

Helping Consumers More Effectively for Plan Year 2023

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

September 29, 2022

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. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

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 Agent and Broker 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 include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).

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Agenda



- | 01** Marketplace Reminders and Overview
- | 02** Direct Enrollment and Enhanced Direct Enrollment
- | 03** Find Local Help and Help On Demand
- | 04** Privacy and Security Requirements
- | 05** Citizenship and Immigration
- | 06** Estimating Household Income
- | 07** Live Question/Answer Session & Agent and Broker Outreach Updates

Overview

- » This webinar will cover important Marketplace priorities and address frequently asked questions (FAQs) from agents and brokers.
- » In addition to these topics, agents and brokers can find a full list of FAQs on the [Agent and Broker FAQs webpage](#).
 - Questions are organized by category and can also be searched by typing keywords or parts of the question in the search bar.
 - Most questions and answers also include additional resources to help agents and brokers when assisting clients.



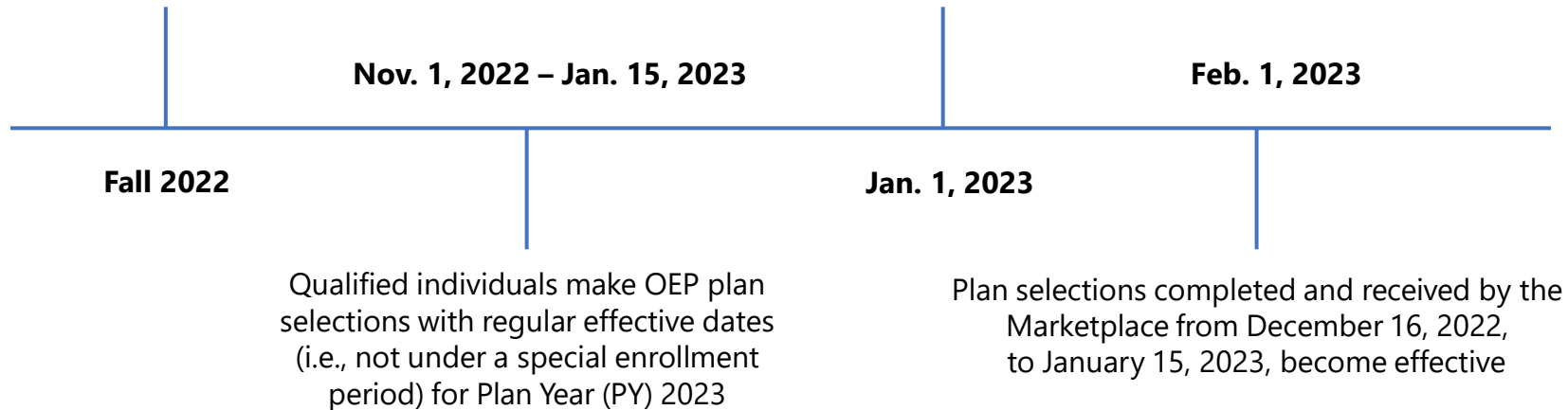
Marketplace Reminders and Overview

Plan Year 2023 Timeline



The Marketplace sends an annual notice to all enrollees during the fall to inform them of the upcoming Open Enrollment Period (OEP)

Plan selections completed and received by the Marketplace from November 1, 2022, to December 15, 2022, become effective



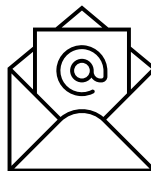
NOTE | Consumers completing plan selections by December 15 generally must pay their portion of the premium by the issuer's deadline for their health coverage to become effective on January 1, 2023. Consumers completing plan selection between December 16 and January 15 must pay their portion of the premium by the issuer's deadline for their health coverage to become effective on February 1, 2023.

Registration and Training Survey



- » For agents and brokers who **have already completed registration and training for Plan Year 2023**, we encourage you to also complete **the registration and training survey**. This survey takes only a couple of minutes to complete, and your feedback is important to CMS.
 - If you are an agent or broker new to the Marketplace, please complete the survey here: <https://www.research.net/r/newABtrainingfeedbackPY23>
 - If you are a returning agent or broker, please complete the survey here: <https://www.research.net/r/ReturningABtrainingfeedbackPY23>

We want to hear from you!



Consumers in Need of Marketplace Coverage When Public Health Emergency Ends



- » In March 2020, CMS temporarily waived certain Medicaid and Children’s Health Insurance Program (CHIP) requirements and conditions as part of the response to the COVID-19 Public Health Emergency (PHE). The easing of these rules helped prevent people with Medicaid and CHIP—in all 50 states, the District of Columbia, and the five U.S. territories — from losing their health coverage during the pandemic. **However, state Medicaid agencies will soon be required to restart Medicaid and CHIP eligibility reviews.**
- » In an effort to minimize the number of people who will lose Medicaid or CHIP coverage when the PHE ends, CMS is working with states and other stakeholders to inform people about renewing their coverage and exploring other available health insurance options, such as Marketplace coverage, if they will no longer qualify for Medicaid or CHIP.
- » CMS plans to share additional information and resources with agents and brokers in the coming months so they can prepare to assist consumers in need of assistance with Marketplace coverage if they will no longer be eligible for Medicaid.



Best Practices for Assisting Underserved Consumers



- » Following the [Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government](#), CMS has been engaging in initiatives to understand and better address health disparities and advance equity in health coverage access. **Agents and brokers should consider these best practices while assisting historically underserved and/or underinsured communities:**
- Consider other relevant factors and contexts that may impact the consumer experience.
 - Not all consumers have reliable access to Wi-Fi, internet, a computer, or a smart phone, and those in rural areas may have limited cell phone reception. Agents and brokers can help these consumers with filling out paper applications if applying online is not possible and offer remote assistance services.
 - Consumers may have different income and education levels, and these backgrounds can affect their beliefs and opinions about health and coverage.
 - For immigrants, the health system in their country of origin may be very different than in the U.S.
 - Health literacy and providing education is vital to ensuring that consumers choose the plan that is right for them.

Best Practices for Assisting Underserved Consumers (Continued)



- Help consumers assess their options for transportation to providers covered by different plans. This may be especially important for rural consumers who may not have access to public transportation or other sources of reliable transportation.
- Avoid stereotypes – consumers from the same background or from the same region may differ greatly in their traditions, customs, and opinions about health and coverage.
- Consumers may be embarrassed or ashamed to say they don't understand – it is important to build trust to address this, and to clearly explain each piece of the process without having to be asked.
- Being authentic in interactions with consumers is important. Acknowledge, respect, and accept cultural differences among consumers.
- For more information, check out the panel series discussion [Growing Market, New Opportunities: An Agent and Broker Panel Series on Reaching America's Uninsured and Underserved Communities](#). Agents and brokers can also view [Finding Uninsured Consumers: Key Census Data Tools for Agents and Brokers](#) for more information on reaching underserved communities.

Race and Ethnicity Questions in the Marketplace Application



- » CMS routinely analyzes data on who is signing up for coverage and how Marketplace applicants move through the online workflows in order to measure Marketplace effectiveness. One of the barriers to making informed decisions is that consumers, or individuals filling out applications on consumers' behalf, often do not provide attestations to the optional race and ethnicity questions in the Federally-facilitated Marketplace (FFM) application. In the Marketplace, non-reporters of race and ethnicity data are disproportionately Black and Latino, leading to an undercount of these individuals.
- » We encourage all agents and brokers to take the time to ask consumers to respond to these questions. This information will **help CMS reduce health disparities, prevent discrimination, promote equity for all communities and FFM consumers**, and better follow its mission to improve health care coverage. CMS asks these questions in order to ensure outreach is available to all communities and that the application process does not create barriers for individuals or groups.
- » CMS will use this data to identify possible application, enrollment, or coverage barriers and disparities for all communities seeking coverage through the FFM. In addition, the question about language preference will help CMS assess language needs of the populations being served and help CMS and insurers have language services ready.
- » For more information, view [this video](#) on race and ethnicity questions in the Marketplace application and [this tip sheet](#) on addressing consumer concerns about these questions.

Silver vs. Bronze Plans



- » While assisting consumers during Open Enrollment, it is important to help them consider **total health care costs** and **not just the monthly premium** for the plans they are exploring.
- » Bronze Plans:
 - These plans can have low monthly premiums but very high deductibles and pay less of a consumer's costs when they need care.
- » Silver Plans:
 - If a consumer qualifies for cost-sharing reductions (CSRs), agents and brokers should explain the benefits of enrolling in a Silver plan. If the consumer qualifies for and enrolls in a Silver plan with CSRs, their **deductible will be lower** and **they'll pay less each time they receive care**.
 - Consumers with incomes between 100-200% of the federal poverty level may be eligible for high-CSR variant Silver plans, which may offer the lowest overall costs for them even if Bronze plans offer lower or \$0 premiums after advance payments of the premium tax credit (APTC).
- » If a consumer does not qualify for CSRs but expects a lot of doctor visits or needs regular prescriptions, a Gold or Platinum plan may be a good option for them. Use the See Plans and Prices tool (<https://www.healthcare.gov/see-plans/#/>) to compare plans and prices.
 - For more information, visit <https://www.healthcare.gov/choose-a-plan/plans-categories/>.

Working With Navigators and Assisters



- » Assisters and agents and brokers may benefit from sharing expertise and best practices with each other.
- » An assister might have experience assisting consumers who qualify for Medicaid or CHIP or working with specific populations, such as immigrants.
- » Agents and brokers might have best practices for obtaining detailed plan information, recognizing the distinctions among different coverage options, or understanding different insurance companies' administrative or claims practices.
- » Nothing prohibits assisters and agents and brokers from networking and sharing knowledge and expertise with each other.

***REMINDER** | Do not attempt to establish an exclusive referral relationship with Navigators and other assisters. Assisters, including Navigators, are strictly forbidden from endorsing specific agents and brokers or referring consumers to specific agents and brokers.

Direct Enrollment and Enhanced Direct Enrollment

What is the DE Pathway?

- » Qualified Health Plan (QHP) issuers and web-brokers with approved direct enrollment (DE) websites may offer different levels of service on their websites to agents and brokers assisting consumers.



CLASSIC DIRECT ENROLLMENT (DE)

- » Agents and brokers begin on a QHP issuer's or web-broker's website, redirect to HealthCare.gov for the application and eligibility determination, and then are redirected back to the private partner's website to complete plan selection and enrollment.
- » This functionality is also known as the **Classic DE** or the **"Double Redirect" Pathway**.



ENHANCED DIRECT ENROLLMENT (EDE)

- » Some approved partners offer enhanced functionality that includes fully integrated platforms that provide a range of custom features and capabilities, enabling agents and brokers to more easily assist clients with year-round policy and client relationship management.
- » This functionality is also known as the **EDE Pathway**.
- » The Marketplace remains responsible for making eligibility determinations.

Approved EDE Partner Website Capabilities

- » Capabilities offered by QHP issuers and web-brokers who are approved EDE partners may vary. Both consumers and agents and brokers using an approved partner's EDE pathway may be able to complete and update consumers' applications without redirecting to HealthCare.gov, view a subset of Marketplace notices, view data matching issue (DMI) and Special Enrollment Period Verification Issue (SVI) statuses, and upload documents for DMI and SVI adjudication.
- » Some partners may offer unique enrollment and client management functions accessible through their respective portal for agents and brokers. Note: Some partners will offer portals exclusively for agents and brokers.
- » To find out more about specific features, agents and brokers should contact the issuer or web-broker directly.

Helpful Resources

[Issuer and Direct Enrollment Partner Directory](#)

[Using Private Partner Websites to Enroll Consumers in Marketplace Coverage \(Webinar Slides\)](#)

How Can Agents and Brokers Find an Approved Private Partner?



- » Agents and brokers can view a list of approved QHP issuers and web-brokers using the [Issuer and Direct Enrollment Partner Directory](#).
- » CMS does not regulate what approved DE and EDE partners may or may not charge agents and brokers to use their enrollment platforms. In most cases, any fees charged by the DE/EDE partner are nominal. For more information, contact the DE/EDE partners directly to determine if they assess a charge to use their enrollment platforms.

Helpful Resources

[How to Use the Issuer and Direct Enrollment Partner Directory \(Video\)](#)

[Enhanced Direct Enrollment Fact Sheet](#)

Marketplace Pathway



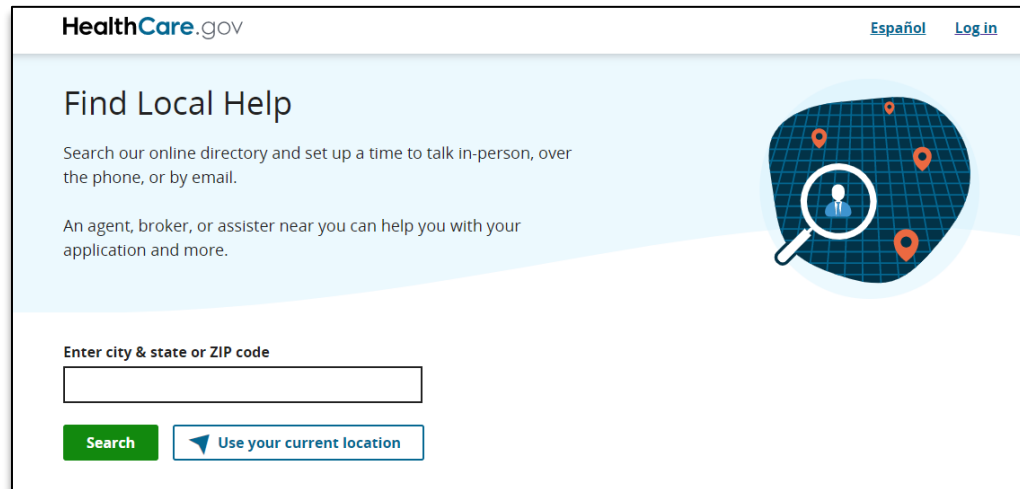
- » Agents and brokers can also assist consumers “side by side” in the Marketplace pathway on HealthCare.gov to help a consumer obtain an eligibility determination and select a QHP directly.
- » The consumer creates an account, logs into HealthCare.gov with a consumer account, and “drives” the process; **agents and brokers must work “side by side” with consumers and are prohibited from logging into HealthCare.gov as the consumer.**

Health
Care
.gov

Find Local Help and Help On Demand

Find Local Help

- » Find Local Help and Help On Demand are tools on HealthCare.gov that consumers can use to get connected with registered agents and brokers in their area.
- » **Find Local Help** works by producing a list of Marketplace-registered, state-licensed agents and brokers for the consumer to contact directly. Agents and brokers have the option to have their information included in Find Local Help when confirming their profile prior to completing the annual training through CMS.



The screenshot shows the HealthCare.gov 'Find Local Help' page. At the top left is the 'HealthCare.gov' logo, and at the top right are links for 'Español' and 'Log in'. The main heading is 'Find Local Help', followed by a sub-heading: 'Search our online directory and set up a time to talk in-person, over the phone, or by email.' Below this is another sub-heading: 'An agent, broker, or assister near you can help you with your application and more.' To the right of the text is a graphic of a globe with a magnifying glass over a person icon. At the bottom, there is a search input field with the placeholder text 'Enter city & state or ZIP code'. Below the input field are two buttons: a green 'Search' button and a blue button with a location pin icon and the text 'Use your current location'.

Help On Demand



- » **Help On Demand** is a consumer assistance referral system that quickly connects consumers seeking assistance with Marketplace-registered, state-licensed agents and brokers in their area who can provide immediate assistance with Marketplace plan selection and enrollment.
- » Help On Demand sends agents and brokers a notification via mobile app, text, or email when a referral has been received. Agents and brokers have 15 minutes to accept a referral from Help On Demand before the consumer is reassigned to another agent or broker.
- » To participate in Help On Demand, agents and brokers must complete specific coursework in the Marketplace Learning Management System (MLMS).

The screenshot shows a web page with a blue header containing the text "CCIO" in a rounded rectangle. Below the header is a navigation menu with four items: "Programs and Initiatives", "Consumer Support and Information", "In-Person Assistance in the Health Insurance Marketplaces", and "Health Insurance Market Reforms". The main content area is titled "Help On Demand for Agents and Brokers" and contains a paragraph of text. To the right of the main content is a sidebar titled "Resources for Agents and Brokers" with four links: "Resources for Agents and Brokers in the Health Insurance Marketplaces", "General Resources", "Plan Year 2022 Open Enrollment", and "Marketplace Registration and Training".

CCIO

Help On Demand for Agents and Brokers

[Help On Demand](#) is a consumer assistance referral system that connects consumers seeking assistance with Marketplace-registered, state-licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments. Help On Demand is a CMS-contracted service developed and hosted by Help On Demand (formerly known as BigWave Systems). Only agents and brokers who have completed Marketplace training and registration are eligible to participate in Help On Demand. If you are already registered to participate in Help On Demand, you can log into your account at <https://marketplace.helpondemand.com>.

Resources for Agents and Brokers

- [Resources for Agents and Brokers in the Health Insurance Marketplaces](#)
- [General Resources](#)
- [Plan Year 2022 Open Enrollment](#)
- [Marketplace Registration and Training](#)

Privacy and Security Requirements

Obtaining Consumer Consent



Agents and brokers may not enroll a consumer in coverage based solely on information gathered by a third party. If an agency or brokerage will be servicing their clients after enrollment, they should also obtain consumer consent for the agency or brokerage to access their client's sensitive information.



The Marketplace standards of conduct specify that agents and brokers must obtain consumer consent prior to assisting with Marketplace transactions, including conducting searches for consumer applications using approved Classic DE/EDE websites and ongoing account/enrollment maintenance.



If agents and brokers are aware of others who are conducting a search for consumer applications using approved Classic DE/EDE websites or enrolling consumers without their consent or inappropriately accessing CMS systems, they should report it to the Agent/Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.

Consent Reminders



Consumer accounts should only have the consumer's (or their legally authorized representative's) email and mailing addresses.



Agents and brokers should ensure their clients are reporting accurate income when completing or updating the eligibility application. Reinforce that it is in their best interest to report the most accurate income estimate, not the estimate that maximizes the amount of APTC for which they may be eligible.



Agents and brokers should never enter their own agent and broker professional or company email or mailing address on a consumer's application.



Agents and brokers also should not create or use dummy addresses in place of the consumer's email or mailing address. Do not maintain access to a client's account or associated email account.

Do Agents and Brokers Need to Provide a Privacy Notice to Consumers Each Year?



- » Any time agents and brokers collect personally identifiable information (PII) from a consumer, either new or returning, agents and brokers must provide the consumer with a copy of their Privacy Notice. This also applies to situations where a returning consumer's PII has changed. However, if agents and brokers are assisting a consumer to perform a basic task that does not require the collection of any additional PII, agents and brokers do not need to present the consumer with a copy of their Privacy Notice.
- » Agents and brokers should review the content of their Privacy Notice Statement on an annual basis and make any necessary updates or revisions, at a minimum, before or as soon as possible after any change to their privacy policies and procedures.

Helpful Resources

[Understanding Marketplace Compliance Rules & Regulations \(Webinar Slides\)](#)

[The Marketplace and Cybersecurity \(Webinar Slides\)](#)

How DMIs Are Generated



- » A DMI is a difference between some information a consumer provides on their Marketplace application and information the Marketplace obtains from other trusted data sources.
- » **DMIs may be generated because:**
 - A consumer's data may not match information from our trusted data sources.
 - A trusted data source may not have data for a consumer.
 - Information is missing or incorrect on the application.
 - A consumer failed to provide a Social Security number (SSN) on their application.
 - A consumer failed to provide all household income on the application.
 - A consumer's name used for their application differs from how it appears on their citizenship document or other document.
 - A consumer failed to provide their immigration document numbers and ID numbers.

Impact of DMI Expiration



DMI	Expiration Description	Impact
Annual Income	Applicant is unable to document their annual household income is within 25% or \$6,000 of their attested income	Household's eligibility for financial assistance is adjusted, possibly to nothing, based on the level of income on record with Exchange trusted data sources
Citizenship/Immigration (Cit/Imm)	Consumer is unable to verify an eligible citizenship or lawful presence status	Consumer loses their eligibility for Exchange coverage and is terminated if enrolled
American Indian/Alaskan Native (AIAN) Status	Consumer is unable to verify they are a member of a federally recognized tribe or shareholder in an Alaska Native corporation (ANCSA)	Consumer loses their eligibility for financial assistance provided specifically to members of federally recognized tribes, which is eliminated if enrolled
Non-Employer Sponsored Coverage Minimum Essential Coverage (non-ESC MEC)	Consumer is unable to verify they are not eligible/enrolled in non-ESC MEC	Consumer loses their eligibility for financial assistance, which is eliminated if enrolled
ESC MEC (Office of Personnel Management (OPM) Only)	Consumer is unable to verify they are not eligible/enrolled in ESC from OPM	Consumer loses their eligibility for financial assistance, which is eliminated if enrolled

General Tips for Avoiding All DMI Types



Complete all possible fields in the application

Ensure consumer's name matches documents such as their Social Security card

Non-applicants in the household are strongly encouraged to provide an SSN if they have one

Double check that the information on the application is complete and that there are no errors or typos

Citizenship and Immigration

What is Considered a “Lawfully Present” Immigration Status?



- » Lawfully present immigrants are eligible for Marketplace coverage. The term “lawfully present” includes immigrants who have:
 - A “qualified non-citizen” immigration status
 - Humanitarian statuses or circumstances, including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking
 - Valid non-immigrant visas
 - A legal status conferred by other laws, including temporary resident status, LIFE Act, Family Unity individuals

Helpful Resources

[Health Coverage for Immigrants](#)

[Coverage for Lawfully Present Immigrants](#)

[Citizenship and Immigration FAQs](#)

How Does the Marketplace Verify Immigration Status?



- » The Marketplace verifies the citizenship and immigration statuses of consumers applying for coverage using several electronic systems. Citizenship and immigration information submitted in the Marketplace eligibility application will be checked against trusted data sources, including the Social Security Administration, the Department of Homeland Security, and the Internal Revenue Service.
- » If a consumer's citizenship or immigration status cannot be verified, the Marketplace will notify the consumer of an inconsistency or DMI on their initial eligibility notice and ask them to submit additional information to resolve the inconsistency.

Helpful Resources

[Immigration Status and the Marketplace](#)

[Serving Special Populations: Immigrants Fast Facts for Agents and Brokers](#)

How Can Consumers Resolve Citizenship & Immigration DMIs?

- » Consumers will be notified of a Marketplace inconsistency or DMI in their eligibility notice if their citizenship or immigration status cannot be verified by trusted data sources. If the Marketplace needs additional information regarding a consumer's eligibility, it establishes a temporary eligibility based on the individual's attestation.
- » Consumers with citizenship or immigration inconsistencies will have **95 days** to resolve their citizenship or immigration inconsistencies (90 days for all other inconsistencies) or they may risk losing their eligibility for coverage and/or financial assistance through the Marketplace.
- » If the consumer is otherwise eligible for Marketplace coverage with or without financial assistance, they can enroll in coverage during this time and, if applicable, get help paying for coverage.



How Can Consumers Resolve Citizenship & Immigration DMIs? (Continued)



- » Agents and brokers can help their clients understand if they have a DMI and encourage them to submit any requested documentation before the 95-day deadline. Agents and brokers should also make sure that the application filer submits the correct documentation for the correct member of the enrollment group, as the Marketplace may request additional documentation for someone other than the filer.

Helpful Resources

[Helping Consumers Resolve Data Matching Issues](#)

[How to Resolve a Marketplace Data Matching Issue \(Video\)](#)

Estimating Household Income

How Do Consumers Estimate Their Adjusted Gross Household Income?



- » Consumers can estimate their household's adjusted gross income for the current calendar year by adding together all the money they expect members of their household to make this year. They should be sure to include:
 - Wages, salaries, or tips
 - Net self-employment or business income
 - Unemployment compensation
 - Social Security payments
 - Rental income
 - Interest, dividends, capital gains, or annuities
 - Alimony for divorces and separations finalized before January 1, 2019
 - Certain retirement and pension income
- » The Marketplace also needs to know if they have any tax-exempt Social Security, interest, or foreign income. This will be used to automatically calculate modified adjusted gross income (MAGI) to see if consumers qualify for lower costs on Marketplace coverage, Medicaid, or CHIP.

Income Calculation Tool



- » Some consumers may have income and expenses that change throughout the year or are hard to estimate. Using the [Income Calculation Tool](#) can help consumers make the best estimate.
- If the consumer or members of their household experience changes in income after they submit an application, they should come back to the Marketplace and update their application. This will help ensure they're getting the right amount of savings (APTC and/or CSR).

Calculate yearly income

Use this tool to help calculate each household member's yearly income.

i **If income has changed or may be hard to estimate**

We know some people's income and expenses may change throughout the year or be hard to estimate. Use this tool for help making the best estimate. If you or your household members' income changes after you submit an application, come back to the Marketplace and update your application. This will help make sure you're getting the right amount of savings.

Household member's name

Optional

How Can Consumers Resolve DMIs Related to Income?



- » Consumers will be asked to submit documentation to verify their annual household income if:
 - Their income entered in the application is not within the acceptable threshold of 25% or \$6,000 as reported by the Marketplace's data sources; or
 - The Marketplace is unable to find income records within its data sources.
- » If the Marketplace needs additional information regarding a consumer's income, it will establish a temporary eligibility based on the individual's attestation. The consumer will have 90 days to resolve these inconsistencies or they may risk losing their eligibility for coverage and/or financial assistance through the Marketplace.

Helpful Resources

[How to Resolve Income Data Matching Issues](#)

[Consumer Guide for Annual Household Income Data Matching Issues](#)

[Income Calculation Tool Walkthrough – Calculating Annual Income \(Video\)](#)

What Documents Can Be Used to Verify Income?



- » Consumers may need to have one or more of the following documents to attest to their income and expenses:
 - 1040 federal or state tax return
 - Wages and tax statement (W-2 and/or 1099, including 1099-MISC, 1099-G, 1099-R, SSA-1099, 1099-DIV, 1099-S, 1099-INT)
 - Pay stub
 - Self-employment ledger documentation (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger)
 - Social Security Administration Statements (Social Security Benefits Letter)
 - Unemployment Benefits Letter
- » Agents and brokers should remind their clients that income is counted for the applicant, their spouse if they have one, and any tax dependents.
- » To view additional documentation that consumers can use to verify their income, visit [HealthCare.gov](https://www.healthcare.gov).

Live Question/Answer Session & Agent and Broker Outreach Updates

Agent and Broker Video Learning Center



Check out these technical assistance videos for Marketplace agents and brokers at the **Agent and Broker Video Learning Center (VLC)**! The VLC features a variety of topics to help navigate the Marketplace, including videos such as:

- » [How to Resolve a Marketplace Data Matching Issue](#)
- » [Streamlined Marketplace Application Drilldown – Citizenship and Immigration](#)
- » [Streamlined Marketplace Application Walkthrough: Household Seeking Financial Assistance](#)

And more! View the entire playlist at <https://bit.ly/3hXLyru>.

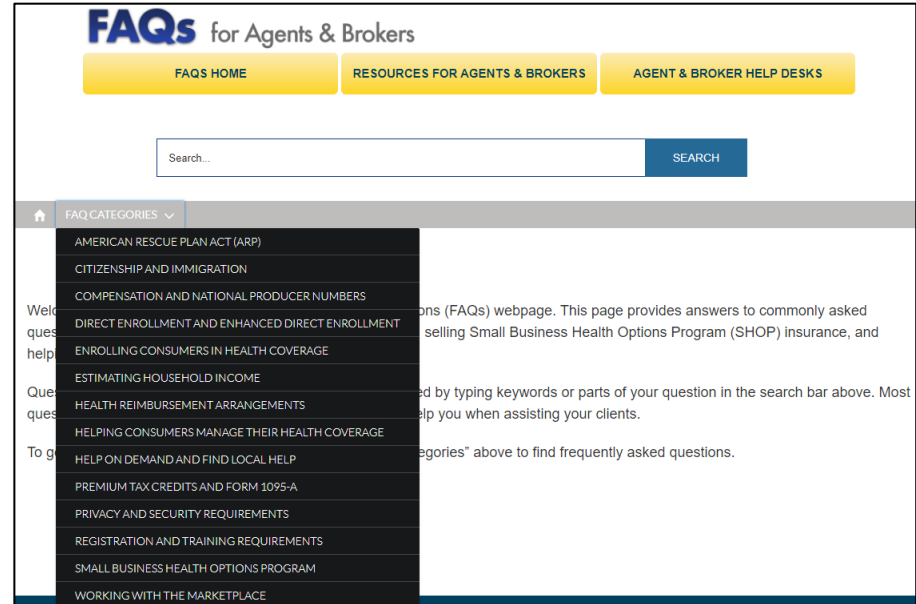


FAQs Database



The Agent and Broker FAQs website provides answers to commonly asked questions about working in the Marketplace and helping clients enroll in and maintain coverage.

- » Visit <https://www.agentbrokerfaq.cms.gov/s/> and search by question category, keyword, or part of the question. Most responses also include links to additional resources to help when assisting clients.
- » Check out [this FAQ category](#) on helping consumers manage their health coverage.



Agent and Broker Resources Webpage



The Agent and Broker Resources webpage contains a dynamic list of resources that provide helpful information, including guidance, regulations, newsletters, previous webinar slides, quick reference guides, and more. Agents and brokers can filter the list by date, topic, title, and type of resource.

Showing 1-10 of 116 entries

Show entries: 10 per page

Filter on **Apply**

<u>Date</u>	<u>Topic</u>	<u>Title</u>	<u>Type of Resource</u>
2022-06	COBRA	COBRA Coverage & The Marketplace	Webinar Slides
2022-06	Help On Demand	Help On Demand Overview	General Resources
2022-06	Help On Demand	Help On Demand Training and Registration Guide	Guidance

- » Visit <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/General-Resources> and search by topic or keyword to find relevant resources.

Upcoming Webinars & Additional Resources



Upcoming Webinars	Date
Plan Year 2023 Marketplace Policy & Operations Updates	October 6, 2022
Help On Demand	October 13, 2022
Mastering the HealthCare.gov Application	October 20, 2022

Additional Resources – Recently Posted Webinar Slides, CBTs, and Transcripts

- 9/22/22 Webinar Slides: [Preparing for Plan Year 2023 Open Enrollment](#)
- 9/15/22 Webinar Slides: [Complex Case Scenarios](#)
- 9/8/22 Webinar Slides: [Welcome to the Marketplace: A Guide for New Agents and Brokers](#)
- 9/1/22 Webinar Slides: [Understanding Marketplace Compliance Rules and Regulations](#)
- 8/25/22 Webinar Slides: [Reaching Underserved Communities](#)
- 8/4/22 CBT: [COBRA Coverage & the Marketplace](#) and [Transcript](#)

Upcoming Office Hours & Registration



Office Hour registration is open all year, and registration for webinars will open as each date approaches. Register for upcoming webinars and office hours by visiting <https://www.regtap.info/> and following the instructions below:

1. Log in to REGTAP. If agents and brokers are new to REGTAP, select "Register as a New User." Agents and brokers will receive an email to confirm their account.
2. Select "Training Events" from "My Dashboard."
3. Click the "View" icon next to the desired webinar topic/title.
4. Click the "Register Me" button.
5. If agents and brokers require further assistance logging in to REGTAP or registering for a webinar, contact the Registrar at 1-800-257-9520 or registrar@REGTAP.info. Assistance is available Monday through Friday from 9:00 a.m.–5:00 p.m. EST. *Note: Registration closes 24 hours prior to each event.*

Office Hour Dates	Time
Thursday, November 3, 2022	2:00–3:00 p.m. EST
Thursday, November 17, 2022	2:00–3:00 p.m. EST
Thursday, December 8, 2022	2:00–3:00 p.m. EST
Thursday, January 5, 2023	2:00–3:00 p.m. EST

Agent and Broker Marketplace Help Desks and Call Centers



Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Agent and Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • General enrollment and compensation questions • Manual identity proofing/Experian issues • Escalated registration and training questions (not related to a specific training platform) • Agent and Broker Registration Completion List (RCL) issues • Find Local Help listing issues • Help On Demand participation instructions or questions • Report concerns that a consumer or another agent and broker has engaged in fraud or abusive conduct 	Monday-Friday 8:00 a.m.-6:00 p.m. EST
Marketplace Service Desk	855-CMS-1515 855-267-1515 CMS_FEPS@cms.hhs.gov	<ul style="list-style-type: none"> • CMS Enterprise Portal password resets and account lockouts • Other CMS Enterprise Portal account issues or error messages • General registration and training questions (not related to a specific training platform) • Login issues on the Classic DE agent and broker landing page • Technical or system-specific issues related to the MLMS • User-specific questions about maneuvering in the MLMS site or accessing training and exams 	Monday-Friday 8:00 a.m.-8:00 p.m. EST
Marketplace Call Center Agent and Broker Partner Line	855-788-6275 Note: Enter a National Producer Number (NPN) to access this line. TTY users 1-855-889-4325	Specific consumer application questions related to: <ul style="list-style-type: none"> • Password reset for a consumer HealthCare.gov account, • Special enrollment period not available on the consumer application, or • Consumer specific eligibility and enrollment questions 	Monday-Sunday 24 hours/day

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



Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Agent and Broker Training and Registration Email Help Desk	MLMSHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • Technical or system-specific issues related to the MLMS • User-specific questions about maneuvering in the MLMS site or accessing training and exams 	Monday-Friday 9:00 a.m.-5:30 p.m. EST
Small Business Health Options Program (SHOP) Call Center	800-706-7893	<ul style="list-style-type: none"> • Inquiries related to SHOP eligibility determinations on HealthCare.gov • Contact the insurance company for most questions about SHOP plans, such as applications, enrollment, renewal, or changing or updating coverage. 	Monday-Sunday 24 hours/day
Marketplace Appeals Center	1-855-231-1751 TTY users 1-855-739-2231	<ul style="list-style-type: none"> • Status of a Marketplace eligibility appeal • How to appoint an Authorized Representative to request Marketplace eligibility appeal on a consumer's behalf 	Monday-Friday 7:00 a.m.-8:30 p.m. EST

Agent and Broker Resource Links



Resource	Description	Link
Agents and Brokers Resources Webpage	Primary outlet for agents and brokers to receive information about working in the Marketplace; provides the latest news and resources, including newsletters, webinars, fact sheets, videos, and tip sheets	http://go.cms.gov/CCIOAB
HealthCare.gov	Official site of the Marketplace; used for researching health coverage choices, eligibility, and enrollment	https://www.healthcare.gov/
Marketplace Information	Official Marketplace information source for assisters and outreach partners about Marketplace eligibility, financial assistance, enrollment, and more	https://marketplace.cms.gov
Find Local Help	Tool available on HealthCare.gov that enables consumers to search for a local, Marketplace-registered agent and broker to assist with Marketplace enrollment	https://localhelp.healthcare.gov/
Help On Demand	Consumer assistance referral system operated by Help On Demand (formerly known as BigWave Systems) that connects consumers seeking assistance with Marketplace-registered, state-licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Help-On-Demand.pdf
Agent and Broker NPN Search Tool	Enables users to search and find the correct NPN to enter in the MLMS profile and on Marketplace applications	www.nipr.com/PacNpnSearch.htm

Agent and Broker Resource Links (Continued)



Resource	Description	Link
List of Approved Health-related Lines of Authority (LOA)	Provides a list of valid health-related LOAs for agents and brokers by resident state	https://data.healthcare.gov/AB-NIPR-Health-Line-Of-Authority
National Insurance Producer Registry	Provides licensure and compliance information for agents and brokers	https://nipr.com/licensing-center/add-a-line-of-authority
CMS Enterprise Portal	Allows agents and brokers to securely complete identity proofing and access the MLMS to complete annual, required Marketplace agent and broker training and registration	https://portal.cms.gov
Partner Directory for Agents and Brokers	List of approved, participating issuer and web-broker entities that offer online resources for agents and brokers, such as enrollment and client management functionality	https://data.healthcare.gov/issuer-partner-lookup
Assisting Clients with Marketplace Eligibility Appeals	Reviews the Marketplace eligibility appeal process and describes consumers' rights to appeal a Marketplace eligibility determination	http://cbt.regtap.info/cbt/regtap/AB_MarketplaceEligibilityAppeals_CBT_5CR_061119/story_html_5.html
FAQs for Agents and Brokers	Provides answers to commonly asked questions about working with the Marketplace and helping clients enroll in and maintain their coverage	https://www.agentbrokerfaq.cms.gov/s/

Agent and Broker Resource Links (Continued)



Resource	Description	Link
Agent and Broker FFM RCL	Public list of agents and brokers who have completed Marketplace registration; used by issuers to verify agents' and brokers' eligibility for compensation for assisting with Marketplace consumer enrollments	https://data.healthcare.gov/ffm_ab_registration_lists
Agent and Broker Marketplace Registration Tracker	Searchable database that allows users to look up their Marketplace registration status with the NPN and ZIP Code saved in their MLMS profile for the current Plan Year	https://data.healthcare.gov/ab-registration-tracker/
Agent and Broker VLC	The Agent and Broker VLC features technical assistance videos on a variety of topics to help agents and brokers navigate the Marketplace	https://bit.ly/3hXLyru

Acronym Definitions



Acronym	Definition
AIAN	American Indian/Alaska Native
ANCSA	Alaska Native Corporation
APTC	Advance Payment of the Premium Tax Credit
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-sharing Reduction
CHIP	Children's Health Insurance Program
DE	Direct Enrollment
DMI	Data Matching Issue
EDE	Enhanced Direct Enrollment
ESC	Employer Sponsored Coverage
FAQ	Frequently Asked Question
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level
LOA	Line of Authority
MAGI	Modified Adjusted Gross Income

Acronym	Definition
MEC	Minimum Essential Coverage
MLMS	Marketplace Learning Management System
Non-ESC	Non-Employer Sponsored Coverage
NPN	National Producer Number
OEP	Open Enrollment Period
OPM	Office of Personnel Management
PHE	Public Health Emergency
PII	Personally Identifiable Information
PY	Plan Year
QHP	Qualified Health Plans
RCL	Registration Completion List
SEP	Special Enrollment Period
SHOP	Small Business Health Options Program
SSN	Social Security Number
SVI	Special Enrollment Period Verification
VLC	Video Learning Center



Agents and brokers are valued partners to all of us at CMS for the vital role you play in enrolling consumers in qualified health coverage.

We thank you for the trusted advice, support, and assistance you provide throughout the year and wish you continued success!