumer types.

- After the consumer selects his or her doctors and drugs and returns back to plan results, the consumer can see which plans cover them.

Seeing if Doctors and Drugs Are Covered (Continued)

Plan Year 2018 Enhancements

- Added auto-suggest smart search when entering providers and drugs
- Simplified provider/drug results and edit capability
- Improved generic drug and brand drug information

Individual names and contact information have been intentionally obscured in this presentation to protect the privacy of individual information.

Seeing if Doctors and Drugs Are Covered (Continued)

After searching for a doctor, facility, or drug, the consumer will need to confirm the name and identifying information of the entity or drug by selecting the correct option from the search list that populates, and then check the box to select the providers and drugs that match.

See if your providers and prescription drugs are covered.

What's a "medical provider?"
A person (like a doctor or a nurse) or facility (a hospital) that provides health care.

Enter your preferred medical providers and prescription drugs. We'll show you which plans cover them when you review plans and prices. ⓘ

Medical providers   Prescription drugs

Type the name of a medical provider, like a doctor or facility

| Smith | ✕ | SEARCH |

Matches for **MEDICAL PROVIDERS** called **SMITH**

PROVIDER NAME   Select ☐
Family Medicine
Family Medicine, Family Practice & Osteopathic Manipulative Treatment
Chester, VA (0.00 mi away)

PROVIDER NAME   Select ☐
Ophthalmology
Ophthalmology
Colonial Heights, VA (4.62 mi away)

PROVIDER NAME   Select ☐
Durable Medical Equipment & Medical Supplies · Oxygen Equipment & Supplies
Colonial Heights, VA (4.62 mi away)

PROVIDER NAME   Select ☐
Social Worker - Clinical
Licensed Clinical Social Worker
Colonial Heights, VA (4.62 mi away)

PROVIDER NAME   Select ☐
Surgery
Surgery

PROVIDER NAME   Select ☐
Dentist

Individual names and contact information have been intentionally obscured in this presentation to protect the privacy of individual information.

Seeing if Doctors and Drugs Are Covered (Continued)

The consumer can then continue to search for additional doctors, or medical facilities, and prescription drugs.

Summary of Plans

HealthCare.gov includes three features to help consumers compare plans they may be eligible for:

- **Get quick definitions** by scrolling through the list and seeing quick hover definitions of plan features and key terms
- **Filter plans by feature** to see plans by category, company, cost, and more
- **Select plans to compare** by choosing up to three plans to compare them side-by-side

38
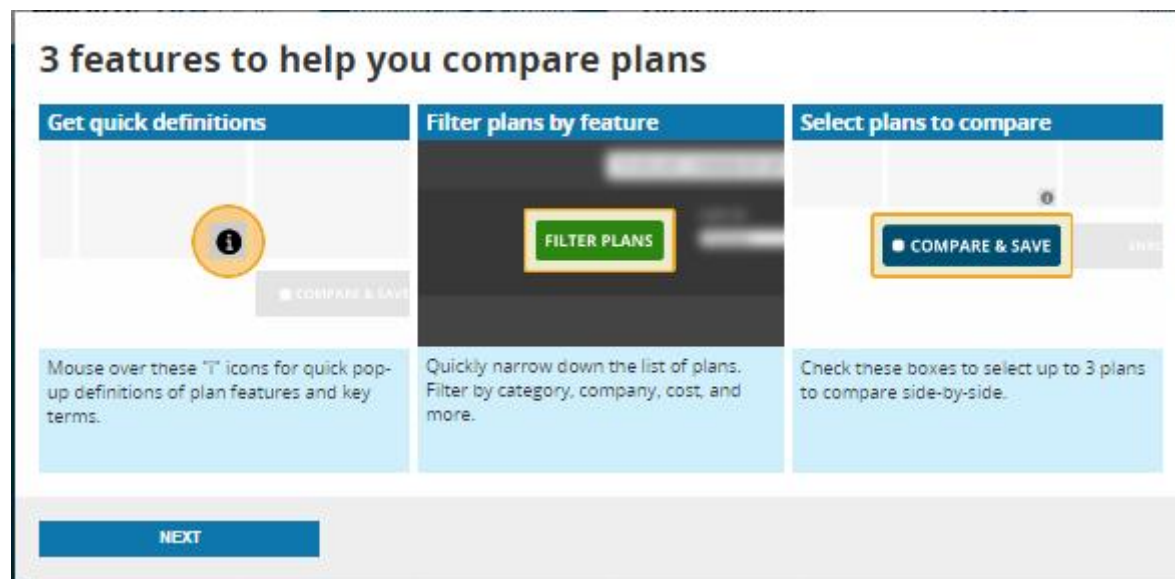
Summary of Plans (Continued)

Plan results include the number of plans available and high-level details for each plan, including plan name, plan category, premium amount, deductible amount, and associated out-of-pocket maximum.

Summary of Plans (Continued)

Using the **Compare Plans** feature, the consumer can see his or her different plan options side-by-side and compare plan specifics, such as the estimated monthly premium, the deductible, the out-of-pocket maximum, and costs for specific types of medical care.

Note that health plans can change which doctors and facilities are in their networks on a continual basis, and providers can change locations and affiliations frequently. Encourage the consumers you assist to check with their providers and/or issuers to confirm the providers accept the chosen qualified health plan (QHP).

Next Steps

Once the consumer finds a plan that best suits his or her needs, the tool will direct the consumer to create an account and/or log in to HealthCare.gov to enroll in the plan.

2017 health insurance plans & prices

People covered: Primary (Age 36), Spouse (Age 36) and 1 Dependent with **estimated tax credit** (not your premium) of $422.25 per month

EDIT

Great! You've found a plan you like.

BLUECROSS BLUESHIELD OF SOUTH CAROLINA · BLUEESSENTIALS HD BRONZE 5

Bronze | EPO   Plan ID: 26065SC0380014

NEW? CREATE AN ACCOUNT   HAVE AN ACCOUNT? LOG IN

◄ BACK   🖶 PRINT   ✉ EMAIL   𝒮 LINK   Understand Sharing 🛈

Next steps: Start or update an application to enroll

STEP 1. Print or email this page so you'll have the full plan name and 14-character Plan ID.

STEP 2. Create or log in to an account. Then you'll fill out a new insurance application or update an existing one, provide more household and income details, and see all your plan options with final prices based on your income.

STEP 3. Pick any plan and enroll. You can enroll in the plan you've found here or any other one.

Remember: This is a preview of available QHPs
and not an actual eligibility determination or coverage application.
Consumers will need to log in and apply for coverage after using these tools.

41

Making the Most of Your Marketplace Participation During This Open Enrollment Period

2018 HealthCare.gov Circle of Champions

Join the 2018 HealthCare.gov Circle of Champions!

- The Circle of Champions recognizes high-performing agents and brokers based on number of consumer enrollments in medical plans* during plan year 2018 Open Enrollment
- Only agents and brokers who have completed Marketplace registration requirements for plan year 2018 are eligible.

Initial Level: Enroll at least 20 consumers

Elite Level: Enroll 100 or more consumers

NEW
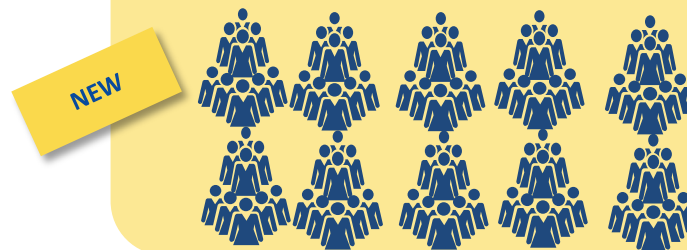
Completed active enrollments only; auto re-enrollments do not count. Anticipated timeframes for data pulls are mid-November, early December, and early January.

Benefits of the HealthCare.gov Circle of Champions

CERTIFICATE OF RECOGNITION

This certificate is proudly presented to

In appreciation of your ongoing contribution and success during the 2017 Health Insurance Marketplace Open Enrollment. Thanks to your hard work, you have increased access to health care and made a lasting positive impact on your community.

Health Insurance Marketplace℠

DATE
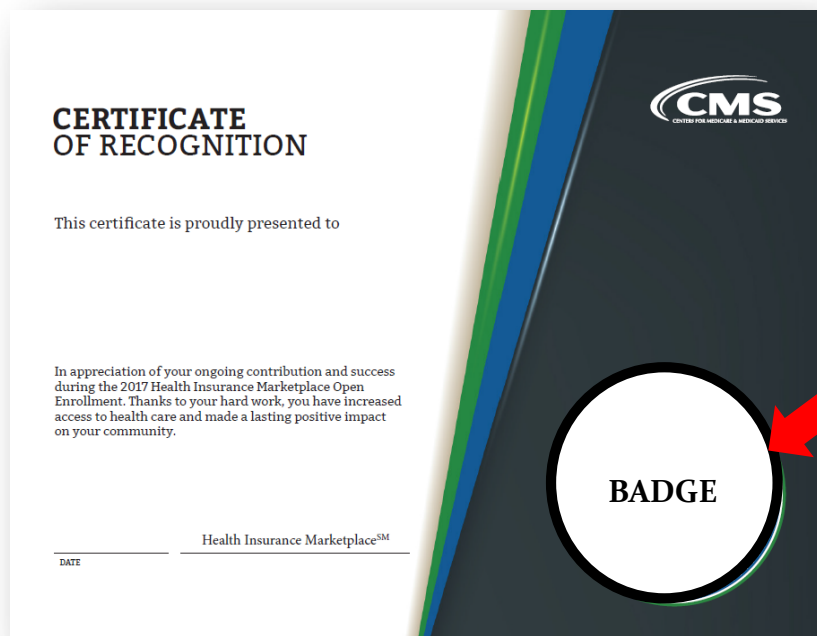
BADGE

HealthCare.gov Badge for 20-99 Enrollments
or
Elite Badge for 100+ Enrollments

- Receive exclusive Circle of Champions marketing materials (e.g., certificate of acknowledgement, badge for your webpage and/or email signature, and customizable press release).
- Stand out from your peers by showcasing your expertise.
- Notify clients and potential clients that you are an enrollment expert.

.44

Making the Most of Your Marketplace Participation During This Open Enrollment Period
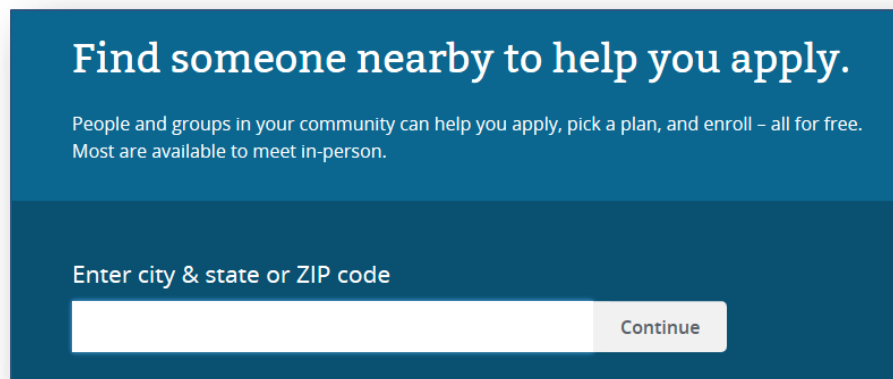
Working with Navigators and Certified Application Counselors (CACs)

Dos and Don'ts of Working with Navigators and CACs

_DO:_

✓ Understand the constraints Navigators and CACs in the Marketplace must adhere to:

- See https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF.

✓ Participate in community events.

- Introduce yourself to Navigators and CACs and ask to be invited to their events.
- Find Navigators and CACs in your area by going to Find Local Help at HealthCare.gov: https://localhelp.healthcare.gov/#intro.

Find someone nearby to help you apply.

People and groups in your community can help you apply, pick a plan, and enroll – all for free. Most are available to meet in-person.

Enter city & state or ZIP code

Continue

Dos and Don'ts of Working with Navigators and CACs (Continued)

DO:

✓ When you are unable to assist a consumer with, for example, a Medicaid enrollment, make sure your client knows about local Navigators and CACs who can offer assistance.

✓ Ensure your MLMS profile information is up-to-date to ensure consumers can find you when a Navigator or CAC uses this tool to help a consumer find an agent or broker in the consumer's area.

Dos and Don'ts of Working with Navigators and CACs (Continued)

DON'T:

× Attempt to establish an exclusive referral relationship with Navigators and CACs

× Offer consideration of any kind (direct or indirect, cash or in-kind) that could be tied to the compensation received by you from a health insurance or stop loss insurance issuer for enrolling a person in a QHP or non-QHP

Help On Demand Training and Profile Creation Is Now Live!

- Licensed agents and brokers who have registered with the Marketplace for plan year 2018 should expect an email invitation from the Marketplace inviting them to participate in the Help On Demand service for this Open Enrollment period.

- In order to register to participate in Help On Demand, you must:
  - Complete Marketplace registration and training for plan year 2018 on https://portal.cms.gov.
  - Ensure the FLH setting in your MLMS profile indicates you want us to display and share your information publicly (see slide 12).
  - Ensure that you have an active state license and health line of authority for the state(s) where you plan to sell coverage.
  - Confirm that your National Producer Number (NPN) is listed as valid on the Agent and Broker FFM RCL.
  - Successfully complete the self-paced Help On Demand training and certify completion by providing your name, email address, and NPN on the last slide of the training.

- After successfully completing the training, you will receive an email from BigWave Systems with a secure link to activate your Help On Demand account, complete your Help On Demand profile, and begin receiving consumer requests for enrollment assistance in real time.

- Consumers can begin using Help On Demand when Open Enrollment begins on November 1, 2017.

What is Help On Demand?

- Help On Demand is a real-time referral system hosted by BigWave Systems and accessed from Find Local Help on HealthCare.gov. This new service connects consumers seeking application and enrollment assistance with Marketplace-registered, licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments.

- Help On Demand asks for the consumer's contact information and then matches the consumer with an agent or broker who is available, speaks the consumer's language, and is licensed in the consumer's state. If more than one agent or broker meets these criteria, Help On Demand directs the referral to the agent or broker who is geographically closest to the consumer.

- These referrals are not provided by CMS or the Marketplace and they do not constitute an endorsement by the Department of Health & Human Services (HHS) or the U.S. Government.

- Only licensed agents and brokers with a valid health line of authority who have completed Marketplace registration and training for plan year 2018, and signed the applicable Agreements with CMS, are eligible to participate in the service.

How Does Help On Demand Work?

Consumer elects to use **Help On Demand** on HealthCare.gov → Consumer is securely redirected to the Help On Demand landing page → Consumer enters contact information and hits **Submit**

BigWave System's Help On Demand service matches the consumer with an available agent or broker → Help On Demand alerts the agent or broker that a referral has been received (via text or email)

Agent or broker accepts the referral within 15 minutes — No → (back to match) — Yes → Agent or broker reaches out directly to the consumer to provide enrollment assistance

Note: Referrals through BigWave's Help On Demand service are not provided by CMS or the Marketplace. and they do not constitute an endorsement by HHS or the U.S. Government.

Benefits of Help On Demand

- **Maintain a flexible schedule**. You can set standard operating hours through BigWave's Help On Demand service, or sign on whenever you are available to help consumers – 24 hours a day, 7 days a week.

- **Connect with consumers instantly.** Consumers who request assistance through Help On Demand are matched with an agent or broker who accepts their referral in less than 15 minutes.

- **Convert referrals into enrollments.** You can capitalize on Help On Demand's referrals and convert more business into enrollments.

- **Avoid unnecessary costs.** Unlike similar industry services, Marketplace-registered agents and brokers may participate in Help On Demand at no cost.

Making the Most of your Marketplace Participation During This Open Enrollment Period

Key Reminders and Resources

Upcoming Activities

- The slides from this webinar will be available on REGTAP at www.REGTAP.info and on the [Resources for Agents and Brokers webpage](#) in the coming days.

- In addition, this webinar will be available for on-demand training on REGTAP.

Office Hours

Wednesdays starting November 8 1:00-1:30 PM ET

- Marketplace Agent/Broker Open Enrollment Office Hours will take place on **Wednesdays 1:00-1:30 PM ET starting November 8 throughout Open Enrollment** to help you stay informed, notify you of important updates and deadlines, answer your questions, and give you an opportunity to provide real-time feedback to CMS on what you are experiencing with the Marketplace this Open Enrollment period.

Plan Year 2018 Open Enrollment

- The Open Enrollment period for plan year 2018 begins on November 1, 2017 and runs through December 15, 2017.

- There are no opportunities to make an Open Enrollment plan selection after December 15.
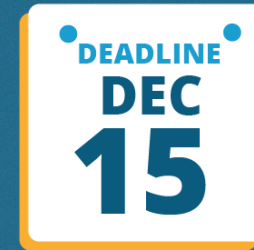
Site Availability*

- In general, HealthCare.gov will be available 24 hours a day during Open Enrollment.
- As in previous years, there are several days on which teams are permitted to conduct maintenance that will result in site downtime. This maintenance is critical to ensure that the site performs at a high level.
- This year, planned maintenance will be permitted on the following days/times:
  - Sunday, November 5, 12:00 AM–12:00 PM
  - Sunday, November 12, 12:00 AM–12:00 PM
  - Sunday, November 19, 12:00 AM–12:00 PM
  - Sunday, November 26, 12:00 AM–12:00 PM
  - Sunday, December 3, 12:00 AM–12:00 PM
- There is also a possibility that the FFM will perform high-priority maintenance on Sunday, December 10, 12:00 AM–7:00 AM.
- PLEASE NOTE that CMS also retains the right to perform emergency maintenance at other times if absolutely necessary. CMS will attempt to communicate all planned and unplanned maintenance that will impact site availability.

*All times are Eastern Time Zone (ET).

Reporting Potential Fraud or Abuse

- You play an important role in observing and reporting any potentially fraudulent practices taking place in relation to the Marketplace.

- If you suspect that a consumer or another agent or broker has engaged in fraud or abusive conduct, report your concerns to one of the following:

Examples of Potential Fraud or Abuse

- A client tells you he has been contacted by an individual seeking his personal and financial information.
- A consumer submits false documentation to the Marketplace.
- An agent or broker is enrolling consumers without their consent.
- An agent or broker is assisting consumers without a valid license or without completing Marketplace registration.
- An agent or broker has disclosed a consumer's personally identifiable information.

Name	Contact	Topics
HHS Office of Inspector General Hotline	1-800-HHS-TIPS (1-800-447-8477) or https://forms.oig.hhs.gov/hotlineoperations/index.aspx	• HHS employee fraud or misconduct • Grant and contract fraud • Submission of false information
Federal Trade Commission	https://www.ftccomplaintassistant.gov	• Identity theft • Contact from someone posing to be from the government
Agent/Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	• Unregistered agents or brokers operating in the Marketplace • Inappropriate agent or broker marketing practices

Health Insurance Marketplace
Direct Agent/Broker Partner Line

Agents and brokers **who have completed plan year 2018 Marketplace registration** may access this enhanced service for assistance with questions related to Individual Marketplace consumer enrollments by following the steps below.

1. Call 855-788-6275.
2. Enter your NPN.
   - Only agents/brokers registered with the Marketplace can use this service.
   - Valid NPNs will be updated weekly (typically on Fridays).
3. After you have entered a valid NPN, you will be presented with three options:
   - Assist consumers with HealthCare.gov account password resets
   - SEPs that are not common/available through the consumer application
   - Other issues

- If you enter an invalid NPN, you will be transferred to the main Marketplace Call Center line.
- **The Direct Agent/Broker Partner Line is most helpful for password resets and non-standard SEPs.**

Agent/Broker Marketplace Help Desks and Call Centers

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
Direct Agent/Broker Partner Line	855-788-6275 Note: Enter your NPN to access this line.	Inquiries related to specific consumers: • Assist consumers with HealthCare.gov account password resets • SEPs not available on the consumer application • Eligibility and enrollment issues related to the Individual Marketplace	Monday–Sunday 24 hours/day
Agent/Broker Email Help Desk	FFMProducer-AssisterHelpDesk @cms.hhs.gov	• General enrollment and compensation questions • Identity proofing/Experian issues requiring manual verification • Escalated general registration and training questions (not related to a specific training platform) • Agent/Broker Registration Completion List issues • Find Local Help issues	Monday–Friday 8:00 AM–6:00 PM ET

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

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
Marketplace Service Desk	855-CMS-1515 855-267-1515 CMS_FEPS@cms.hhs.gov	• Password resets and account lockouts on the CMS Enterprise Portal (used to access the MLMS, the agent/broker training and registration system) • Login issues on the agent/broker landing page used for Direct Enrollment (often due to the FFM User ID not populating correctly when the agent or broker is redirected from an issuer's or web-broker's site) • Other CMS Enterprise Portal account issues, requests, or error messages • 501 Downstream Error message on HealthCare.gov website issues • General registration and training questions (not related to a specific training platform)	Monday-Friday 8:00 AM–8:00 PM ET Saturday-Sunday 10:00 AM–3:00 PM ET (October–November only)

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

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
Agent/Broker Training and Registration Email Help Desk	MLMSHelpDesk@cms.hhs.gov	• Technical or system-specific issues related to the agent/broker training and registration system (i.e., the MLMS) • User-specific questions about maneuvering in the MLMS site, or accessing training and exams	Monday–Friday 8:00 AM–5:30 PM ET
Small Business Health Options Program (SHOP) Call Center	800-706-7893	• All inquiries related to the SHOP • SHOP agent/broker portal access questions	Monday–Friday 9:00 AM–7:00 PM ET
Direct Enrollment (formerly Web-Broker) Email Help Desk	DirectEnrollment@cms.hhs.gov	• All inquiries specifically related to becoming and/or operating as a direct enrollment web-broker in the Marketplace	Monday–Friday 9:00 AM–5:00 PM ET

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

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
America's Health Insurance Plans (AHIP) Training Help Desk	support@ahipinsuranceeducation.org 800-984-8919	All inquiries specifically related to the AHIP agent/broker training platform	**Call Center/Email** Monday–Friday: 8:00 AM–7:00 PM ET Saturday: 8:30 AM-5:00 PM ET
Litmos Training Help Desk	cmsffmsupport@litmos.com 844-675-6565	All inquiries specifically related to the Litmos agent/broker training platform	**Call Center** Monday–Friday 9:00 AM–5:00 PM PT (12:00 PM-8:00 PM ET) **Email** 24 hours/day
National Association of Health Underwriters (NAHU) Training Help Desk	NAHU-FFM@nahu.org 844-257-0990	All inquiries specifically related to the NAHU agent/broker training platform	**Call Center:** Monday–Friday: 9:00 AM–5:00 PM ET **Technical Support:** Monday–Friday: 8:00 AM–9:00 PM ET Saturday–Sunday: 8:00 AM–8:00 PM ET

Tips from the Marketplace Call Center

- In most cases, you can use self-service options at HealthCare.gov to assist consumers enrolling in individual market QHPs through the Marketplace without contacting the Marketplace Call Center. Using self-service options frees up CCRs for more complex cases and reduces wait times for everyone.

- If you need help assisting a consumer, you may contact the Marketplace Call Center.
    - Available in English and Spanish 24 hours a day, seven days a week
    - Closed on Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day

- When you need to contact the Marketplace Call Center, try to avoid the following:
    - Calling during peak times, especially between 10:00 AM and 2:00 PM ET
    - Calling around the enrollment deadline (i.e., December 10–15)
    - Calling during HealthCare.gov outages (CCRs use the same tool for application/enrollment assistance)

Tips from the Marketplace Call Center (Continued)

- When contacting the Marketplace Call Center, consumers can grant permission to allow you to access their account information.
  - This Marketplace Call Center authorization is not the same as ensuring your NPN is on the consumer's application for payment purposes with issuers.
- Consumers will be asked to:
  - Provide the Marketplace Call Center with your full name and NPN
  - Elect the length of time the authorization is valid; this can be one call or up to 365 days
  - Update the authorization as needed prior to the beginning of Open Enrollment
- This authorization allows you to:
  - Call the Marketplace Call Center and access a consumer's information on the consumer's behalf
  - Participate in a three-way call with a Marketplace CCR and the consumer

When Is It Appropriate for Agents and Brokers to Seek Marketplace Call Center Assistance?

- You may direct consumer application questions or issues to the Marketplace Call Center.
- The following complex consumer situations may require support from the Marketplace Call Center:
  - You need to check the status of a consumer's data matching or SEP verification issue.
  - The consumer is part of a multi-tax household, and requires guidance on which household members should be part of different application groups.
  - You or the consumer are having technical difficulties completing the online application.
- For password resets for consumer HealthCare.gov accounts and SEPs not available on the consumer application, use the Direct Agent/Broker Partner Line (855-788-6275). You will need to enter your NPN to gain access.

When Is It Not Appropriate for Agents and Brokers to Seek Marketplace Call Center Assistance?

- The consumer (or you with the consumer's assistance) has not attempted to complete all required data fields in the online application.
  - Note that the Marketplace Call Center is not staffed to enter consumer information for multiple applications.

- The consumer does not have ready access to personal information and/or specific documentation required to complete enrollment.
  - Use the Marketplace Application Checklist when helping consumers complete their applications and to be sure they are prepared before they contact the Marketplace Call Center.

- You do not have a current Marketplace Call Center authorization and the consumer is not on the line.
  - Remember, Marketplace Call Center CCRs will not provide you any information about a consumer's application if the consumer is not part of the three-way call or has not previously authorized you to work on his or her behalf.

Agent and Broker Resources

Resource	Link
Agents and Brokers Resources webpage	http://go.cms.gov/CCIIOAB
HealthCare.gov	https://www.healthcare.gov/
Outreach and Education Materials on Marketplace.CMS.gov	https://marketplace.cms.gov/outreach-and-education/outreach-and-education.html
Plan Year 2018 Marketplace Registration and Training for Agents and Brokers	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Plan-Year-2018-Registration-and-Training.html
Registration Completion List on Data.HealthCare.gov	https://data.healthcare.gov/ffm_ab_registration_lists
Twitter updates @HealthCareGov	https://twitter.com/search-home
"News for Agents and Brokers" Newsletter	Distributed via email and available on the Agents and Brokers Resources webpage at http://go.cms.gov/CCIIOAB

Agent and Broker Resources (Continued)

Resource	Link
SHOP at HealthCare.gov	https://www.healthcare.gov/small-businesses/
SHOP Agent/Broker Portal	https://healthcare.gov/marketplace/small-businesses/agent
Find Local Help Tool	https://localhelp.healthcare.gov/
Help On Demand	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Help-On-Demand.pdf
Agent and Broker NPNs	www.nipr.com/PacNpnSearch.htm
Regulation 45 CFR 155.220 authorizing agents and brokers to assist consumers with selecting and enrolling in QHPs offered through the Marketplaces	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a53964f7a759ab782238698f8ad60a0c&mc=true&r=SECTION&n=se45.1.155_1220
Patient Protection and Affordable Care Act Market Stabilization Final Rule	https://www.gpo.gov/fdsys/granule/FR-2017-04-18/2017-07712/content-detail.html

Shortcut to Agent/Broker Resources Page from HealthCare.gov

- HealthCare.gov contains a link to make it easier for you to get to the Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB).

Making the Most of your Marketplace Participation During This Open Enrollment Period

How to Manage Marketplace and REGTAP Emails

Marketplace Emails

Agents & Brokers:
Selling in the Marketplace

HealthCare.gov

Register Now for 2018!

- The Marketplace strives to keep you updated on the most valuable information relating to enrollment, registration and training reminders, deadlines, and more.

- You are automatically subscribed to emails once you complete registration and training for the current plan year.

- If you have not completed registration and training and would like to receive general updates, you can subscribe to Marketplace emails at https://www.healthcare.gov/lp/agents-and-brokers/.
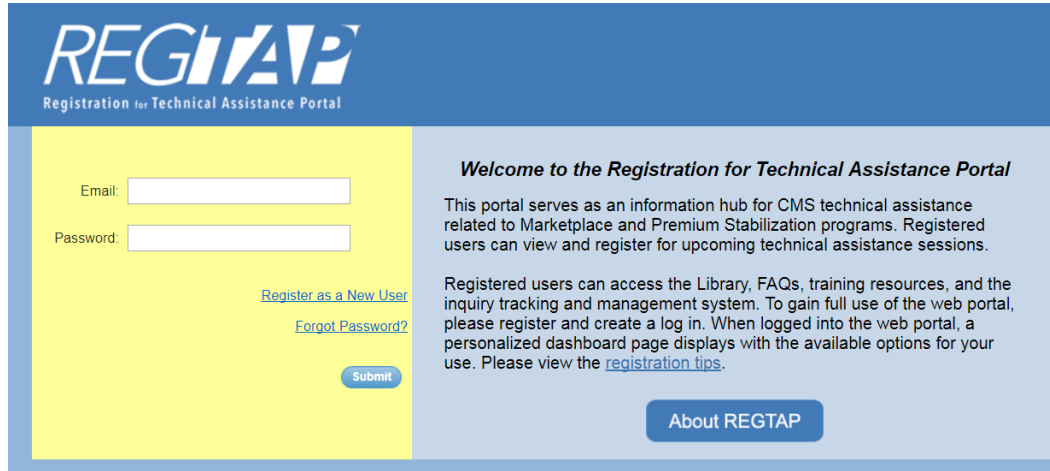
Managing Marketplace Emails

You can manage your Marketplace email communication preferences and the specific topic lists you subscribe to via the Subscriber Preferences page at
https://public.govdelivery.com/accounts/USCMSHIM/subscriber/new?preferences=true.

- To receive fewer emails from the Marketplace:
  - Select the **Email Frequency** tab.
  - Next to **Send me fewer emails**, select **Yes**.
  - Select **Save**.
- You can change your preferences at any time by following these same steps and updating your selection.
- To unsubscribe from all emails from the Marketplace:
  - Select the **Manage Subscriptions** tab.
  - Select **Delete my account**.

Managing REGTAP Email Notifications

- A REGTAP account provides access to other resources, such as agent/broker frequently asked questions and on-demand training.
  - There is a consolidated view of all agent/broker REGTAP resources through the dedicated Agent/Broker Program Area page.
  - Visit www.regtap.info/ to register for a REGTAP account.
- REGTAP will send automated email notifications about events you have registered for.
- If you already have a REGTAP account and would like to opt out of REGTAP email notifications, please contact REGTAP Registration Support by phone at 800-257-9520 from 9:00 AM–5:00 PM ET Monday through Friday, or by email at registrar@REGTAP.info.

Acronym Definitions

Acronym	Definition
AHIP	America's Health Insurance Plans
APTC	Advance Payments of the Premium Tax Credit
CCR	Call Center Representative
CAC	Certified Application Counselor
CiC	Change-in-Circumstance
CCIIO	Center for Consumer Information and Insurance Oversight
CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
FFM	Federally-facilitated Marketplace
FLH	Find Local Help
HICS	Health Insurance Casework System
HHS	Department of Health & Human Services

Acronym Definitions (Continued)

Acronym	Definition
MLMS	Marketplace Learning Management System
NAHU	National Association of Health Underwriters
NIPR	National Insurance Producer Registry
NPN	National Producer Number
QHP	Qualified Health Plan
REGTAP	Registration for Technical Assistance Portal
SBM	State-based Marketplace
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period
SHOP	Small Business Health Options Program
SSN	Social Security Number