Consumers who access health insurance coverage through the Health Insurance Marketplace are able to receive assistance in a variety of ways, including in-person, online, and through telephone support. Agents and brokers, including web-brokers, are among those who play a role in educating consumers about the Marketplace and insurance affordability programs, and in helping consumers in the Individual Marketplace receive eligibility determinations, compare qualified health plans (QHPs), and enroll in coverage. Agents and brokers also play a critical role in helping qualified employers and employees select and enroll in coverage through the Small Business Health Options Program (SHOP) Marketplace.

Section I of this document provides a high-level overview of the role of agents and brokers, including web-brokers, in the following Marketplaces:

- Federally-facilitated Marketplace (FFM);
- State Partnership Marketplaces where states perform plan management functions (SPMs); and
- State-based Marketplaces that have received approval to utilize the federal platform to support selected eligibility and enrollment functions for the Individual Marketplace, the SHOP Marketplace, or both (known as State-based Marketplaces on the Federal Platform or SBM-FPs).

In Section II, we address common questions raised by states and other stakeholders on the role of agents and brokers in all Marketplaces — including State-based Marketplaces (SBMs). In Section III, we address questions specific to web-brokers. Finally, the Appendix includes process flows for the pathways that agents and brokers can use to assist consumers with eligibility applications and enrollment in QHPs through the Marketplace.

I. Role of Agents and Brokers in the Marketplace

Where permitted under state law and after fulfilling the Marketplace registration requirements, agents and brokers are able to assist consumers in completing the eligibility application, and in comparing and enrolling in QHPs through the Marketplace.

Agents and brokers in the Individual Marketplace are able to assist consumers in two

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1 Health Insurance MarketplaceSM and MarketplaceSM are service marks of the United States Department of Health & Human Services. When used in this document, the term “Health Insurance Marketplace” or “Marketplace” refers to Federally-facilitated Marketplaces (FFMs), including FFMs where states perform plan management functions and State-based Marketplaces on the Federal Platform (SBM-FPs).
ways: (a) via the Direct Enrollment Pathway (also known as issuer-based enrollment), through which an agent or broker uses a QHP issuer’s or a web-broker’s website to assist the consumer; and (b) via the Marketplace Pathway, through which an agent or broker assists the consumer using the HealthCare.gov website.

Both pathways allow an agent’s or broker’s identifying information to be captured and sent to the appropriate QHP issuer to facilitate the QHP issuer’s payment to the agent or broker for each enrollment transaction. Either pathway allows an agent or broker to assist consumers during the annual Open Enrollment period and during special enrollment periods (SEPs). More information about each pathway is included below, as well as in the Appendix of this guidance.

The SHOP Marketplace also has online application and enrollment capabilities and an Agent/Broker Portal that gives agents and brokers direct access to their authorized employer clients’ application information, enrollment, and case management functions. Agents and brokers operating in the SHOP Marketplace must use their Centers for Medicare & Medicaid Services (CMS) Enterprise Portal User ID and password to access the SHOP Marketplace Agent/Broker Portal.

A. Initial Registration with the Marketplace

CMS requires agents and brokers to complete certain registration activities in order to participate in the Marketplace. For agents and brokers who are new to the Marketplace for plan year 2017, the initial registration process comprises seven steps:

- Create a CMS Enterprise Portal account at https://portal.cms.gov/
- Request the FFM Agent/Broker Role
- Conduct identity proofing through the CMS Enterprise Portal
- Complete profile information on the Marketplace Learning Management System (MLMS)
- Complete training and exams on the MLMS or through a CMS-approved vendor
- Accept Marketplace Agreement(s) on the MLMS
- Log in to the CMS Enterprise Portal to confirm that the Agent/Broker Registration Status page displays the agent’s or broker’s registration is complete

All agents and brokers who wish to participate in the Marketplace are required to complete the above steps as part of initial registration. Training and exam requirements vary by Marketplace. Table 1 below summarizes the initial registration activities for agents and brokers participating in the Marketplace.

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2 Each employer must create its own HealthCare.gov account, and after logging in to its account, the employer can provide an authorization to an agent or broker to assist it and its qualified employees with the QHP enrollment process through the SHOP Marketplace. An agent or broker cannot gain access to the employer’s account and its respective employees’ application information until such authorization is provided.
Table 1. Summary of Initial Registration Activities for Agents and Brokers in the Marketplace

<table>
<thead>
<tr>
<th>Agents and brokers participating in the ...</th>
<th>Create CMS Enterprise Portal Account</th>
<th>Request Agent/Broker Role</th>
<th>Conduct Identity Proofing</th>
<th>Complete Profile Information</th>
<th>Complete Training and Exams</th>
<th>Execute Agreement(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual and SHOP Marketplace</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>事 Wait, Basics, IM, P&amp;S</td>
<td>Required: GA, P&amp;S IM, P&amp;S SHOP</td>
</tr>
<tr>
<td>Individual Marketplace</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>事 Wait, Basics, IM, P&amp;S</td>
<td>Required: GA, P&amp;S IM</td>
</tr>
<tr>
<td>SHOP Marketplace</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
<td>事 Wait, Basics, P&amp;S, SHOP</td>
<td>Required: P&amp;S SHOP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic Abbreviation</th>
<th>Associated Trainings</th>
<th>Associated Exams</th>
<th>Associated Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basics</td>
<td>Welcome</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Basics</td>
<td>Affordable Care Act Basics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basics</td>
<td>Marketplace Basics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM</td>
<td>Individual Marketplace Eligibility for Enrolling in a QHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM</td>
<td>Individual Marketplace Eligibility for Insurance Affordability Programs (IAP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IM</td>
<td>Individual Marketplace Enrolling in a QHP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P&amp;S</td>
<td>Privacy Standards and Definitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P&amp;S</td>
<td>Protecting and Handling Personally Identifiable Information (PII)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P&amp;S</td>
<td>Information Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHOP</td>
<td>SHOP Marketplace Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHOP</td>
<td>SHOP Marketplace Qualified Employee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Once an agent or broker has completed these steps, he or she has fulfilled the registration requirements for participating in the Marketplace.

B. Annual Registration with the Marketplace

Once an agent or broker has completed the initial registration process with the Marketplace, he or she needs to complete certain registration activities annually in order to continue his or her participation in the Marketplace. CMS deactivates the FFM

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3 Agents and brokers complete the final step to confirm an agent’s or broker’s registration on the Agent/Broker Registration Status page on the CMS Enterprise Portal. This step is not included in Table 1 as there is no formal action required.
Agent/Broker Role associated with the FFM user ID for any agents or brokers who do not complete the annual registration activities by the expiration date on the Marketplace Agreement(s). The agent or broker is not permitted to participate in the Marketplace until these activities are complete. Agents and brokers who participated in the Marketplace during plan year 2016 already have an agent/broker profile on the MLMS, and those that participated in the Individual Marketplace are eligible to take streamlined Refresher Training to complete the plan year 2017 Individual Marketplace training requirement. Table 2 summarizes the annual registration activities for agents and brokers returning to the Marketplace.
Table 2. Summary of Annual Registration Activities for Returning Agents and Brokers in the Marketplace

<table>
<thead>
<tr>
<th>Agents and brokers returning to the ...</th>
<th>Complete Profile Information</th>
<th>Complete Training and Exams</th>
<th>Execute Agreement(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual and SHOP Marketplace</td>
<td>Required</td>
<td>Required: Refresher or W, Basics, IM, P&amp;S Recommended: SHOP</td>
<td>Required: GA, P&amp;S IM, P&amp;S SHOP</td>
</tr>
<tr>
<td>Individual Marketplace</td>
<td>Required</td>
<td>Required: Refresher or W, Basics, IM, P&amp;S</td>
<td>Required: GA, P&amp;S IM</td>
</tr>
<tr>
<td>SHOP Marketplace</td>
<td>Required</td>
<td>Recommended: W, Basics, P&amp;S, SHOP</td>
<td>Required: P&amp;S SHOP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic Abbreviation</th>
<th>Associated Trainings</th>
<th>Associated Exams</th>
<th>Associated Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>W</td>
<td>Welcome</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Basics</td>
<td>Affordable Care Act Basics Marketplace Basics</td>
<td>Affordable Care Act and Marketplace Basics</td>
<td>Individual Marketplace General Agreement (GA)</td>
</tr>
<tr>
<td>SHOP</td>
<td>SHOP Marketplace Employer SHOP Marketplace Qualified Employee</td>
<td>SHOP Marketplace</td>
<td>SHOP Marketplace Agreement (P&amp;S SHOP)</td>
</tr>
</tbody>
</table>

C. Direct Enrollment Pathway for Assisting Consumers

The Direct Enrollment Pathway allows an agent or broker to use a QHP issuer’s or web-broker’s website to assist a consumer in applying for an eligibility determination and, if

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4 Agents and brokers that completed registration for plan year 2014 or 2015, but not plan year 2016, need to request the FFM Agent/Broker Role during the annual registration process for plan year 2017.

5 Agents and brokers complete the final step to confirm their registration on the Agent/Broker Registration Status page on the CMS Enterprise Portal. This step is not included in Table 2 as there is no formal action required.
the consumer is eligible, selecting a QHP.

An agent or broker initiates the Direct Enrollment Pathway by logging on to the issuer’s or web-broker’s website. Once the consumer determines that he or she would like to apply for coverage through the Marketplace, the agent or broker is securely redirected from the QHP issuer’s or web-broker’s website to HealthCare.gov to complete the eligibility application with the consumer, using the agent or broker’s FFM user ID. The agent or broker is then prompted to enter the password associated with his or her FFM user ID. As part of the discussion with the consumer, CMS expects the agent or broker to inform the consumer that the agent or broker will provide information for certain QHPs with which he or she has a business relationship, but that the consumer could choose to directly access HealthCare.gov, where additional QHP information and choices are available.

Once the agent or broker has completed the application with the consumer and receives the consumer’s eligibility determination from the Marketplace, the agent or broker is securely redirected back to the QHP issuer’s or web-broker’s website to assist the consumer with QHP comparison and enrollment. The agent’s or broker’s National Producer Number (NPN) and other identifying information is electronically captured via the log in information and will be submitted to the issuer when the consumer’s enrollment is submitted. As a best practice, the assisting agent or broker should also manually enter his or her name and NPN on each consumer’s application when using the Direct Enrollment Pathway to assist consumers with Marketplace enrollments.

QHP issuers have authority over their affiliated agents and brokers via the appointment process. QHP issuers must check all of their appointed agents’ and brokers’ state licensure statuses and verify that they fulfilled the Marketplace registration requirements before allowing them to access the issuer’s tools and assist consumers via the Direct Enrollment Pathway. Issuers can confirm whether agents and brokers have completed the Marketplace registration requirements by reviewing the Agent and Broker FFM Registration Completion List (RCL).

**D. Marketplace Pathway for Assisting Consumers**

In the Marketplace Pathway (or “Side-by-Side” Pathway), agents and brokers can help qualified individuals obtain eligibility determinations for insurance affordability programs, as well as with QHP comparison and enrollment.

Using this pathway, the consumer logs directly into his or her Marketplace account at HealthCare.gov. The agent or broker may assist the consumer in creating a consumer account if needed, but the consumer, or a legally authorized representative of the consumer, must create his or her own Marketplace username and password and should not share this information with third parties, including agents and brokers.

After the consumer has logged in to his or her consumer account, the agent or broker then works with the consumer to complete the eligibility application. If using the Classic Marketplace Application, the consumer should enter the agent’s or broker’s name and NPN when prompted to indicate that the agent or broker provided assistance. If the consumer is using the streamlined Marketplace 2.0 Application, the consumer should check the “Another person is helping me” box to enter the agent’s or broker’s name and
After the consumer receives an eligibility determination, the HealthCare.gov website displays all QHP choices available. The agent or broker can assist the consumer in comparing QHPs and submitting the consumer’s enrollment. There is also an opportunity when reviewing plan options in Plan Compare to enter the agent’s or broker’s name and NPN by selecting the “Did someone help you select a plan and enroll?” button. A screen will display a window titled “Who helped you with your enrollment?” where the consumer should enter the agent’s or broker’s information. Agents and brokers should ensure the consumer enters the correct NPN and that it matches the one entered when completing the eligibility application.

Additionally, CMS has approved web-brokers that meet all applicable requirements to provide an alternate channel to help consumers select QHPs online. Please see Section III for more information about web-brokers in the Individual Marketplace.

II. Questions and Answers

The following questions and answers provide additional detail and clarification on the role of agents and brokers in all Marketplaces, including SBMs.

1. Can a State-based Marketplace establish a commission schedule or pay commissions? How does the Marketplace address compensation?  

Nothing in the Exchange final rule prohibits a state from establishing laws, regulations, and standards for issuers’ compensation of agents or brokers, including for enrolling individuals through that state’s Marketplace. Accordingly, SBMs may establish parameters for compensating agents and brokers, by direct compensation from the Marketplace, or by having issuers pay commissions. If issuers are paying commissions to agents or brokers, we encourage SBMs to consider providing information to issuers to facilitate these transactions (e.g., by providing the agent or broker’s NPN or state license number).

The Marketplace does not establish a commission schedule and does not pay commissions directly to agents or brokers. Commissions are a contractual matter between the QHP issuer and the agent or broker. However, we note that the Department of Health & Human Services (HHS) has established a QHP certification standard for issuers seeking certification in the Marketplace that requires QHP issuers to compensate agents and brokers equally for selling a plan inside or outside the Marketplace. As described in Section I of this document, the Marketplace transmits agent and broker identifying information to issuers to facilitate payment.

2. May a state participating in a State Partnership Marketplace modify processes and

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6 Compensation includes commissions, fees, or other incentives as established in the relevant agreement between an issuer and an agent or broker.


8 Agents and brokers who are acting as Navigators may not receive compensation from issuers.
infrastructure for agents and brokers, including for training and registration?

No. For the Marketplace, including State Partnership Marketplaces, CMS is responsible for registering agents and brokers and for conducting Marketplace-related training, which includes executing Marketplace Agreement(s).

Upon completion of the Marketplace registration and training, agents and brokers obtain an active FFM user ID.

States continue to license and regulate agents and brokers, including those who assist consumers in the Marketplace. States also continue to establish licensure and continuing education requirements for agents and brokers, and may require additional state-specific training as a condition of licensure. However, the Marketplace agent and broker training does not include state-specific training requirements.

3. When assisting qualified individuals enrolling through a Marketplace, must an agent or broker display all QHPs? Must an agent or broker be able to enroll individuals in all QHPs?

With the exception of web-brokers, agents and brokers are not required to display all QHPs or to facilitate enrollment into all QHPs (see 45 C.F.R. § 155.220). SBMs have discretion to implement policies that would require agents and brokers to display all QHPs. For example, SBMs may establish additional requirements for QHP issuers under state law or as part of the SBM QHP certification process, consistent with the Exchange final rule. SBMs may also provide information to consumers on agent and broker relationships with issuers, including issuer appointment and compensation arrangements.

In the Marketplace, CMS does not require agents and brokers to facilitate enrollment into all available QHPs. However, if the agent or broker is using the Marketplace Pathway to assist consumers, all QHP choices are displayed. All agents and brokers must comply with applicable state laws, regulations, and Marketplace requirements, including standards related to relationships or appointments with issuers.

4. What happens if an individual working with an agent or broker is determined to be eligible for Medicaid or the Children’s Health Insurance Program (CHIP)?

We expect that agents and brokers who are approached by individuals and families looking for assistance with Marketplace enrollment will work with all consumers, including individuals who are ultimately determined to be eligible for Medicaid or CHIP. Any individual who is working with a registered agent or broker and is determined by a Marketplace to be eligible for Medicaid or CHIP receives an appropriate notice of assessment or determination of Medicaid or CHIP eligibility from the Marketplace. In such cases, we expect that the agent or broker would refer the individual to the appropriate state agency. The Marketplace agent and broker training

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9 As noted in the response to question 11 in this document, web-brokers must display all individual market QHPs available to a consumer accessing the Marketplace.
10 Agents and brokers who are acting as Navigators are required to facilitate enrollment into all available QHPs.
provides information on where to direct Medicaid- or CHIP-eligible individuals.

5. How do agents and brokers work with qualified employers in the SHOP Marketplace?

Agents and brokers who assist qualified small employers in enrolling in SHOP Marketplace coverage may use the SHOP Marketplace Agent/Broker Portal. In order to work on behalf of an employer, the employer must authorize the SHOP Marketplace registered agent or broker to work on their behalf. Once an authorization has been established with an employer, the agent or broker can help the employer complete the eligibility application, select plans, and create an enrollment offer for employees. The SHOP Marketplace application includes the authorized agent’s NPN. This information, along with the agent’s or broker’s name, organization name, contact information, and taxpayer identification number (TIN), is transmitted to the QHP issuer selected at the time of group enrollment and whenever any enrollment data items change.

6. To what extent can agents and brokers continue communicating with consumers after they have been enrolled in a QHP through a Marketplace?

Agents and brokers (including web-brokers) may continue to communicate with qualified individuals after they have enrolled in a QHP, to the extent that such communications comply with applicable laws and regulations. Such communications also must comply with the privacy and security standards adopted by the Marketplace pursuant to 45 C.F.R. § 155.260, which limit how an agent or broker may use any information gained as part of providing assistance and services to a qualified individual. With respect to the SHOP Marketplace, CMS expects agents and brokers to be in continual contact with employers both before and after enrollment, as they serve as a primary contact for customer service issues for employers.

III. Additional Guidance for Web-brokers

CMS uses the term “web-broker” to describe an individual agent or broker, group of agents and brokers, or company that provides a non-Marketplace website to assist consumers in the QHP selection and enrollment process as described in 45 C.F.R. § 155.220(c)(3).11 Web-brokers provide another option for consumers seeking to enroll in QHPs through the Marketplace for the Individual Marketplace, alongside traditional agents and brokers who assist consumers with enrollment through the Marketplace. Pursuant to 45 C.F.R. § 155.220(i), as of January 1, 2015, the SHOP Marketplace may permit agents and brokers, in states that permit such activity under state law, to use a website to provide assistance to qualified employers and facilitate enrollment of qualified employees in SHOP QHPs, subject to the requirements of 45 C.F.R. § 155.220(c)(3), if the SHOP Marketplace has the technical capability to make this possible. CMS does not currently anticipate that the SHOP Marketplace will make this functionality available in 2017.12

CMS recognizes that many consumers currently purchase insurance online from web-brokers. This guidance answers common questions about the role of web-brokers in

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11 Appendix B of the Privacy and Security Agreement for the Marketplace for the individual market, SHOP, and web-brokers.
12 Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2015; Final Rule, 79 FR 13744, 13792 (March 11, 2014) (45 C.F.R. Parts 144, 147, 153, et al.).
Marketplaces.

1. **Can SBMs work with web-brokers?**

Yes. In addition to operating its own Marketplace website, an SBM can work with web-brokers to provide an alternate plan selection option for consumers. States may allow web-brokers to use their websites to provide consumer information for comparing and selecting QHPs, subject to the standards specified in 45 C.F.R. § 155.220(c) and (i).

SBMs must continue to perform eligibility determination functions as set forth in subpart D of part 155 of the Exchange final rule and transmit enrollment information to QHP issuers for all individuals enrolling through the Marketplace — including those who enroll through the Marketplace with the assistance of web-brokers — as described in 45 C.F.R. § 155.400.

2. **May Marketplace consumers enroll in a QHP through the website of a web-broker?**

Yes. The Marketplace offers the web-broker option. To the extent permitted by a state, CMS works with web-brokers that meet all applicable requirements to provide an alternate option to help consumers select QHPs online. Web-brokers provide an additional channel for the Marketplace to reach consumers and to help them enroll in QHPs. CMS has developed the capability to support Direct Enrollment integration between web-brokers’ websites and HealthCare.gov using secure redirect and application programming interface (API) mechanisms. The Direct Enrollment Pathway enables a qualified individual to initiate his or her shopping experience on the web-broker’s website, connect securely to HealthCare.gov to complete the eligibility application and determination process, and return securely to the web-broker’s site to compare plans and enroll in a QHP.

3. **How do web-brokers working with the Marketplace obtain consumer and QHP data?**

In the Marketplace, the API facilitates the secure transmission of key eligibility and enrollment information between the Marketplace and the web-broker.

CMS makes available to web-brokers QHP data, including premium information, provided by issuers to CMS. Web-brokers also receive consumer-specific eligibility information via a Fetch Eligibility web service from the Marketplace Data Services Hub. These data include contact information for the application filer and the individual or family’s eligibility determination, including information on the maximum premium tax credit and cost-sharing reductions for which the individual or family is eligible.

After the consumer selects a QHP and the premium tax credit amount has been determined, the web-broker transmits the individual’s or family’s QHP selection, including the applicable premium, the amount of the advance payment of premium tax credit that will be applied to the premium, and broker identifier, back to the Marketplace via a Submit Enrollment web service.

The Marketplace, as the system of record for all eligibility and enrollment transactions,
conveys all enrollment information to appropriate QHP issuers, including information identifying the web-broker in order to facilitate compensation by the issuer. Individuals determined eligible for Medicaid and CHIP are referred by the Marketplace to the appropriate state agency.

Given the sensitive nature of PII, web-broker websites are required to comply with all existing and future privacy and security standards established by HHS pursuant to 45 C.F.R. § 155.260, related to the use and handling of PII obtained during the enrollment process, regardless of whether the enrollment is completed. These security standards also require authentication of consumers to prevent unauthorized access to sensitive information.

4. Under 45 C.F.R. § 155.220(c)(3)(iv), web-brokers must display all QHPs available through a Marketplace. Has the FFM established standards for appointments with issuers?

The Marketplace has not established standards for appointments with QHP issuers. However, web-brokers must display all QHPs available through an Individual Marketplace, irrespective of compensation or appointment arrangements. Web-brokers must comply with all applicable state law, including state law related to appointments, as a condition of enrolling individuals through the Marketplace. If a consumer intends to enroll in a QHP for which the web-broker does not hold an appointment, the web-broker should direct the consumer to HealthCare.gov.

5. What QHP data must web-brokers display?

Web-brokers must disclose and display all QHP information provided by the Marketplace or directly by QHP issuers, as required under 45 C.F.R. § 155.220(c)(3)(iv). Similar to plan year 2016, CMS is providing 2017 QHP data for all QHPs offered through the Individual Marketplace through the Health Insurance Marketplace Public Use Files (Marketplace PUF) and the 2017 QHP Landscape File. These files contain data for web-brokers to list all QHPs that are available to consumers on the Marketplace through HealthCare.gov, including QHPs offered in states performing plan management functions. This data includes:

- QHP issuer details: QHP issuer name, address and contact information
- QHP details: QHP name, type of plan, level of coverage, and the state in which the QHP is offered.

The 2017 QHP Landscape File does NOT contain QHP rate, benefit, cost-sharing, network, payment URL, or service area information.

In the current health insurance market, web-broker entities obtain additional information on health plan products that are displayed on their websites directly from those health insurance issuers with whom they have a contractual relationship. Web-brokers work with these issuers to ensure that the data displayed on their websites is accurate. CMS seeks to continue to leverage such practices, and would encourage web-brokers to work directly with QHP issuers with whom the web-broker has a contractual relationship to obtain additional QHP details.
Web-brokers are responsible for the accuracy of QHP information displayed on their websites. They must prominently display a standardized disclaimer provided by CMS on their websites, which informs consumers that the website is not the official Marketplace website, and provide an active link to HealthCare.gov. To the extent that not all information required under 45 C.F.R. § 155.205(b)(1) is displayed on the web-broker’s website for a QHP, web-brokers must also prominently display a standardized disclaimer provided by CMS stating that information required under 45 C.F.R. § 155.205(b)(1) for the QHP is available on the Marketplace, and provide an active link to HealthCare.gov.

6. **In the Marketplace, are web-brokers able to modify the display of QHPs presented on their websites? What consumer protections must web-brokers keep in mind?**

In the Marketplace, CMS expects that the sort order of or sorting algorithm for QHPs will not steer a consumer to a particular QHP based upon financial consideration to the web-broker. CMS also expects that a web-broker discloses to the consumer the specific source and nature of web-broker compensation and that the compensation does not affect the display of QHP options or the premiums charged. Web-brokers may charge consumers a separate transaction or service fee for enrolling in a QHP if permitted under state law and if the fee is reasonable and for a bona fide service of value that goes beyond the traditional assistance provided by a Marketplace-registered agent or broker.

Web-brokers also may offer additional tools or decision support that the consumer can use to navigate or refine the display of QHPs. In addition, CMS expects web-brokers to display QHPs separately from non-QHPs, and offer a QHP plan selection experience that is free from advertisements or information for other health insurance-related products and sponsored links advertising health insurance-related products (e.g., an advertisement for a QHP issuer). Once a consumer has completed QHP plan selection and enrollment, the web-broker may offer the consumer the ability to search for additional products or services if desired. CMS expects that such offers are made in a section of the web-broker’s website that is separate from the QHP display.

A web-broker must adhere to the website disclosure and display standards specified in 45 C.F.R. § 155.205(b)(1) and (c). In particular, we expect a web-broker to make available information on each QHP offered through a Marketplace easily accessible to consumers, including consumers with disabilities and limited English proficiency.

CMS also expects the web-broker to prominently display language on its website explaining to consumers that the web-broker has entered into an Agreement with CMS and has agreed to conform to website display and security standards in 45 C.F.R. § 155.220(c)(3) and § 155.260.

Such language must also explain that the web-broker’s website is distinct from HealthCare.gov, and that consumers may opt to use HealthCare.gov at any time.
IV. Appendix: Process Flows for Marketplace Enrollments

Exhibit 1. Agent/Broker Direct Enrollment Pathway (Issuer-based Pathway)\(^{13}\)

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Exhibit 2. Consumer Direct Enrollment Pathway
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13 The “834” in these diagrams refers to the files in which the Marketplace and QHP issuers exchange enrollment transactions, using the Accredited Standards Committee (ASC) X12 834 Benefit Enrollment and Maintenance Version 5010.
Exhibit 3. Marketplace Pathway