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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CMS Strategic Vision

CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

- **Advance Equity**: Advance health equity by addressing the health disparities that underlie our health system.
- **Expand Access**: Build on the Affordable Care Act and expand access to quality, affordable health coverage and care.
- **Engage Partners**: Engage our partners and communities we serve throughout policymaking and implementation process.
- **Drive Innovation**: Drive innovation to tackle our health system challenges and promote value-based, person-centered care.
- **Protect Programs**: Protect our programs’ sustainability for future generations by serving as a responsible steward of public funds.
- **Foster Excellence**: Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS’ operations.
CMS would like to congratulate you for your role in this accomplishment. We appreciate your dedication to helping consumers access Marketplace coverage!
The Plan Year (PY) 2023 Open Enrollment Period (OEP) was the strongest year yet for agents and brokers assisting consumers through the Marketplace.

Agents and brokers assisted over 2.2 million new consumers during the PY 2023 OEP.

Agents and brokers also assisted over 4.6 million consumers who actively returned to the Marketplace during the PY 2023 OEP.

Combined, the Classic Direct Enrollment (DE) and Enhanced Direct Enrollment (EDE) pathways were utilized for 81% of all active agent-and-broker-assisted plan selections during the PY 2023 OEP, up from 72% in PY 2022 OEP.

These DE/EDE pathways accounted for nearly 5.5 million active agent- and broker-assisted plan selections.
CMS has identified key priorities for agents and brokers to meet the goals identified by our strategic vision. These priorities will enable more consumers to obtain affordable health coverage.

- Supporting transitions in coverage and Medicaid Unwinding
- Helping cost-sharing reduction (CSR)-eligible consumers select silver plans
- Preventing duplicate applications
- Preventing and resolving data matching issues (DMIs)
- Reaching underserved and underinsured communities
- Completing the race/ethnicity questions on Marketplace applications
- Maintaining compliance with Marketplace requirements
During the PY 2023 OEP, agent-and-broker-assisted enrollments generated high levels of DMIs. These DMIs led to operational issues and in some cases prevented consumers from receiving coverage and financial assistance.

It is important to take steps as an agent or broker to both prevent DMIs and assist consumers in resolving them in a timely manner to ensure consumers continue to have access to healthcare coverage.
Agent and Broker Priority Areas for Improvement (continued)

**Social Security Number (SSN) DMIs**

» During the PY 2023 OEP, of consumers who made active plan selections:
  o 16% of those who worked with an agent or broker submitted Marketplace applications with missing SSNs.
  o Less than 1% of consumers who self-enrolled submitted applications with missing SSNs.

» As a reminder, it is required for everyone applying for coverage to provide their SSN if they have one. Anyone applying for Marketplace coverage who does not provide their SSN on their Marketplace application will very likely receive a DMI.

» If their DMI goes unresolved, the consumer can lose financial assistance and Marketplace coverage.
During PY 2023, CSR-eligible consumers who worked with agents and brokers enrolled in bronze plans at a higher rate than those who self-enrolled in Marketplace coverage. Agents and brokers play an essential role in connecting consumers with quality, affordable coverage. Therefore, it is important for agents and brokers to understand the costs that could arise when their CSR-eligible clients are not enrolled in silver plans.
The continuous enrollment condition ended March 31, 2023, meaning that states began to terminate Medicaid enrollment for individuals no longer eligible for Medicaid as early as April 1, 2023. This year-long process is referred to as “unwinding.”

- The first renewals of Medicaid eligibility determinations began as early as February 1, with the first terminations effective as of April 1.
- Consumers who receive advance notice that their Medicaid coverage is ending may start the process of enrolling immediately in other coverage, such as on the Marketplace, to avoid gaps in coverage.

Consumers who lose Medicaid or Children’s Health Insurance Program (CHIP) coverage between March 31, 2023, and July 31, 2024, will be eligible for a Special Enrollment Period (SEP) between the same dates. Consumers will be determined eligible for the Unwinding SEP based on their answers to application questions regarding their recent loss of coverage.

Agents and brokers should prepare to help these consumers as they transition in coverage types by:

- Updating your marketing and advertising strategies to reach new consumers.
- Ensuring you have sufficient staff to assist the increased number of consumers during the entire unwinding period.
- Listing your information on Find Local Help and participating in Help On Demand.
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Agent and Broker Resources

» Agent and Broker General Resources: https://regtap.cms.gov/reg_librarye.php?i=4182


» Agent and Broker FAQs: https://www.agentbrokerfaq.cms.gov/s/