

Helping Consumers Apply for and Enroll in Marketplace Coverage for Plan Year (PY) 2022

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

October 21, 2021

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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01 ENROLLMENT PATHWAYS

How to use HealthCare.gov or a private pathway to enroll consumers in coverage.

02 YOUR NPN & THE MARKETPLACE

Where to insert your NPN in the application and what to do if you believe your NPN is stolen.

03 FIND LOCAL HELP

Ensure your contact information is up to date so consumers can find you.

04 AUTO ENROLLMENT UPDATE

Understand what happens when a returning consumer does not select a new plan during OEP.

05 CALCULATING INCOME

Understand the available tools to assist consumers in estimating their income for PY 2022.

06 CIRCLE OF CHAMPIONS

Celebrate your achievement in helping consumers enroll in Marketplace coverage.

07 CONSUMER CONTACT & SECURITY REMINDERS

Refresher on best practices for maintaining compliance with the Marketplace.

08 RACE AND ETHNICITY QUESTIONS

Understand the importance of completing the race and ethnicity questions in the application.

09 MARKETPLACE TO MEDICARE

Learn best practices for consumers transitioning between Marketplace and other programs.

10 SCHEDULED MAINTENANCE

Review any scheduled downtime for Marketplace services during PY 2022 OEP.

REMINDER: Complete Marketplace Registration and Training



- » The Open Enrollment Period (OEP) for PY 2022 is **November 1, 2021 - January 15, 2022**.
- » All agents and brokers planning to assist consumers with Marketplace coverage must complete PY 2022 Marketplace registration and training available through the CMS Enterprise Portal at <https://portal.cms.gov> prior to providing such assistance.

NEW AGENTS AND BROKERS +

If you did not complete PY 2021 registration and training, you must:

- » Take the full Individual Marketplace training for PY 2022
- » Execute the Agent Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the Marketplace Learning Management System (MLMS)

RETURNING AGENTS AND BROKERS +

If you completed PY 2021 registration and training:

- » Take either the condensed or full Individual Marketplace training for PY 2022
- » Execute the Agent Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the MLMS
- » Complete PY 2022 registration by October 22 to avoid having Marketplace system access revoked and so Qualified Health Plan (QHP) issuers may provide compensation for your Marketplace enrollments

Complete the Registration and Training Survey



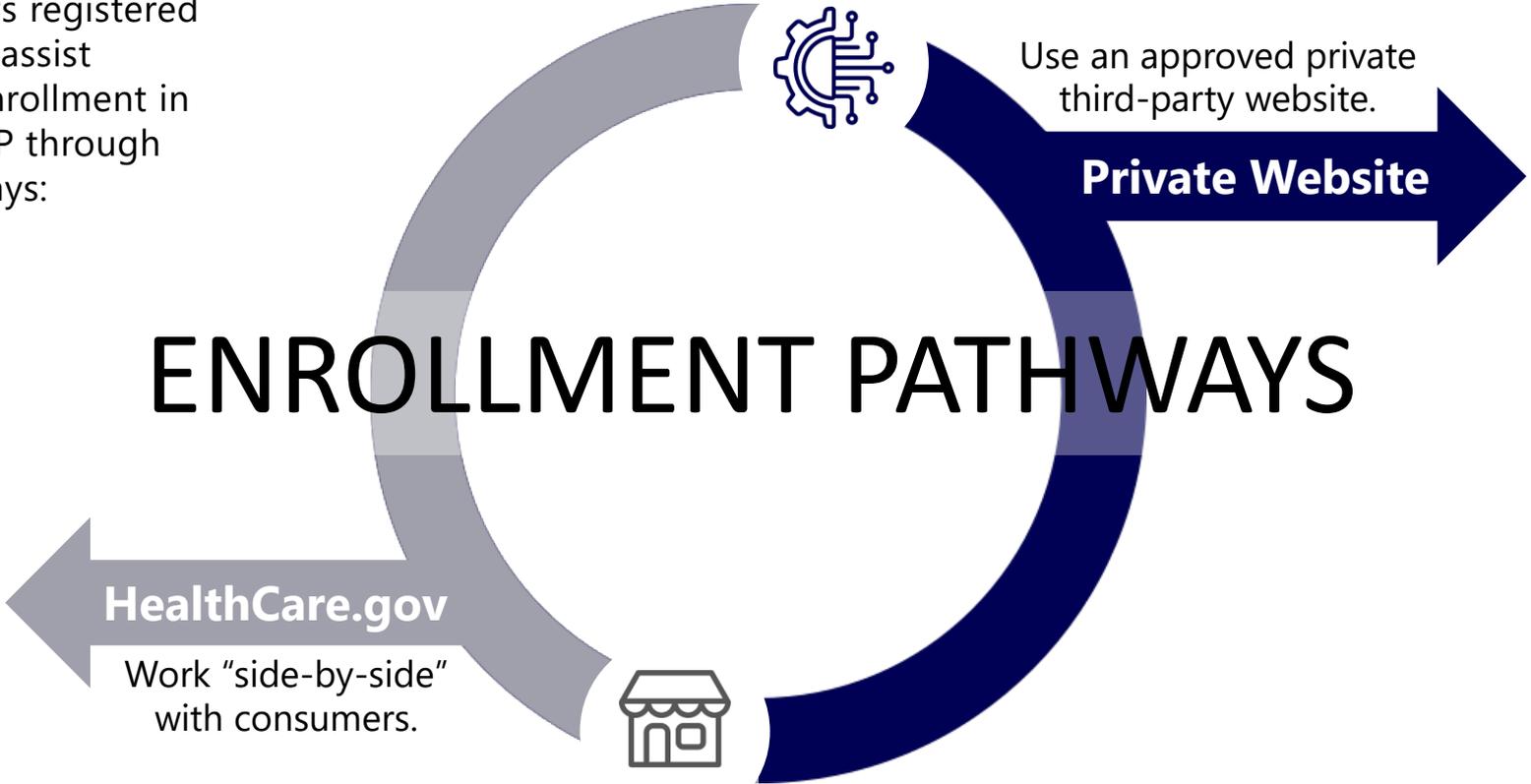
- » CMS will distribute a Registration and Training Survey every two weeks to those agents and brokers who have completed registration and training within that time period.
- » The questionnaire seeks to collect timely feedback regarding the Agent and Broker program on topics such as:
 - Navigation and ease of use of the MLMS
 - Quality of the annual training modules
 - Improvements agents and brokers would like to see to the annual training
- » CMS thanks you in advance for completing this survey.

Marketplace Enrollment Pathways

Enrollment Pathways



Agents and brokers registered with the FFM may assist consumers with enrollment in a Marketplace QHP through one of two pathways:



Health Care .gov

- » In the **Marketplace pathway**, registered agents and brokers help a consumer obtain an eligibility determination and select a QHP directly at HealthCare.gov.
- » The consumer creates an account, logs in to the site with a consumer account, and “drives” the process; the agent or broker does not log in to HealthCare.gov.

QHP issuers and web-brokers with approved direct enrollment 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.

How CMS Approves EDE Websites



Prior to CMS approval of an EDE entity's EDE website, a third-party auditor conducts extensive audits of its system security and privacy and hosted eligibility application. The audit process ensures:

- » Compliance with nearly 300 CMS security and privacy standards;
- » The entity has appropriate system security plans and system testing protocols in place; and
- » The EDE entity's EDE website will accurately convey consumer information to the Marketplace that will be used to correctly determine the consumer's eligibility. This includes a full audit of the consumer application and all communications.

Find an Approved Private Partner



- » You must use an approved QHP issuer or web-broker to access the enhanced private website enrollment and client management capabilities.
- » You may find a QHP issuer or web-broker that is approved to offer these services via the [Issuer & Direct Enrollment Partner Directory](#).
- » Agents and brokers can search the directory for QHP issuers and web-brokers by state.

EACH DIRECTORY LISTING CONTAINS:



1. Company name
2. Level of service offered (e.g., classic functionality, simplified or expanded application capabilities)
3. Contact information for agents and brokers
4. Information on whether a QHP issuer or web-broker offers Small Business Health Options Program (SHOP) plans and/or stand-alone dental plans

Use the Issuer & Direct Enrollment Partner Directory



01



The directory also has information on approved DE partners that only offer the Classic DE Pathway (with the redirect to HealthCare.gov), and QHP issuers that only enroll consumers through HealthCare.gov, that are interested in working with the agent and broker community.

02



The directory has an updated look and feel for PY 2022.

data.**HealthCare.gov** [Datasets](#) [API](#)

Issuer and Direct Enrollment Partner Directory

Find private partners that can help you enroll clients

This look-up tool allows agents and brokers to find approved, participating enhanced direct enrollment (EDE) or classic direct enrollment (DE) partners that want to work with you. This resource also includes agent- and broker-specific contact information for insurance companies that offer Marketplace plans only on HealthCare.gov. Search for agent- and broker-specific resources by company name, state or DE capabilities.

Organization Name

[Clear search](#)

State

[Clear search](#)

Enrollment and client management capabilities

- Enhanced direct enrollment (EDE)
- Classic direct enrollment ("the double redirect")
- HealthCare.gov

Search



Your National Producer Number (NPN) and the Marketplace

Make Sure Clients Enter Your NPN in the HealthCare.gov Application

When you assist consumers using HealthCare.gov, the **Application Help** section is where they will enter your name and NPN to indicate you helped them.

HealthCare.gov

← Back

Application help

Is a professional helping you complete your application?

If a family member or friend is helping you, select "No."

[Learn about professionals who can help with your application.](#)

Yes

No

Which type of professional is helping you?

Select all that apply.

Navigator

Certified application counselor

Agent or Broker

Other assister

Consumers can list multiple entities or individuals who provide assistance (e.g., an agent or broker and a Navigator). **Do not remove other entities.** Only NPN will be sent to the QHP issuer.

Tell us about the agent or broker.

First name

Middle initial

Optional

Last name

Suffix

Optional

National Producer Number (NPN)

Save and continue

The consumer should complete all applicable fields.

Do not forget to ask your clients to include your NPN on their applications. This is a critical step in order for you to receive compensation for the enrollment.

Review [this resource](#) for more information.

If You Suspect Your NPN was Removed or Changed Inappropriately



CMS takes reports of inappropriate NPN 'switching' very seriously. **To report a potential instance of NPN 'switching'**, complete the following steps:

- » Check with your client to ensure they did not begin working with another agent/broker and still want to work with you.
- » Contact the Agent and Broker Help Desk (FFMProducer-AssisterHelpDesk@cms.hhs.gov) and provide the relevant application IDs to support CMS' investigation.
- » CMS will relay this information to the appropriate teams for investigation.
- » Investigations may not occur until after the OEP, but you can submit your complaints at any time.

If the QHP issuer did not receive your NPN with the consumer's application, your client may need to sign an authorization form proving you are the agent/broker of record and provide the form to the respective QHP issuer.

- » Your client can also log into their HealthCare.gov account to update the NPN on their application, if needed.

- » When working with an approved DE **partner utilizing the Classic DE Pathway** (that redirects to HealthCare.gov for the eligibility application), you will enter your NPN in the Application Help section.
- » When **working with an approved EDE partner**, in many cases you will not have to enter your NPN on their application, and instead the EDE website you use will auto-populate your NPN on the application.
 - In the event that the EDE website you use doesn't auto-populate your NPN on their application, you should ensure your NPN is entered on the application. Check with the EDE entities you work with if you're unsure how they transmit your NPN to the Marketplace.

REMINDER | Some states require that only the writing agent's NPN (the agent or broker actively assisting the consumer) be submitted on applications/enrollments sent to QHP issuers. Check with your state licensing authority on what they require.

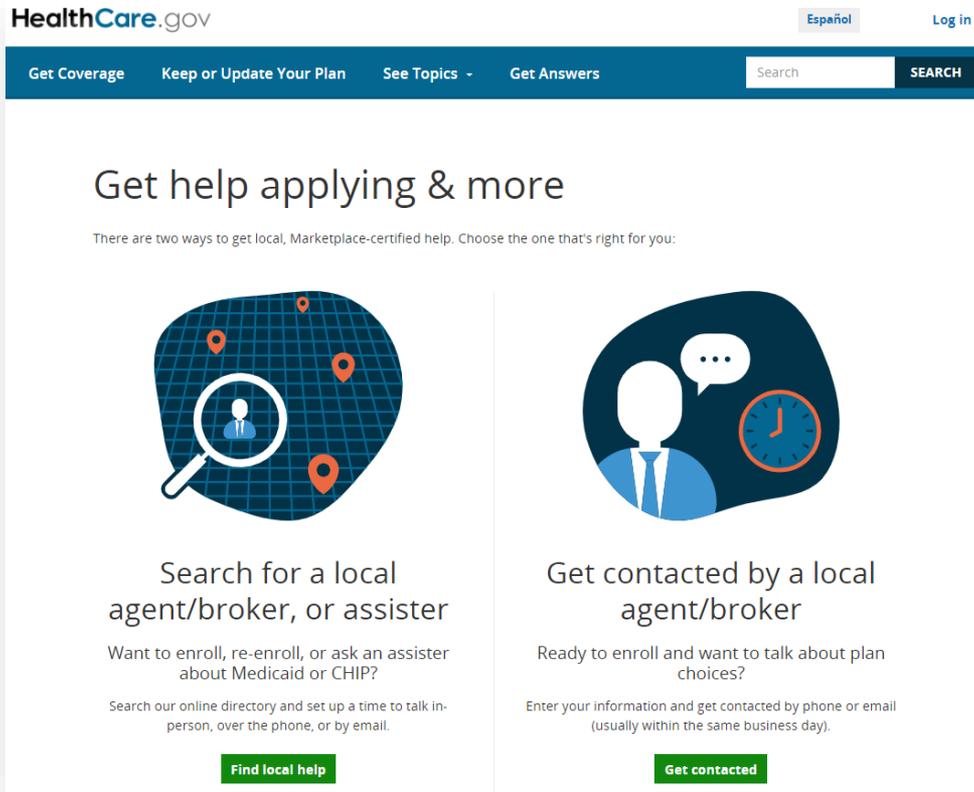


- » When a consumer that you previously assisted uses the Marketplace Call Center to update their application, your NPN stays with the application unless the consumer actively requests that the Marketplace Call Center representative change or remove the agent or broker of record on the application.
- » **Instruct your clients to always provide your name and NPN whenever they contact** the Marketplace Call Center representative without you on the line. If they are asked if anyone is working with you, have them answer “yes” and provide your name and NPN.
- » If you suspect your NPN may have been removed in error by a Marketplace Call Center representative, send an email describing the situation to: FFMProducer-AssisterHelpDesk@cms.hhs.gov

REMINDER | Consumers must authorize you to work with the Marketplace Call Center on their behalf no less than one time per year.



How to Ensure Consumers Can Find You via Find Local Help



The screenshot shows the HealthCare.gov website interface. At the top, there is a navigation bar with 'Español' and 'Log in' options. Below that is a search bar with the text 'Search' and a 'SEARCH' button. The main content area is titled 'Get help applying & more' and contains two columns of options. The first column is for finding a local agent/broker or assister, and the second is for getting contacted by a local agent/broker. Both options include a brief description and a 'Get contacted' button.

HealthCare.gov Español Log in

Get Coverage Keep or Update Your Plan See Topics - Get Answers **SEARCH**

Get help applying & more

There are two ways to get local, Marketplace-certified help. Choose the one that's right for you:



Search for a local agent/broker, or assister

Want to enroll, re-enroll, or ask an assister about Medicaid or CHIP?

Search our online directory and set up a time to talk in-person, over the phone, or by email.

Find local help



Get contacted by a local agent/broker

Ready to enroll and want to talk about plan choices?

Enter your information and get contacted by phone or email (usually within the same business day).

Get contacted

HOW CONSUMERS USE THE TOOL ⁺

- » Consumers can access the tool by visiting <https://www.healthcare.gov/find-assistance/> or by clicking the “Find Local Help” button on www.healthCare.gov.
- » Consumers simply search by city and state or ZIP code to view a list of local organizations and/or individuals (assisters, agents and brokers) who can help them apply, pick a plan and enroll.

How to Be Listed in Find Local Help

Find Local Help and Help On Demand options

After you complete all CMS agent/broker registration requirements, your professional contact information will be displayed on HealthCare.gov's "Find Local Help" features. Find Local Help is a tool accessible on HealthCare.gov to enable consumers, small businesses, and small business employees to identify a local registered agent or broker to assist them with the Federally-facilitated Marketplace, including the SHOP Marketplace.

Find Local Help and Help On Demand options

Individual Profile

User Name

Street Address *

City *

Options:

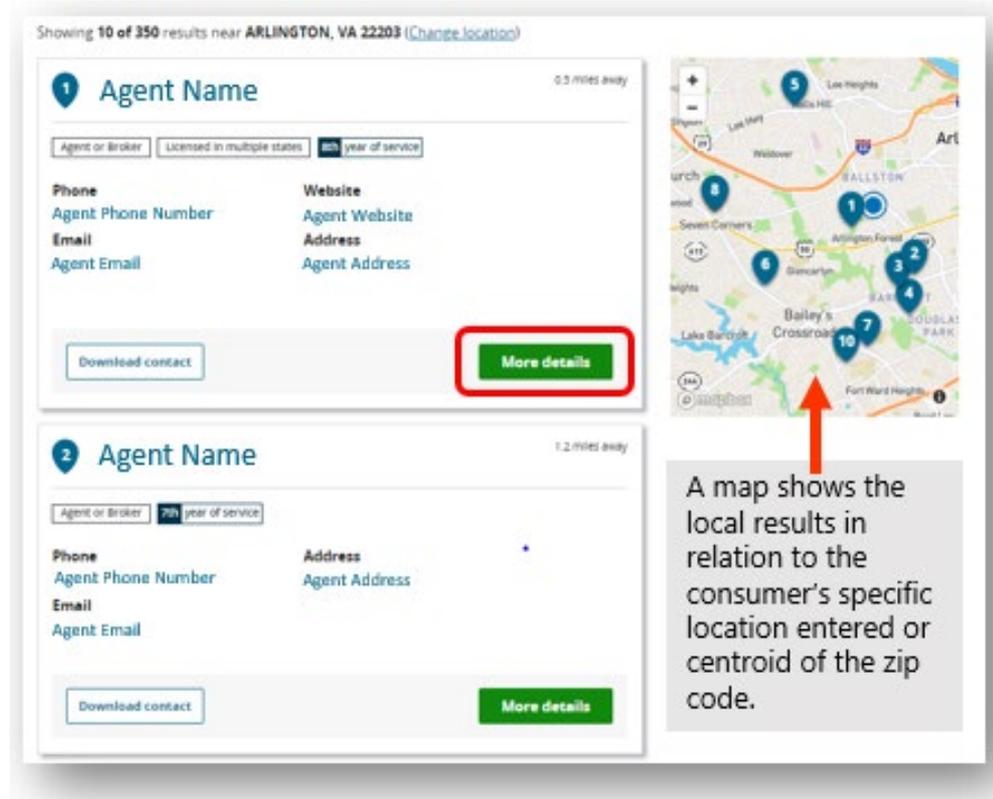
- Select One-
- I would like all my contact information displayed for all states where I have a valid health license.
- I would like my contact information, except my street address, displayed for all states where I have a valid health license.
- I would like all my contact information displayed but only for my home state.
- I don't want my contact information displayed and do not want to participate in Find Local Help or Help On Demand.

In your MLMS profile, you have the following four options to display your contact information for Find Local Help. You may return to your MLMS profile to update your settings at any time.

- » **Option 1** | Display your contact information for Find Local Help in all HealthCare.gov states where you have a valid license.
- » **Option 2** | Display your contact information, *except for your street address*, for Find Local Help in all HealthCare.gov states where you have a valid license.
- » **Option 3** | Display your contact information for your home state only.
- » **Option 4** | You do not want to participate in Find Local Help or Help On Demand.

Find Local Help Search Results

- » After entering their city and state or ZIP code, consumers are presented with a list of results with contact information.
- » Consumers can select the “**More details**” button for office hours, and types of help offered, such as non-English language support, Medicaid or the Children’s Health Insurance Program (CHIP), and SHOP.



Showing 10 of 350 results near ARLINGTON, VA 22203 ([Change location](#))

1 Agent Name 0.3 miles away

Agent or Broker Licensed in multiple states 8th year of service

Phone Agent Phone Number Email Agent Email Website Agent Website Address Agent Address

[Download contact](#) [More details](#)

2 Agent Name 1.2 miles away

Agent or Broker 7th year of service

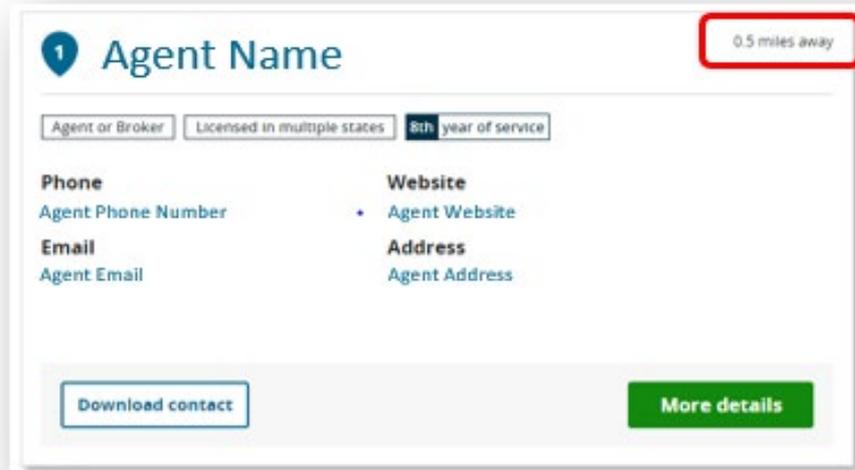
Phone Agent Phone Number Email Agent Email Address Agent Address

[Download contact](#) [More details](#)

A map shows the local results in relation to the consumer's specific location entered or centroid of the zip code.

Find Local Help Search Results

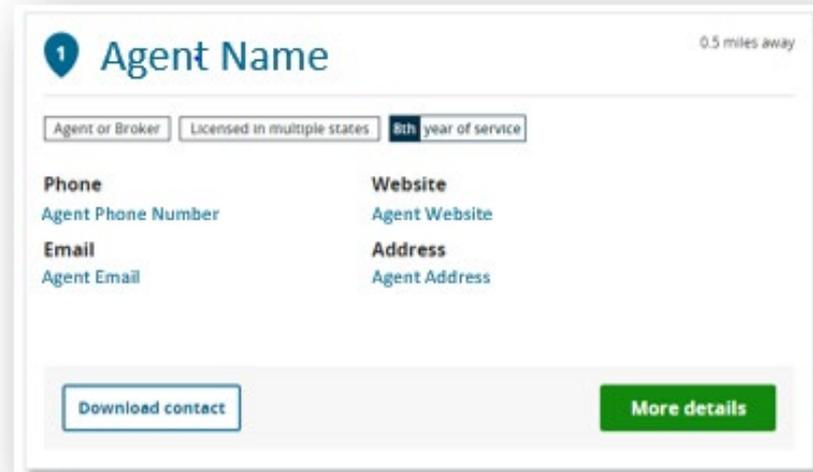
- » The default for display of search results is in order of distance to the centroid of the zip code, if you have elected to display all your contact information.
- » The distance is indicated by the label on the top right corner of the listing.



The screenshot shows a search result card for an agent. At the top left, there is a blue location pin icon with the number '1' inside, followed by the text 'Agent Name'. In the top right corner, a red-bordered box contains the text '0.5 miles away'. Below the agent name, there are three filter tags: 'Agent or Broker', 'Licensed in multiple states', and '8th year of service'. The card is divided into two columns of contact information. The left column is headed 'Phone' and contains 'Agent Phone Number'. Below that is the 'Email' section with 'Agent Email'. The right column is headed 'Website' and contains 'Agent Website'. Below that is the 'Address' section with 'Agent Address'. At the bottom of the card, there are two buttons: 'Download contact' on the left and 'More details' on the right.

Confirm Your Find Local Help Listing

- » Search **Find Local Help** to confirm your listing is accurate at <https://www.healthcare.gov/find-assistance/>.
- » Fix any issues by updating your MLMS profile or contact FFMProducer-AssisterHelpDesk@cms.hhs.gov for assistance.
- » It may take up to three business days for MLMS profile updates to appear on Find Local Help.



1 Agent Name 0.5 miles away

Agent or Broker Licensed in multiple states 8th year of service

Phone	Website
Agent Phone Number	Agent Website
Email	Address
Agent Email	Agent Address

Download contact More details

Auto Re-enrollment Update

Auto Re-enrollment Frequency



Auto re-enrollment will run in two rounds:

- » **Round 1 - October 13** (approximate): All enrollees eligible for re-enrollment who are re-enrolled in a QHP offered by the same issuer or matched to an alternate QHP from a different issuer by CMS or a state Department of Insurance (DOI). Goal is to complete this round before the OEP begins.
- » **Round 2 - December 16** (approximate): New 2022 enrollees who enrolled after Round 1; enrollees whose auto re-enrollment is updated because the enrollee reported, or the Marketplace otherwise obtained, new eligibility information after Round 1.

NOTE: The auto-re-enrollment plan is not visible in consumers' accounts until approximately December 16; however, enrollees can find their auto-re-enrolled plan highlighted in Plan Results after submitting an application during the OEP. +

Calculating Income

- » HealthCare.gov offers an [Income Calculation Tool](#) that assists applicants in estimating previous, current, and future income for a given year.
- » The tool can collect multiple types of income throughout different periods of the year to calculate the consumer's total estimated annual income, which can be printed or saved as a PDF.
 - Within the Video Learning Center for agents and brokers, CMS offers a [walkthrough of the Income Calculation Tool](#), demonstrating how to add income from previous employment; unemployment benefits, including federal pandemic unemployment compensation; and estimated future employment.

Marketplace Circle of Champions Recognition Program

Marketplace Circle of Champions



- » The Marketplace Circle of Champions is an annual recognition program for Marketplace-registered agents and brokers who assist with at least 20 active enrollments in Marketplace coverage during the OEP.
- » There are **three Circle of Champions recognition levels** for agents and brokers.



Circle of Champions
Agents and brokers who complete 20-99 active enrollments



Elite Circle of Champions
Agents and brokers who complete 100-499 active enrollments



Elite Plus Circle of Champions
Agents and brokers who complete 500+ active enrollments

How do I qualify for the Circle of Champions?

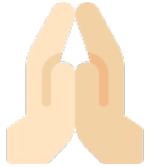


- » To qualify for the Circle of Champions, you **must assist at least 20 active new enrollments** and/or re-enrollments in Marketplace coverage during the OEP.
- » An enrollment is considered “active” when the agent or broker helps:
 - A new enrollee apply for and enroll in Marketplace coverage, or
 - An existing enrollee review their application, make updates, and select a plan.
- » Enrollments through HealthCare.gov and approved private websites via the Classic DE and EDE Pathways count toward qualification for the Circle of Champions.
- » For enrollments to count, **your clients must include your NPN** on their Marketplace application.
- » Enrollments are counted by individual rather than groups (e.g., if you help enroll a family of four, you receive credit for four enrollments).
- » Prior year, Special Enrollment Period (SEP), and auto re-enrollments DO NOT count toward Circle of Champions eligibility.

What do I receive for joining the Circle of Champions?



- » If you achieve Circle of Champion status at any of the three levels, you will receive a recognition package with the following materials:



**APPRECIATION
LETTER FROM CMS**



**DIGITAL AND SOCIAL
MEDIA TOOLKIT**



**COMMEMORATIVE
DIGITAL BADGE**



**PERSONALIZED CERTIFICATE
OF RECOGNITION**

- » Recognition materials can be used to promote your accomplishment among your peers and within your community.
- » Recognition materials are electronically delivered by email to Circle of Champions qualifiers regularly throughout the OEP and are not sent via postal mail. All recognition materials are digital and can be downloaded from links in the email.

Consumer Contact and Security Reminders

Maintaining Compliance: Reminders



Agents and brokers are responsible for maintaining compliant behavior when contacting and assisting consumers who are enrolling in Marketplace coverage. Key points to remember:

- 01** Obtain consent from each client you work with prior to assisting them. It is best to document this consent in writing, if possible.
- 02** Do not create or maintain access to a client's HealthCare.gov account or associated email account and **never** log into HealthCare.gov as the consumer.
- 03** Identify and report suspicious activity or potentially fraudulent behavior you observe in relation to the Marketplace to FFMProducer-AssisterHelpDesk@cms.hhs.gov.
- 04** Ensure your clients are reporting accurate household income when completing or updating the eligibility application. Reinforce that it is in their best interest to report the **most accurate** household income estimate, not the estimate that maximizes the amount of premium tax credit (PTC) for which they may be eligible.

Additional Compliance Reminders



- » As a reminder, the Agent Broker Individual Marketplace Privacy and Security Agreement requires reporting any Incident or Breach of PII to the CMS IT Service Desk by telephone at (410) 786-2580 or 1-800-562-1963 or via email notification at cms_it_service_desk@cms.hhs.gov within one hour of discovery.
- » For more compliance information, review the computer-based training module [Compliance with Marketplace Requirements: Reminders for Agents and Brokers](#) on REGTAP.

- » CMS validates your NPN against data stored in the [National Insurance Producer Registry \(NIPR\) Public Database](#).
 - Results of this NIPR NPN validation appear on the public [Agent and Broker Federally-facilitated Marketplace Registration Completion List](#) (RCL).
 - The RCL is updated daily.
- » NPN validation occurs during the annual registration process in the MLMS and on an ongoing basis thereafter and is only applicable to the current PY.
- » Additionally, CMS validates that an agent or broker:
 - (1) Has a valid state license; (2) Has a health-related line of authority (LOA) (additional information can be found [here](#)); and (3) Has an active status for the health-related LOA.

TIP | CMS needs your Social Security Number to validate that the NPN entered on your MLMS profile ⁺ is a match against the NIPR. If you didn't provide your Social Security Number when setting up your CMS Portal account, you may add it by calling the Marketplace Service Desk at 1-855-267-1515.

Security Reminders (Continued)



Agents and brokers accessing the CMS Enterprise Portal and the DE Pathways agree to abide by the terms and conditions of accessing CMS systems when assisting consumers with enrollments in Marketplace plans. Unauthorized or improper use of CMS systems may result in disciplinary action and/or civil and criminal penalties. **The privacy standards and implementation specifications for agents and brokers have not changed for PY 2022. As a reminder, agents and brokers must:**

- » Have only one CMS Portal account and refrain from sharing credentials
- » Log in to their CMS Portal account with a single login session
- » Conduct only one person search at a time during a log in session and never automate functions on HealthCare.gov or on approved DE website
- » Be licensed and have a valid health-related LOA in each state where they are assisting consumers

HHS has authority under 45 CFR §155.220(k)(3) to immediately suspend an agent's or broker's ability to transact information with the Marketplace if it discovers circumstances that pose unacceptable risk to Marketplace operations or Marketplace information technology systems until the incident or breach is remedied or sufficiently mitigated to HHS's satisfaction.



Obtaining Consumer Consent



You must personally obtain consumer consent prior to providing assistance with Marketplace coverage and may not enroll a consumer based solely on information gathered by a third party. If an agency or brokerage will be servicing your clients after enrollment, you should also obtain consumer consent for the agency or brokerage to access your client's sensitive information (i.e. their contact and other household information, etc.)



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 you are aware of an agent or broker who is conducting a search for consumer applications using approved Classic DE/EDE websites, enrolling consumers in Marketplace coverage without their consent, or inappropriately accessing CMS systems, 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.

 Never enter your own agent or broker professional or company email or mailing address on a consumer's application.

 You 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.

 Ensure your 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 PTC for which they may be eligible.

 If a client may be eligible for Medicare, direct them to Medicare for a determination before you assist that client with enrolling in a QHP.

Assisting Consumers with Application Race and Ethnicity Questions

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 work flows in order to measure Marketplace effectiveness and determine whether there is a need for policy, operational, or outreach/marketing updates.
- » 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 Marketplace application.
- » 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 Marketplace consumers**, and better follow its mission to improve health care coverage. CMS asks these questions in order to ensure outreach is reaching 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 Marketplace. 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 you.

Reaching Underserved and Underinsured Communities



- » 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.
- » If you would like to learn more about how to reach underserved and/or underinsured communities and help them enroll in health coverage, we encourage you to check out these resources:
 - [CMS Diverse Community Panel Data Slides](#)
 - [Resources by language](#)
 - [Health Equity Technical Assistance Program](#)
 - [Outreach and Education for Special Populations](#)

Policy Updates

- » CMS issued an [informational bulletin](#) (dated July 22, 2021) to states' Medicaid and CHIP agencies reaffirming that the **2019 Public Charge Final Rule – “Inadmissibility on Public Charge Grounds” – is no longer in effect** and states should encourage their eligible immigrant populations to access public benefits related to health and housing.
- » DHS will no longer consider a person's receipt of Medicaid (except Medicaid for long-term institutionalization) as a part of a public charge determination when deciding immigration status.
- » CMS is reaching out to states and encouraging them to work with local partners and community groups to provide this important information so that individuals needing health care coverage are not afraid to apply for coverage through Medicaid and CHIP.

- » Compact of Free Association (COFA) is an agreement between the United States and the three Pacific Island sovereign states of Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau—known as Freely Associated States.
- » Effective December 27, 2020, section 208 of the Consolidated Appropriations Act of 2021 requires states and the District of Columbia (DC) to provide Medicaid coverage for individuals who are considered COFA migrants (also referred to as compact citizens).
- » States and DC must cover COFA migrants in Medicaid as “qualified non-citizens” without a 5-year waiting period, if otherwise eligible under the Medicaid state plan or Section 1115 demonstration.

- » Prior to the enactment of this legislation, Medicaid and CHIP coverage for COFA migrants was limited to:
 - Services necessary to treat an emergency medical condition; or
 - Full coverage for children under 21 and/or pregnant women, if the state elected to cover lawfully residing individuals under the “CHIPRA 214 option” in Medicaid or CHIP (section 214 of the Children’s Health Insurance Reauthorization Act of 2009)
- » The COFA Medicaid extension due to this legislation does not extend to separate CHIP programs.

For more information visit <https://www.medicaid.gov/medicaid/eligibility/downloads/state-impl-short-term-workarounds-and-outreach-strategies.pdf>. +

- » The FFE made updates to correctly determine eligibility for COFA migrants in line with these new provisions in June 2021.
 - In July 2021, the FFE sent a notice to the household contacts of consumers known to the FFE who may be eligible for Medicaid under this policy change. Consumers who believe they may be newly eligible for Medicaid as a result of these changes should return to their application, report a life change, make any needed updates, and submit their application to receive a new eligibility determination.
 - Consumers who are newly eligible for Medicaid after resubmitting their application should follow the instructions here to terminate their coverage:
<https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/>

Changes for PY 2022 – Expiration of Unemployment Compensation Benefits



- » Under the American Rescue Plan Act of 2021 (ARP), if a taxpayer received or was approved to receive unemployment compensation for any week beginning in 2021, the taxpayer's household income would be considered to be no higher than 133% of the federal poverty level (FPL).
- » If the taxpayer met other eligibility criteria, this means that the taxpayer could be eligible for a PTC that covers the entire premium cost for the benchmark Marketplace plan for the whole household, regardless of the taxpayer's actual household income amount.
- » If anyone in the household received or was approved to receive unemployment compensation for any week beginning in 2021, the household may also qualify for cost-sharing reductions (CSRs) if they enroll in a silver-level plan. In both cases households that in the past have not qualified for APTC or CSR due to income below 100% of the FPL are considered to have household incomes of 100% FPL for purposes of APTC and/or CSR.
- » This benefit is available for the remainder of 2021 and consumers who are not currently enrolled in Marketplace coverage and who attest to receiving or being approved to receive unemployment compensation for any week beginning in 2021 can still be eligible for the benefits and may qualify for a 2021 Special Enrollment Period (SEP).
- » **Note: These extra savings aren't available on 2022 Marketplace plans.**

Expiration of Unemployment Compensation Benefits: Consumer impacts



- » Starting with Open Enrollment for 2022, consumers who received these extra Marketplace savings and lower costs in 2021 due to their receipt of unemployment compensation may notice changes to their financial assistance amounts when they shop and re-enroll for PY2022 plans.
- » Their eligibility for financial assistance will be based on their projected household income for 2022, unlike in 2021 when unemployment compensation recipients may have received more financial assistance without regard to their household income amount.
- » However, consumers with **household income from 100% through 150% FPL may remain eligible for a tax credit that covers the entire monthly premium** cost for the benchmark Marketplace plan and continue to qualify for CSRs.
- » Other consumers may experience significant changes – such as an increase in their share of the premium or less CSRs.

Expiration of Unemployment Compensation Benefits: Consumer impacts (continued)



- » For example, consumers who qualified for and accessed the ARP unemployment compensation benefits in 2021 may experience one of the following situations:
- » Consumers with incomes **above 150% FPL** (\$39,750 for a family of four) may be eligible for **lower APTC and CSR amounts** on their PY2022 plan, meaning their premium and cost sharing owed would be higher.
- » Consumers with incomes **above 250% FPL** (\$66,250 for a family of four) **will no longer be eligible for income-based CSRs*** on their PY2022 coverage.
 - ***Note:** Tribal CSR benefits are unaffected.
- » Consumers with **higher incomes** may now have to **pay the full cost** of their Marketplace premium due to being eligible for a \$0 APTC amount on their PY2022 plan. Even though the ARP lifted the 400% FPL income limit for 2021 and 2022, consumers with higher incomes may still not receive a tax credit if the premiums available to them are low enough to be below 8.5% of their household income.

Expiration of Unemployment Compensation Benefits: Consumer impacts (continued)



- » For example, consumers who qualified for and accessed the ARP unemployment compensation benefits in 2021 may experience one of the following situations:
 - Consumers with household incomes under 100% FPL (\$26,500 for a family of four) and who are ineligible for Medicaid (i.e. consumers in the “Medicaid gap”) may now be ineligible for APTC and CSR benefits in PY2022 due to their household income being under 100% FPL, with the exception of certain immigrant consumers.
 - Consumers at any income level may see new Data Matching Issues (DMIs) associated with their PY2022 coverage and should follow standard processes to submit documents online or via mail to resolve their DMIs.

Expiration of Unemployment Compensation Benefits: Consumer messaging



- » It's important that consumers who are receiving the ARP unemployment compensation benefits in 2021 understand those one-time extra savings aren't available in 2022 and their financial assistance may be changing.
- » Impacted consumers will see special language in their Marketplace Open Enrollment Notice and new content is being added to HealthCare.gov to explain the change.
- » Consumers who don't return to HealthCare.gov to update their Marketplace application during Open Enrollment and are automatically re-enrolled into PY2022 coverage will also receive notices with special language that the ARP unemployment compensation benefits aren't available for 2022.
- » **Encourage consumers to visit HealthCare.gov to update their Marketplace application, shop for 2022 coverage, and submit any required documents to make sure they're getting the right coverage and savings.**
- » **Open Enrollment for 2022 runs Monday, November 1, 2021–Saturday, January 15, 2022. Enroll by December 15, 2021, for coverage that starts January 1, 2022.**

- » COBRA premium assistance **ended on September 30, 2021**, and so consumers can enroll in a Marketplace plan with an SEP. To enroll, consumers can report a September 30 "loss of coverage" on their application. Consumers can't qualify for a PTC while they're enrolled in COBRA, so if they want to change to Marketplace coverage, make sure that their COBRA coverage ends on the last day before their Marketplace coverage starts. [Learn more about COBRA premium assistance.](#)
- » When consumers apply for Marketplace coverage, they should indicate they've lost qualifying health coverage, and provide the last day that they had COBRA coverage with premium assistance (generally, September 30, 2021).
- » If consumers decide to keep COBRA without premium assistance, they can qualify for an SEP based on the end date of their COBRA coverage, which is usually 18 to 36 months after it started.

Marketplace to Medicare

When Consumers Should End Marketplace Coverage



- » Consumers should end their Marketplace plan the day before their Medicare coverage begins. Consumers should select the date they want to end coverage. Generally, they can set a 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.
- » 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 household contact (subscriber) on the application. There may be circumstances when the person who is ending their Marketplace coverage is the household contact 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.

How Consumers Should End Marketplace Coverage (Continued)



- » When the person transitioning from Marketplace coverage to Medicare is the household contact, they should call the Marketplace Call Center to:
 - End the household contact's Marketplace coverage.
 - Designate a new household contact.
 - Ensure that those remaining on their Marketplace plan don't lose their coverage.
- » **Note:** Don't try to change or remove the household contact online unless you're ending coverage for everyone on the plan.
- » For more instructions on how to time ending Marketplace coverage and signing up for Medicare, visit [HealthCare.gov/medicare/changing-from-marketplace-to-medicare/](https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare/)

Scheduled Maintenance

2022 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows



- » Every year, CMS establishes scheduled maintenance windows for HealthCare.gov. Like other IT systems, these scheduled maintenance windows are how we update and improve our systems to run optimally and are the normal course of business. Consumer access to HealthCare.gov will be limited while systems are updated. Maintenance will only occur when deemed necessary to provide consumers with a better shopping experience. The purpose in scheduling these times is to minimize any consumer disruption.
- » Similar to the last several years, in order to allow agents, brokers, assisters, and states to plan in advance of Open Enrollment, we are sharing the maximum potential windows of scheduled maintenance on HealthCare.gov for the upcoming OEP.
- » It is important to note that these times are the maximum windows for scheduled maintenance activities that require limiting or restricting consumer access to HealthCare.gov. Consistent with past years, CMS anticipates the actual maintenance periods may be shorter. As with all IT systems, there is a possibility that unscheduled work will be needed, in which case CMS will use existing channels to notify stakeholders.
- » Potential/maximum scheduled HealthCare.gov maintenance windows for this upcoming OEP are:
 - **Monday, November 1, 2021**, early morning to make final preparations ahead of the start of the OEP
 - **Sundays, November 14, December 5, and December 19**, 12:00am to 7:00am

Other Marketplace Updates

Get Connected to Consumers Through Help On Demand



- » **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 registration and training for the applicable PY are eligible to participate in Help On Demand.
- » Complete the Help On Demand specific coursework on the MLMS, only available after signing the applicable CMS agreements at <http://portal.cms.gov>.
- » If you are already registered to participate in Help On Demand and have completed the Marketplace registration requirements for the applicable PY, you can log into your account at <https://marketplace.helpondemand.com>.
- » For more information and resources on Help On Demand, visit the [Help On Demand Resources Page](#), which is accessible via the "Help On Demand" link under "Resources" on the right side of the Agent and Broker Resources webpage (<http://go.cms.gov/CCIIOAB>).

Upcoming Webinars and Office Hours



Register for upcoming webinars and office hours by visiting <https://www.regtap.info/> and following the instructions below:

1. Log in to REGTAP. If you are new to REGTAP, select "Register as a New User." You will receive an email to confirm your account.
2. Select "Training Events" from "My Dashboard."
3. Click the "View" icon next to the webinar series titled "Health Insurance Marketplace Updates for Agents and Brokers."
4. Click the "Register Me" button.
5. If you 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 AM - 5:00 PM ET. *Note: Registration closes 24 hours prior to each event.*

Event	Date
Agent and Broker Office Hours	Thursday, November 4, 2021
Agent and Broker Office Hours	Thursday, November 18, 2021
Agent and Broker Office Hours	Thursday, December 2, 2021
Agent and Broker Office Hours	Thursday, December 16, 2021
Agent and Broker Office Hours	Thursday, January 6, 2022

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:

- » Marketplace application walkthrough videos for various consumer scenarios
- » How to retrieve your user ID and reset your password
- » How to use the income calculation tool on HealthCare.gov

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

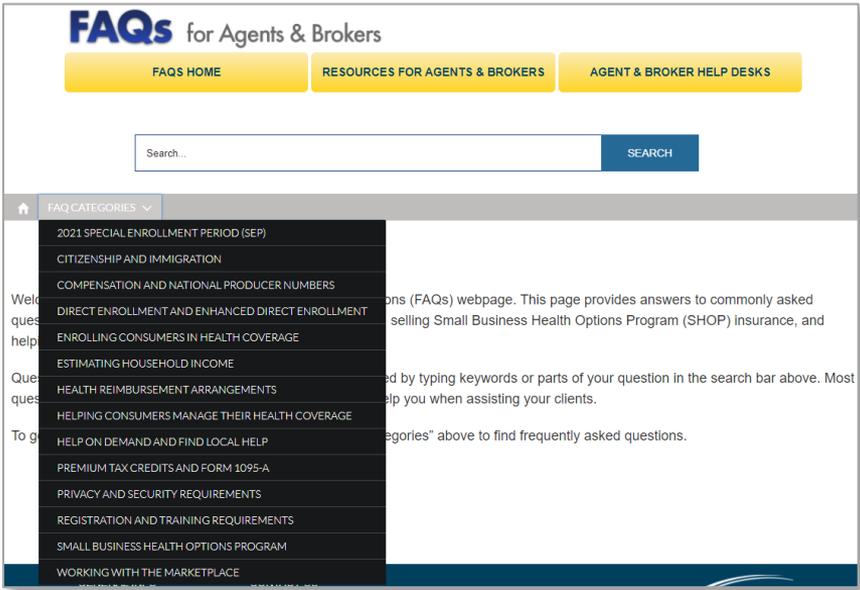


Frequently Asked Questions Database



The **Agent and Broker Frequently Asked Questions (FAQs)** website provides answers to commonly asked questions about working in the Health Insurance Marketplace®, selling SHOP insurance, 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.



Frequently Used 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 	Monday-Friday 8:00 AM–8:00 PM ET October–November only: Saturday-Sunday 10:00 AM–3:00 PM ET
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	Specific consumer application questions related to: <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
SHOP Call Center	800-706-7893 TTY users 1-888-201-6445	<ul style="list-style-type: none"> • Inquiries related to SHOP eligibility determinations on HealthCare.gov • Contact the health insurance issuer 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 AM–8:30 PM ET

Dedicated Agent/Broker Support Available for Complex Consumer Cases



- » Complex consumer-specific cases are cases where a consumer has submitted an eligibility application for coverage and/or has enrolled in coverage and requires assistance in making a change.
- » In this situation, **you must first attempt to resolve the case by contacting the Marketplace Consumer Call Center or the EDE partner** (if applicable).
- » If you are unsuccessful in resolving the case with the Marketplace Call Center or EDE partner (if applicable) and still require assistance, contact the FFM Agent/Broker Email Help Desk (FFMProducer-AssisterHelpDesk@cms.hhs.gov) and provide the following information:
 - Full name, email address, and phone number of the agent or broker assisting the consumer
 - The consumer's Marketplace application ID
 - The state in which the consumer resides
 - Summary of the case and what you are requesting
 - Whether the case is medically urgent (and if so, when a response is needed)
 - Indicate that you have already called the Marketplace Call Center or EDE partner and provide the date of the call
- » The Help Desk will refer the information you provide to representatives from our Complex Case Help Center (CCHC) so they can respond to your issue. A member of the CCHC team will contact you via phone for additional information or to communicate the outcome of the case.

Agent and Broker Resources



Resource	Link
Agent and Broker Resources webpage	http://go.cms.gov/CCII/OAB
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/CCIIO/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
Agent and Broker Frequently Asked Questions website	https://www.agentbrokerfaq.cms.gov/s/

Acronym Definitions



Acronym	Definition
ARP	American Rescue Plan Act of 2021
CCHC	Complex Case Help Center
CCIIO	Center for Consumer Information & Insurance Oversight
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
COFA	Compact of Free Association
CSR	Cost-sharing Reductions
DE	Direct Enrollment
DMI	Data Matching Issue
DOI	Department of Insurance
EDE	Enhanced Direct Enrollment
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level

Acronym	Definition
LOA	Line of Authority
MLMS	Marketplace Learning Management System
NIPR	National Insurance Producer Registry
NPN	National Producer Number
PTC	Premium Tax Credit
PY	Plan Year
QHP	Qualified Health Plan
RCL	Registration Completion List
SBM	State-based Marketplace
SBM-FP	State-based Marketplaces on the Federal Platform
SEP	Special Enrollment Period
SHOP	Small Business Health Options Program
UC	Unemployment Compensation



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 the upcoming OEP and beyond!