



Ending Marketplace Coverage & Coverage Appeals

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

June 30, 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.

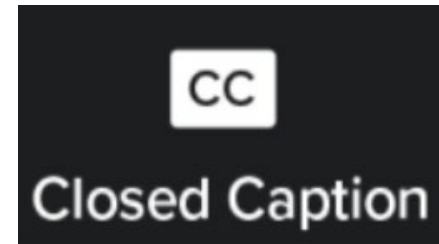
Unless indicated otherwise, the general references to “Marketplace” in the presentation only include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Closed Captioning



- This webinar has Closed Captioning available.
- To enable Closed Captioning, click the Closed Caption icon in your webinar controls.



Discussion and Questions

At the end of today's presentation, we will have a live discussion and question and answer session. You will be able to ask your questions verbally or by written submission in the Q&A tab.



To ask a verbal question:

- If you are listening via the Zoom application, click **Raise Hand** in the webinar controls.
- If you are listening via phone, dial **star (*) nine (9)** to Raise Hand.
 - Once your hand is raised, the facilitator will call on the **last three (3)** digits of your phone number.
 - When you hear the **last three (3)** digits of your phone number please dial **star (*) six (6)** to unmute your line and state your name.



To submit a written question:

- Type your question in the text box under the "**Q&A**" tab and click "**Send.**"

Please note: Due to time constraints, we may not be able to answer all questions posed during today's session either in writing, or during the live Q&A portion. CMS may use the context of your question to develop outreach materials in the future.

Agenda



01

When Consumers Should End Enrollment

02

Ending Marketplace Coverage for the Subscriber Only

03

Ending Marketplace Coverage for Everyone on the Plan

04

Ending Marketplace Coverage for Some Household Members on the Plan

05

Ending Stand-Alone Dental Plan Coverage

06

Marketplace to Medicare and Marketplace to Medicaid

07

Appealing Marketplace Eligibility Determinations

08

Resources & Reminders

When Consumers Should End Enrollment

When Should Consumers End Enrollment?

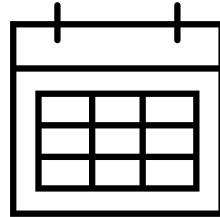


When and how consumers end a Marketplace plan depends on:

- » The reason they are ending coverage:
 - Obtained job-based health insurance
 - Are told they are “eligible” or “may be eligible” for Medicaid or the Children’s Health Insurance Program (CHIP)
 - Become eligible for Medicare
 - Obtained health coverage through another source
 - Are ending Marketplace coverage for another reason
 - Are ending coverage because someone on their application died
 - Are ending coverage for somebody who had died and who was NOT on their Marketplace application
 - Are informed their “grandfathered” health plan is being changed or cancelled
- » Which consumers on the plan are cancelling coverage (i.e., for everyone on the Marketplace application or just for some household members)

When Should Consumers End Enrollment? (Continued)

- » Consumers should not end their Marketplace plan until they know when their new coverage starts. Once consumers end their Marketplace coverage, they cannot re-enroll in a Marketplace plan until the next Open Enrollment period (unless they qualify for a Special Enrollment Period).
- » Marketplace coverage does not end automatically if a consumer is found eligible for Medicare/Medicaid or CHIP.*



*Note: Agents and brokers should explain that if these consumers do not cancel their enrollment with financial assistance through the Marketplace, they may have to pay back the advance payments of the premium tax credit that they received through the Marketplace for the months they were eligible for Medicare/Medicaid or CHIP coverage.

Ending Marketplace Coverage for the Subscriber

Ending Marketplace Coverage for the Subscriber Only



- » To cancel Marketplace coverage for the subscriber or change the subscriber, consumers must contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).
- » Consumers should **not** try to change or remove the subscriber online unless they are ending coverage for everyone on the plan. It is important to change or remove the subscriber by phone to confirm dependents remain on the plan.

Ending Marketplace Coverage for Everyone on the Plan

Ending Marketplace Coverage for Everyone on the Plan



- » Consumers who need to end Marketplace coverage for all household members on a plan should:
 1. Log into their Marketplace account.
 2. Select "Start a new application or update an existing one."
 3. Select their name in the top right of the screen and select "My applications & coverage."
 4. Select their application under "Your existing applications."
 5. On the left, select "My Plans & Programs."
 6. Select the red button "End (Terminate) All Coverage" at the bottom.
 7. Select the date for desired coverage end date.
 8. Check the attestation box.
 9. Select the red "Terminate Coverage" button; a red "Terminated" or "Canceled" status should appear above the plan the consumer ended.
- » If consumers are ending coverage for everyone on the application after their coverage has started, they may request same day termination. Consumers can also set their Marketplace coverage end date to a day in the future.

Ending Marketplace Coverage for Some Household Members on the Plan

Ending Marketplace Coverage for Some Household Members on the Plan



To help consumers end Marketplace coverage online for some household members on the plan (excluding the subscriber, but including terminating coverage for a deceased household member), the consumer should follow these steps:

1. Log into their Marketplace account.
2. Select "Start a new application or update an existing one."
3. Select consumer name in the top right of the screen and select "My applications & coverage."
4. Select their application under "Your existing applications."
5. Select "Report a life change" on the menu to the left.
6. Select "Report a life change" near the bottom.
7. Select "Report a change in my household's income, size, or other information."
8. Check the attestation box, then select "Save & Continue."
9. Continue through the application, updating information, as necessary.
10. For the "Who Needs Coverage" question, indicate the household members who want to keep Marketplace coverage.
11. Select "Save & Continue."
12. Select "Remove" for individuals for Marketplace plan removal.
13. Confirm the removals and answer any remaining questions.
14. Select the "Save" button.
15. Continue through the application, updating information, as necessary.
16. When consumers get to the screen that asks about household information, they should answer the questions appropriately and list the members of their tax household. This may include listing people the consumer just removed as applicants, if they are still a member of the tax household.
17. Select the "Save & Continue" button.
18. Continue through the application, adding or updating information as needed.
19. Select "View Eligibility Results." After consumers have read the results, select "Continue to Enrollment."

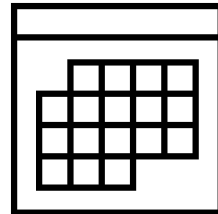
Ending Marketplace Coverage for Some Household Members on the Plan (Continued)



- » Consumers must complete steps 11, 12, and 13 for each household member who they want to remove from their Marketplace plan. **Once enrollment in a Marketplace plan is confirmed, coverage will end for the household members who have been removed from the Marketplace Application.**
 - Note: Consumers must complete all items on the “To-Do List,” including selecting and confirming a Marketplace plan.
- » After removing these people from the list of individuals who need Marketplace coverage, if these people whose coverage has been cancelled are still members of the tax household, consumers need to add them back in as individuals in the household who do not need Marketplace coverage.

Ending Marketplace Coverage for Some Household Members on the Plan (Continued)

- » In some cases, coverage will not end immediately, including when the household members staying on the plan qualify for a Special Enrollment Period (SEP). For example, if the consumer updates their household income after ending coverage for one or more people and the amount of premium tax credits or other cost savings changes, the remaining enrollees may qualify for an SEP with the following coverage end date options:
 - If the person is removed by the 15th, coverage ends on the last day of the current month.
 - If the person is removed after the 15th, coverage ends on the last day of the following month.



Ending Stand-Alone Dental Plan Coverage

Ending Stand-Alone Dental Plan Coverage for Everyone on the Plan While Keeping Marketplace Health Coverage



To select which household members are ending dental coverage, consumers should follow these steps:

1. Log into their Marketplace account.
2. Select "Start a new application or update an existing one."
3. Select the name in the top right of the screen and select "My applications & coverage."
4. Select the application under "Your existing applications."
5. On the left, select "My Plans & Programs."
6. Select the red button "End (Terminate) Dental Coverage" at the bottom.
7. Select the plan or plans they want to end.
8. Select the date they want to end their coverage.
9. Check the attestation box.
10. Select the red "Terminate Coverage" button; a red "Terminated" or "Canceled" status should appear above the plan the consumer ended.

Ending Stand-Alone Dental Plan Coverage



- » If consumers voluntarily end their dental coverage or are terminated for not making premium payments, they may not be eligible to enroll in dental coverage until the next Open Enrollment Period.
- » To end a stand-alone dental plan for some household members on a plan while keeping their Marketplace health coverage plan, consumers must go into their Marketplace account and select "Report a life change" on the left-hand menu. When asked if the household member whom they want to remove from dental coverage wants coverage, they should select "No."

Ending Coverage for an Enrollee Who Has Died but is Not on a Consumer's Same Marketplace Application



» If consumers need to end coverage for someone who has died and the consumer is not the subscriber or a member of the household on the deceased's Marketplace application, the consumer can report the death of the deceased enrollee if they are at least 18 years old by following these steps:

1. Submit copies of documents verifying the death, like a death certificate, obituary, court document providing proof of death, or proof that somebody has been named executor of the estate. The documents should include this information about the deceased:

- Full name
- Date of birth
- Application ID (if known)
- Social Security Number (if known)
- Contact information for the person submitting the documentation, including name, address, and phone number.

2. Mail copies of all documents to: Health Insurance Marketplace ATTN: Coverage Removal Dept. of Health and Human Services, 465 Industrial Blvd. London, KY 40750-0001

Marketplace to Medicare and Marketplace to Medicaid

When Consumers Should End Marketplace Coverage



- » The date a consumer calls to end coverage will depend on whether coverage is being terminated for a policy with one consumer, or a policy with multiple consumers:
 - If there is only one consumer on the policy, the consumer should select the day before their Medicare coverage begins as the termination date for their old coverage.
 - If there are multiple consumers on the policy, then the consumer should select the day their Medicare coverage begins as the termination date for their old coverage.
 - Generally, consumers can set a future date for their Marketplace coverage to end.
- » Most consumers will want to end Marketplace coverage when they become eligible for Medicare or when they know their Medicare start date.
- » In some cases, consumers will need to end their Marketplace coverage by calling the Marketplace Call Center. In other cases, consumers can end their coverage on [HealthCare.gov](https://www.healthcare.gov).
- » This depends on:
 - If everyone on the application is ending their coverage, or just some people; and
 - If the person who is ending their Marketplace coverage is the subscriber on the application. There may be circumstances when the person who is ending their Marketplace coverage is the subscriber under which other enrollees in that person's coverage who want to continue their coverage will need to select the same or a new plan and may have their accumulators (such as deductible or annual limit on cost sharing) reset.
- » Consumers should not end their Marketplace plan until they know for sure when their new coverage starts. Once they end Marketplace coverage, they can't re-enroll until the next annual Open Enrollment Period (unless they qualify for an SEP).

How Consumers Should End Marketplace Coverage



- » When the person transitioning from Marketplace coverage to Medicare is the subscriber, they should call the Marketplace Call Center to:
 - End the subscriber's Marketplace coverage.
 - Designate a new subscriber.
 - Ensure that those remaining on their Marketplace plan don't lose their coverage.
- » **Note:** Don't try to change or remove the subscriber online unless you're ending coverage for everyone on the plan.
- » When the primary applicant is going on Medicare, but their spouse will remain on the plan, **the consumer should report the life change the first day their Medicare starts.**
- » For more instructions on how to time ending Marketplace coverage and signing up for Medicare, visit: <https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare/>

Transitions from the Marketplace to Medicaid



- » Consumers should immediately end Marketplace coverage with premium tax credits or other cost savings for anyone in the household who is determined eligible for or already enrolled in Medicaid or CHIP that counts as qualifying health coverage.
- » Consumers should not end their Marketplace plan before they get a final decision of their Medicaid or CHIP eligibility. If they are found ineligible for Medicaid or CHIP, they can't re-enroll in the Marketplace plan unless they qualify for an SEP. Otherwise, consumers must wait for the next OEP and may have a gap in coverage.

Appealing Marketplace Eligibility Determinations

Appealing Marketplace Eligibility Determinations



- » If a consumer believes their Marketplace eligibility results are incorrect, agents and brokers can help consumers file an appeal with the Marketplace Appeals Center. You should encourage your clients to consider the following information when planning an appeal:
 - Only certain eligibility determinations can be appealed. Learn more about which Marketplace eligibility determinations can be appealed here:
<https://www.agentbrokerfaq.cms.gov/s/article/What-Marketplace-eligibility-determinations-can-be-appealed>
 - Your client can have someone else file or participate in their appeal, such as a friend, lawyer, or relative. Even if your client has already appointed an authorized representative on their Marketplace application, they will need to send a new form or letter to authorize someone for their appeal.
 - If your client files an appeal, they may be able to keep their coverage eligibility while the appeal is pending.
 - The outcome of an appeal could change the eligibility of other members of their household, even if they did not ask for an appeal.

Appealing Marketplace Eligibility Determinations



- » Consumers can submit an Appeal Request online on HealthCare.gov, which is the quickest option, or write a letter asking for their appeal. This letter should include their name, address, and the reason they are appealing. If your client is requesting an appeal for someone else, they should also include that person's name.
- » If your client's Marketplace eligibility appeal request is accepted, they will get a letter from the Marketplace Appeals Center with a unique appeal number that outlines the appeals process and includes instructions for submitting additional information or documentation, if it's needed. Agents and brokers should remind clients to write their appeal number on any documents they submit to the Marketplace Appeals Center.

Which Eligibility Determinations Can Be Appealed



- » Consumers can appeal the following types of Marketplace eligibility determinations:
 - Eligibility to buy a Marketplace plan, including a catastrophic plan
 - Eligibility for advance payments of the premium tax credit or cost-sharing reductions, including the amount
 - Eligibility for an SEP to enroll in or change a Marketplace plan outside the annual OEP
 - Eligibility for Medicaid or CHIP. Note that this applies only in states where the Marketplace makes the Medicaid or CHIP eligibility determination (Alabama, Alaska, Louisiana, Montana, Virginia, West Virginia, and Wyoming).
 - Any State-based Marketplace eligibility appeal decision or its decision denying the consumer's request to vacate the dismissal of their eligibility appeal
 - Whether the Marketplace made a timely determination about their eligibility after they applied

Determining if a Consumer's Appeal is Valid



- » The Marketplace Appeals Center applies several criteria when determining if a consumer's appeal is valid:
 1. Your client's appeal must be about an eligibility determination that is appealable.
 2. Your client (or their authorized representative) must file the appeal request within the following timeframes:
 - 90 days of the contested Marketplace eligibility determination;
 - 30 days of a State-based Marketplace (SBM) appeal decision; or
 - 30 days of notice from an SBM declining to reopen the appeal after it was dismissed by the SBM.
- » After your client files an appeal, they will receive a letter from the Marketplace indicating if their appeal has been "accepted" or is "invalid." If the appeal request is accepted, the Marketplace Appeals Center will review the appeal, including information the Marketplace uses to determine their eligibility. The Appeals Center may also ask for more documentation from your client during the appeal decision process. Agents and broker should encourage clients to provide this information as soon as possible, as this may help the Appeals Center resolve their case quickly.
- » If the appeal request is invalid, your client will receive a notice explaining why their request doesn't meet requirements and how they can resolve the issue to resubmit their appeal.

Marketplace Coverage & Coverage Appeals Resources

- » [How to Cancel a Marketplace Plan - https://www.healthcare.gov/how-to-cancel-a-marketplace-plan/](https://www.healthcare.gov/how-to-cancel-a-marketplace-plan/)
- » [Cancelling or Terminating Consumer Marketplace Coverage - https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/General-Resources-Items/Cancelling-or-Terminating-Consumer-Marketplace-Coverage](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/General-Resources-Items/Cancelling-or-Terminating-Consumer-Marketplace-Coverage)
- » [Cancelling a Marketplace Plan FAQ - https://www.agentbrokerfaq.cms.gov/s/article/How-can-a-consumer-cancel-or-terminate-a-Marketplace-plan](https://www.agentbrokerfaq.cms.gov/s/article/How-can-a-consumer-cancel-or-terminate-a-Marketplace-plan)
- » [Assisting clients with the Marketplace/Medicare transition - https://www.agentbrokerfaq.cms.gov/s/article/How-can-I-assist-clients-who-are-switching-to-from-Marketplace-coverage-to-from-Medicare](https://www.agentbrokerfaq.cms.gov/s/article/How-can-I-assist-clients-who-are-switching-to-from-Marketplace-coverage-to-from-Medicare)
- » [Marketplace Appeals FAQs - https://www.agentbrokerfaq.cms.gov/s/global-search/appeals](https://www.agentbrokerfaq.cms.gov/s/global-search/appeals)
- » [What Marketplace eligibility determinations can be appealed? - https://www.agentbrokerfaq.cms.gov/s/article/What-Marketplace-eligibility-determinations-can-be-appealed](https://www.agentbrokerfaq.cms.gov/s/article/What-Marketplace-eligibility-determinations-can-be-appealed)

Live Question/Answer Session & Agent and Broker Outreach Updates

You may ask your questions verbally or by written submission in the Q&A tab.



To ask a verbal question:

- If you are listening via the Zoom application, click **Raise Hand** in the webinar controls.
- If you are listening via phone, dial **star (*) nine (9)** to your Raise Hand.
 - Once your hand is raised, the facilitator will call on the **last three (3)** digits of your phone number.
 - When you hear the **last three (3)** digits of your phone number please dial **star (*) six (6)** to unmute your line and state your name.



To submit a written question:

- Type your question in the text box under the **"Q&A"** tab and click **"Send."**

Please note: Due to time constraints, we may not be able to answer all questions posed during today's session either in writing, or during the live Q&A portion. CMS may use the context of your question to develop outreach materials in the future.

Marketplace Learning Management System Closes on July 15



- » Starting July 15 at 9:00 a.m. ET, the CMS Marketplace Learning Management System (MLMS) will close or “Go Dark” in preparation for the launch of the Marketplace Plan Year 2023 registration and training.
 - Returning agents and brokers are eligible to complete a shorter Marketplace training for Plan Year 2022. For more information about how to complete the Marketplace training for returning agents and brokers, watch [this video \(https://youtu.be/Wa8h63SXg-4\)](https://youtu.be/Wa8h63SXg-4).
- » **Agents and brokers won’t be able to complete registration and training for Plan Year 2022 after July 15 at 9:00 a.m. ET.**
- » You can use the [Marketplace Registration Tracker \(https://data.healthcare.gov/ab-registration-tracker/\)](https://data.healthcare.gov/ab-registration-tracker/) to track your previous progress by entering your ZIP Code and the National Producer Number listed in your agent/broker profile in the CMS Enterprise Portal. You can confirm that you have completed registration and training by checking the [Registration Completion List \(https://data.healthcare.gov/ffm_ab_registration_lists\)](https://data.healthcare.gov/ffm_ab_registration_lists).
- » If you have questions, you can check out these [Frequently Asked Questions \(https://www.agentbrokerfaq.cms.gov/s/topic/0TOt0000000TUePGAW/registration-and-training-requirements\)](https://www.agentbrokerfaq.cms.gov/s/topic/0TOt0000000TUePGAW/registration-and-training-requirements) about Registration and Training.

Growing Market, New Opportunities: An Agent and Broker Panel Series



- » Last summer, CMS hosted a series of panel discussions titled “Growing market, new opportunities: An agent and broker panel series on reaching America’s uninsured and underserved communities.” These panel discussions provided an opportunity for Marketplace agents and brokers to learn more about how they can reach historically underserved communities and bridge the gap to coverage for underinsured consumers, by listening to the experiences of other agents and brokers.
- » Several panel recordings are now available to view on REGTAP:
 - [American Indian/Alaska Native Communities \(http://cbt.regtap.cms.gov/cbt/regtap/AB-AIAN-CP-5CR-V2-042922/story.html\)](http://cbt.regtap.cms.gov/cbt/regtap/AB-AIAN-CP-5CR-V2-042922/story.html)
 - [Black and African American Communities \(https://s3.amazonaws.com/cbt.regtap.cms.gov/cbt/regtap/AB_BAA_CP_5CR_053122/story.html\)](https://s3.amazonaws.com/cbt.regtap.cms.gov/cbt/regtap/AB_BAA_CP_5CR_053122/story.html)
 - [LGBTQ+ Communities \(http://cbt.regtap.cms.gov/cbt/regtap/AB_LGBTQ_CP_5CR_060922/story.html\)](http://cbt.regtap.cms.gov/cbt/regtap/AB_LGBTQ_CP_5CR_060922/story.html)
- » CMS will publish the remaining recordings of each panel discussion on REGTAP in the coming weeks, including Hispanic and Latino Communities, Asian American and Pacific Islander Communities, and Rural Communities.

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 you navigate the Marketplace, including recently updated videos such as:

- » [A New Agent and Broker Checklist for Success \(https://youtu.be/HPAlvtnk2X0\)](https://youtu.be/HPAlvtnk2X0)
- » [Streamlined Marketplace Application Drilldown: Race and Ethnicity Questions \(https://youtu.be/OzFp9Hx1Rug\)](https://youtu.be/OzFp9Hx1Rug)
- » [Streamlined Marketplace Application Walkthrough: Loss of Health Coverage SEP \(https://youtu.be/Vz4MT0TCP_I\)](https://youtu.be/Vz4MT0TCP_I)

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

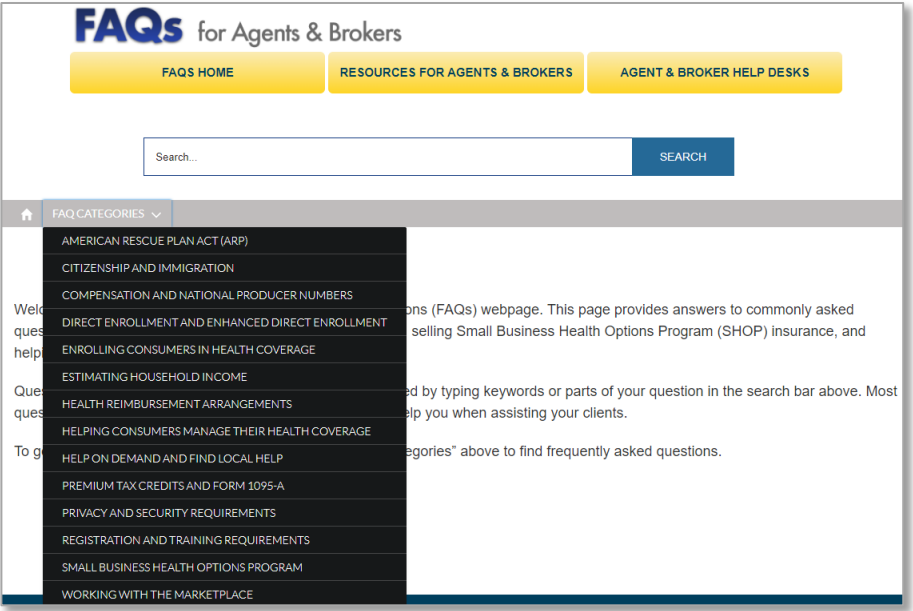


Frequently Asked Questions Database



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

- » This self-service resource is available online at your convenience.
- » Visit <https://www.agentbrokerfaq.cms.gov/s/> and search by question category, keyword, or part of your question. Most responses also include links to additional resources to help you when assisting your clients.



Upcoming Webinars & Other Resources



Upcoming Webinars

Compensation: Tips for Making Sure You Get Paid

Complex Case Scenarios

Marketplace Registration & Training for NEW Agents and Brokers

Marketplace Registration & Training for RETURNING Agents and Brokers

Understanding Marketplace Compliance Rules & Regulations

Reaching Underserved Communities

Additional Resources – Recently Posted Webinar Slides, Computer-Based Trainings (CBTs) and Transcripts

6/22/22 CBT: [Helping Consumers Resolve Data Matching Issues \(DMIs\) \(https://regtap.cms.gov/reg_librarye.php?i=3937&type=v\)](https://regtap.cms.gov/reg_librarye.php?i=3937&type=v) and [Transcript \(https://regtap.cms.gov/reg_librarye.php?i=3937&type=t\)](https://regtap.cms.gov/reg_librarye.php?i=3937&type=t)

6/16/22 Webinar Slides: [Immigration and the Marketplace https://regtap.cms.gov/uploads/library/AB-Slides-Immigration-061622-5CR-061622.pdf](https://regtap.cms.gov/uploads/library/AB-Slides-Immigration-061622-5CR-061622.pdf)

6/2/22 Webinar Slides: [COBRA Coverage and the Marketplace https://regtap.cms.gov/uploads/library/AB-Slides-COBRA-060222-5CR-053122.pdf](https://regtap.cms.gov/uploads/library/AB-Slides-COBRA-060222-5CR-053122.pdf)

5/18/22 Webinar Slides: [The Marketplace and Cybersecurity https://regtap.cms.gov/uploads/library/AB-Slides-Marketplace-Cybersecurity-051822-5CR-051722.pdf](https://regtap.cms.gov/uploads/library/AB-Slides-Marketplace-Cybersecurity-051822-5CR-051722.pdf)

4/14/22 Webinar Slides: [Helping Consumers Resolve DMIs \(https://regtap.cms.gov/reg_library_openfile.php?id=3857&type=l\)](https://regtap.cms.gov/reg_library_openfile.php?id=3857&type=l)

Agent and Broker Resources



Resource	Link
Agent and Broker Resources webpage	http://go.cms.gov/CCIOAB
CMS Enterprise Portal	https://portal.cms.gov/
Agent and Broker FFM Registration Completion List	https://data.healthcare.gov/ffm_ab_registration_lists
Agent and Broker Marketplace Registration Tracker	https://data.healthcare.gov/ab-registration-tracker/
Find Local Help Tool	https://www.healthcare.gov/find-assistance/
Help On Demand	https://www.cms.gov/CCIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Help-On-Demand-for-Agents-and-Brokers.html
Agent and Broker NPN Search Tool	www.nipr.com/PacNpnSearch.htm
Issuer & Direct Enrollment Partner Directory	https://data.healthcare.gov/issuer-partner-lookup
See Plans and Prices Tool	https://www.healthcare.gov/see-plans/#/
Agent and Broker FAQs website	https://www.agentbrokerfaq.cms.gov/s/
Privacy and Security FAQ page	https://www.agentbrokerfaq.cms.gov/s/topic/0TOt000000TUeLGAW/privacy-and-security-requirements
Agent/Broker Marketplace Help Desks and Call Centers	https://www.cms.gov/CCIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Agent-Broker-Help-Desks.pdf

Agent/Broker Marketplace Help Desks and Call Centers



Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Marketplace Service Desk	1-855-CMS-1515 1-855-267-1515	<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 DE agent/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 	<p>Monday-Friday 8:00 AM–8:00 PM ET</p> <p>October–November only: Saturday-Sunday 10:00 AM–3:00 PM ET</p>
Agent/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 general registration and training questions (not related to a specific training platform) • Agent/Broker RCL issues • Find Local Help listing issues • Help On Demand participation instructions or questions • Report concerns that a consumer or another agent or broker has engaged in fraud or abusive conduct 	Monday-Friday 8:00 AM–6:00 PM ET
Marketplace Call Center Agent/Broker Partner Line	1-855-788-6275 Note: Enter your NPN to access this line. TTY users 1-855-889-4325	<p>Specific consumer application questions related to:</p> <ul style="list-style-type: none"> • Password reset for a consumer HealthCare.gov account, • SEP not available on the consumer application, or • Consumer specific eligibility and enrollment questions 	Monday-Sunday 24 hours/day

Acronym Definitions



Acronym	Definition
APTC	Advance Payment of the Premium Tax Credit
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CHIP	Children's Health Insurance Program
DE	Direct Enrollment
DHS	Department of Homeland Security
DOI	Department of Insurance
EDE	Enhanced Direct Enrollment
FFM	Federally-facilitated Marketplace
HHS	Department of Health & Human Services

Acronym	Definition
OE	Open Enrollment
OEP	Open Enrollment Period
QHP	Qualified Health Plans
SADP	Stand-Alone Dental Plan
SBM	State-Based Marketplace
SBM-FP	State-Based Marketplace on the Federal Platform
SEP	Special Enrollment Period
SSN	Social Security Number

Webinar Session Survey



CMS welcomes your feedback regarding this webinar and values any suggestions that will allow us to enhance this experience for you.



Shortly after this call, we will send a link to you for a convenient way to submit any ideas or suggestions you wish to provide that you believe would be valuable during these sessions.

Please take time to complete the survey and provide CMS with any feedback.



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 during this OEP and beyond!