Marketplace Compliance for Agents and Brokers

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

August 28, 2025

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Disclaimer

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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- **Webinar and Audio Access Tips have been shared in the Zoom Chat and are listed in the email access details you received from *REGTAP Registration Support*.**

Discussion and Questions

At the end of today's webinar, 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.
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- Type your question in the text box under the "**Q&A**" tab and click "**Send**."
- Click on the "**My Questions**" tab to view written responses to your questions.
- Click on the "**All Questions**" tab to view all questions that received a public response since you've been logged into the webinar.

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

1. Consumer Consent and Application Review Requirements
2. Marketing and Advertising in the Marketplace
3. Accurately Reporting Consumer Income and Household Composition
4. Security and Privacy Concepts and Principles
5. Protecting Personally Identifiable Information (PII)
6. Additional Marketplace Reminders
7. Key Takeaways
8. Live Question/Answer Session & Agent and Broker Outreach Updates

Opening Remarks

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Agents and Brokers Help Expand Marketplace Enrollments

- Agents and brokers play a pivotal role in maintaining **program integrity,** supporting a **sustainable Marketplace,** and delivering **positive consumer experiences**.
- **Most agents and brokers already support these Marketplace initiatives** by following compliant Marketplace practices.
- However, unauthorized activity by a **small number of noncompliant agents and brokers** can cause disproportionate harm to consumers and disrupt the integrity of the Marketplace.
- To ensure the overall sustainability of the Marketplace, CMS has implemented new policy changes that are important for agents and brokers to know ahead of Plan Year 2026.
- **The Marketplace Integrity and Affordability Final Rule** enacts safeguards to protect consumers from improper enrollments and changes to their health care coverage, as well as to protect the integrity of the Marketplace.

Agents and Brokers Help Expand Marketplace Enrollments (continued)

- Agents and brokers help maintain the integrity of the Marketplace and safeguard consumers against improper enrollments by:
  - Obtaining and documenting consumer consent and review and confirmation of the accuracy of the eligibility application;
  - Engaging in compliant marketing and advertising practices;
  - Maintaining compliant security and privacy practices;
  - Accurately collecting consumer eligibility information and estimating consumer income; and
  - Remaining compliant with the agent and broker Agreements, the regulatory requirements at 155.220, and all applicable state and federal laws.

This webinar will review the compliance requirements agents and brokers must observe to help mitigate unauthorized activities in the Marketplace.

Consumer Consent and Application Review Documentation Requirements

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Consumer Consent Documentation Requirements

- Agents and brokers are **required** to document the receipt of consent from the consumer or their authorized representative **prior** to providing enrollment assistance or facilitating enrollment.
  - The consumer or their authorized representative must **take an action** to produce the documentation;
  - The documentation must contain, at a minimum, the following information:
    - A **description** of the scope, purpose, and duration of the consent provided by the consumer or their authorized representative;
    - The **date** the consent was given;
    - The **name of the consumer** or their authorized representative;
    - The **name of the agent, broker, or agency** being granted consent;
    - A process through which the consumer or their authorized representative may **rescind the consent.**
  - The agent or broker must maintain the documentation for **a minimum of 10 years** and provide it to CMS upon request in response to audit, monitoring or enforcement actions.

CMS developed a model consent form that agents and brokers may use to document consumer consent. The model consent form can be found here: https://www.cms.gov/files/document/cms-model-consent-form-marketplace-agents-and-brokers.pdf.

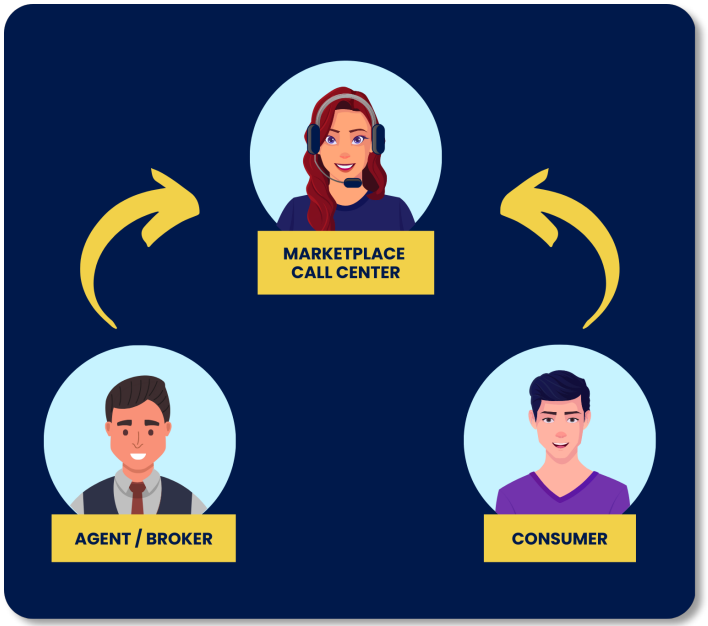
Application Review Documentation Requirements

- Agents and brokers are **required** to document that eligibility application information has been reviewed by and confirmed to be accurate by the consumer or their authorized representative prior to application submission.
  - The consumer or their authorized representative must **take an action** to produce the documentation;
  - The documentation must contain, at a minimum, the following information:
    - The **date** the information was reviewed;
    - The **name of the consumer** or their authorized representative;
    - An **explanation of the attestations** at the end of the eligibility application; and
    - The **name of the assisting agent, broker, or web-broker.**
  - The agent or broker must maintain the documentation for a minimum of 10 years and provide it to CMS upon request in response to audit, monitoring or enforcement actions.

For more information on these requirements, view these FAQs here: https://www.cms.gov/files/document/2024-pn-ab-faq-9823.pdf *and webinar slides here:* https://www.cms.gov/files/document/marketplace-compliance-2024-payment-notice-updates-webinar-slides.pdf.

Updating the National Producer Number (NPN) on a Consumer's Enrollment

- Federally-facilitated Marketplace (FFM) systems **require the direct involvement of consumers** to add or change the agent associated with the consumer's enrollment.
- **CMS blocks agents and brokers from making changes to a consumer's FFM enrollment unless the agent or broker is already associated with the consumer's enrollment.**
- Agents and brokers working with consumers to update the NPN on their eligibility applications are required to either:
  - **Conduct a 3-way call with the Marketplace Call Center;** or
  - Direct the consumer to submit the change through an approved EDE consumer pathway or HealthCare.gov.



Consumer Consent FAQs

» These FAQs were developed to help answer questions most frequently asked by agents and brokers about the consent and application review requirements.

What type of verification or consent do I need to obtain from clients before acting on their behalf at the Marketplace Call Center?

Consumers can provide you with consent to access their account information, including to check the status of their submitted Marketplace application. To act on behalf of a consumer at the Marketplace Call Center, your client must call the Call Center at 1-800-318-2596 and provide your name and National Producer Number (NPN) or conduct a three-way call with you on the line with them. They must authorize you every 365 days. You are only able to check the status of Marketplace applications with which you are affiliated (i.e., are listed on the application as the assisting agent or broker).

Note: This authorization is not the same as ensuring your NPN is on the consumer's application for payment purposes with issuers.

View the full FAQ here: *https://www.agentbrokerfaq.cms.gov/s/article/What-type-of-verification-or-consent-do-I-need-to-obtain-from-clients-before-acting-on-their-behalf-at-the-Marketplace-Call-Center?s=SR*

Consumer Consent FAQs (continued)

Does consumer consent need to be obtained if I am speaking with the Marketplace Call Center on the consumer's behalf?

Yes. Agents and brokers are required to follow a two-step process when working with the Marketplace Call Center on behalf of a consumer without the consumer's participation in the call:

1. *Document consumer consent and consumer review and confirmation of the accuracy of their eligibility application information.*
2. *Obtain authorization that you can work on behalf of the consumer with the Marketplace Call Center.*

Note: Authorization that you may work on a consumer's behalf with the Marketplace Call Center alone will likely not meet the requirements for an agent or broker to document consumer consent and review and confirmation of the accuracy of the consumer's eligibility application. Similarly, documentation of consumer consent and review and confirmation of the accuracy of the consumer's eligibility application information meeting the requirements will not automatically provide authorization to act on their behalf with the Marketplace Call Center.

View the full FAQ here: *https://www.agentbrokerfaq.cms.gov/s/article/Does-consumer-consent-need-to-be-obtained-if-I-am-speaking-with-the-Marketplace-Call-Center-on-the-consumer-s-behalf?s=SR*

Consumer Consent FAQs (continued)

What are acceptable methods by which an agent or broker may document consumer review of their eligibility application information?

CMS does not prescribe a particular method for documenting consumer review and confirmation of their eligibility application information. The documentation is compliant if it is a record that can be maintained by the agent or broker and must allow CMS to confirm that the consumer reviewed and confirmed the accuracy of their eligibility application information prior to submitting the eligibility application to the Marketplace. Non-exhaustive examples of documentation include:

1. *A document signed by the consumer or their authorized representative (electronically or otherwise);*
2. *Verbal confirmation by the consumer that is captured in an audio recording;*
3. *A written response (electronic or otherwise) from the consumer to a communication sent by the agent, broker, or web-broker; and*
4. *Other similar documentation specified by the Department of Health and Human Services (HHS) in guidance.*

View the full FAQ here: *https://www.agentbrokerfaq.cms.gov/s/article/What-are-acceptable-methods-by-which-an-agent-or-broker-may-document-consumer-review-of-their-eligibility-application-information*

Consumer Consent FAQs (continued)

What attestations do I need to explain to the consumer?

Agents and brokers need to explain all attestations that appear at the end of their consumers' Marketplace eligibility applications to the consumer. When a consumer applies for coverage through the Marketplace, they are required to agree (or "attest") to the truth of the information in the eligibility application prior to submission. Different attestations will appear based on whether a consumer is applying for advance payment of the premium tax credit (APTC) and cost-sharing reductions (CSRs), or if the consumer may be eligible for other insurance affordability programs, such as Medicaid or CHIP.

When agents and brokers are actively assisting a consumer with completing a new Marketplace eligibility application or updating an existing one, they must explain these attestations to the consumer. This is to ensure the consumer is aware of what they are agreeing to and that they have confirmed the accuracy of the information in their Marketplace eligibility application prior to submission.

View the full FAQ here: *https://www.agentbrokerfaq.cms.gov/s/article/What-attestations-do-I-need-to-explain-to-the-consumer?s=SR*

Consumer Consent FAQs (continued)

When does an agent, broker, or web-broker need to document the consumer has reviewed and confirmed the accuracy of the consumer's eligibility application information, including the relevant attestations, and confirmed the information's accuracy?

Documentation that the consumer has reviewed and confirmed the accuracy of their eligibility application information, including the relevant attestations, and confirmed the information's accuracy must be obtained prior to submitting the eligibility application to the Marketplace. The same timing would generally apply if the agent or broker makes changes or updates the eligibility application information on behalf of the consumer after an application has been submitted to Marketplace.

View the full FAQ here: *https://www.agentbrokerfaq.cms.gov/s/article/When-does-an-agent-broker-or-web-broker-need-to-document-the-consumer-has-reviewed-and-confirmed-the-accuracy-of-the-consumer-s-eligibility-application-information-including-the-relevant-attestations-and-confirmed-the-information-s-accuracy?s=SR*

For more FAQs on consumer consent and eligibility application review requirements, see: https://www.agentbrokerfaq.cms.gov/s/topic/0TOt0000000TUeLGAW/privacy-and-security-requirements

Poll

Based on this presentation, do you feel you understand the requirements for A) documenting consumer consent, and B) documenting the consumer's review and confirmation of their eligibility application information?

1. Yes
2. No
3. Unsure

Marketing and Advertising in the Marketplace

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Compliant Practices for Marketing and Advertising in the Marketplace

- **Refrain from misleading consumers**
  - Ensure you are not using marketing and advertising efforts that could mislead or confuse consumers.
- **Do not misrepresent your role to consumers**
  - You may not imply that you represent or are employed by CMS, the Marketplace or HealthCare.gov, or are calling on behalf of these organizations.
- **Provide accurate information**
  - You may not provide consumers with inaccurate information or omit relevant information about qualified health plans (QHPs), federal premium tax credits, enrollment timelines, or cost-sharing subsidies.

Do's of Advertising and Marketing

- Provide **accurate information** on Marketplace plans, benefits, and savings, if applicable.
- Tell consumers you are a state-licensed Marketplace-registered agent or broker selling Marketplace plans.
- Ensure you have compliant **consumer consent documentation** prior to providing consumers with enrollment assistance (including a person search), even if you are connected with the consumer by a third party.
- Ensure you have compliant documentation of the consumer's **review and confirmation of the eligibility application** prior to submitting their enrollment even if you are connected to the consumer by a third party.
- Ensure potential pricing of health plans and plan benefits is accurately represented in advertisements.
- Tell consumers they **may** qualify for Marketplace coverage and help them get a quote or eligibility determination from the Marketplace.

Don'ts of Advertising and Marketing

- Say you represent or are employed by CMS, the Marketplace, HealthCare.gov, or an issuer, or misrepresent your role with an issuer.
- Mislead consumers about rewards or discounts for enrolling in Marketplace coverage, **including through the advertisement of gift cards or other enrollment incentives** which may not be applicable to all consumers without accurately describing the qualifications for such incentives.
- Guarantee free or low-cost plans to all consumers as not all consumers may qualify for these plans.
- Engage in misleading or coercive marketing. If you're using a third party, we **strongly recommend** that you confirm their marketing and advertising is not misleading or coercive.

Purchasing Consumer Leads

- When working with third parties, such as lead generators, to locate consumers, agents and brokers are strongly encouraged to:
  - ✓ Understand **how the company is generating leads.**
  - ✓ Investigate that third party's creative materials to ensure they **do not mislead or confuse potential clients** in any way.
  - ✓ Understand **how the company prices and sells leads** to avoid purchasing a lead that has been sold to multiple agents or brokers, which may lead to consumer confusion in multiple agents and brokers attempting to enroll them.
- Any third parties with whom you are contracted must adhere to requirements concerning the use and disclosure of PII.

Poll

Do you or your agency purchase leads from a third-party lead generator?

1. Yes
2. No
3. Unsure

Reminders

When using information purchased from lead generating companies, remember to obtain and document consent from the consumer and keep a record of this consumer consent for a minimum of 10 years.

CMS closely monitors advertising and marketing to protect Marketplace consumers from misleading marketing practices. You can be subject to enforcement action for non-compliant practices.

In January 2025, CMS released a statement detailing actions being taken to combat misleading marketing practices. Read this statement here: https://www.cms.gov/files/document/cciio-ab-letterftc-followup-signed-final.pdf

Accurately Reporting Consumer Income and Household Composition

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Estimating Consumer Income

- Consumers must accurately report their income and household information on the Marketplace eligibility application to help the Marketplace **determine savings.**
- After consumers submit their eligibility application, they may be asked to **submit additional documents** to verify their income. This happens when the Marketplace **can't immediately confirm the consumer's information** with the Marketplace's trusted data sources.*
  - It's important to give **accurate** and **up-to-date information** so the Marketplace can estimate the right amount of advance payments of the premium tax credit (APTC) based on the household's income. This minimizes the risk that a consumer will have to pay money back when they file their federal income taxes and reconcile their APTC.

This may be due to **not including Social Security Numbers for all household members, or due to incomplete household income information (income for all household members must be included, including those who are not applying for coverage).*

Estimating Consumer Income (continued)

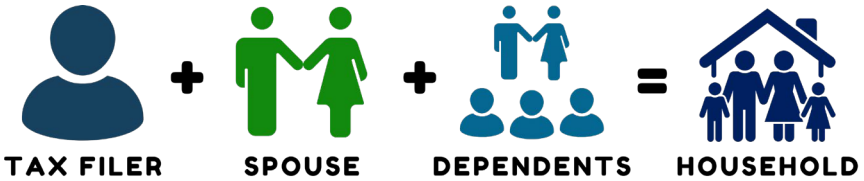
- **Accurately reporting the consumer's monthly income is required in determining eligibility for Medicaid/CHIP and financial assistance.**
- Agents and brokers **must** make a **sincere effort** to estimate the consumer's income using **realistic expectations and available information** to qualify for advance payments of the premium tax credit (APTC).
- When reporting consumers' annual income:
  - **Do not** assume an amount for unemployed consumers or steer a consumer to a desired income amount.
  - **Do not** coerce consumers into reporting false incomes.
  - **Do not** estimate income after taxes.
    - Income needs to be reported as gross income before taxes.

Reporting Household Composition

- Household composition policy determines who gets counted in whose household, which affects Federal Poverty Level (FPL) thresholds and, therefore, eligibility for:
  - **Advance Payments of the Premium Tax Credit (APTC), cost-sharing reductions (CSR)**
  - **Medicaid,** and
  - **the Children's Health Insurance Program (CHIP).**
- APTC and CSR eligibility will always use the applicant's tax household, while under certain circumstances, Medicaid/CHIP will consider who consumers live with.

Reporting Household Composition (continued)

- For the Marketplace, a household usually includes the tax filer, their spouse if they have one, and their tax dependents.
- Consumers should include the following individuals as part of their household:
  - Their **spouse** if they are legally married.
    - Spouses who use the "married filing separately" tax filing status or who don't file at all are ineligible to receive APTC for their household.*
  - Someone they plan to claim as a **tax dependent** for the year they want coverage.
    - If they don't plan to claim them as a tax dependent, they **should not** include them.
  - **NOTE:** Consumers should include their spouse and tax dependents **even if the spouse/dependents don't need health coverage.**



**Some married people may meet an exception to the requirement to file jointly with their spouse. See IRS Question and Answer #9:* https://www.irs.gov/affordable-care-act/individuals-and-families/questions-and-answers-on-the-premium-tax-credit

Reporting Household Composition (continued)

- Reporting an inaccurate household on an application for consumers seeking financial assistance may result in the consumer:
  - receiving **improper APTC or CSRs**;
  - taking on **tax liabilities** when they file their federal income taxes and reconcile their APTC; and/or
  - potentially having their **coverage cancelled** by their insurance company if false or incomplete information is reported on purpose.

Remember: consumers are required to agree (or "attest") to the truth of the information in the eligibility application (including their income and household composition) prior to submitting the application on the consumer's behalf.

Security and Privacy Concepts and Principles

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Why is Privacy Important?

- **To earn and keep public trust**
  - If consumers no longer trust agents and brokers to protect their PII, public support for agents and brokers may erode.
- **To prevent identity theft**
  - Identity thieves do not discriminate based on a person's immigration status, and neither must agents and brokers when protecting the PII they collect and maintain.
- **To prevent privacy incidents**
  - Incidents are reported in national news, which erodes the public's trust in agents, brokers, or agencies, and are costly to mitigate.

Why is Privacy Important? (continued)

- **It's the law**
  - Failure to follow these laws may result in civil or criminal penalties for you, your supervisors, and/or colleagues.
  - Disciplinary action for failure to comply with CMS security and privacy policies.
  - Any who knowingly and willfully discloses protected Privacy Act information in any manner to any person or agency not entitled to receive it, is subject to criminal and civil penalties under the Privacy Act.

Understanding Security and Privacy

Security

» Procedures that protect organizational resources, employees and peers, paper or electronic media, hardware, software and networks from damage, theft, interruption, or change.

Privacy

» The right of individuals to control or influence information that is related to them in terms of who may collect or store it and to whom that information may be disclosed.

Security is the mechanism by which privacy information is protected.

Protecting Personally Identifiable Information (PII)

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Personally Identifiable Information (PII)

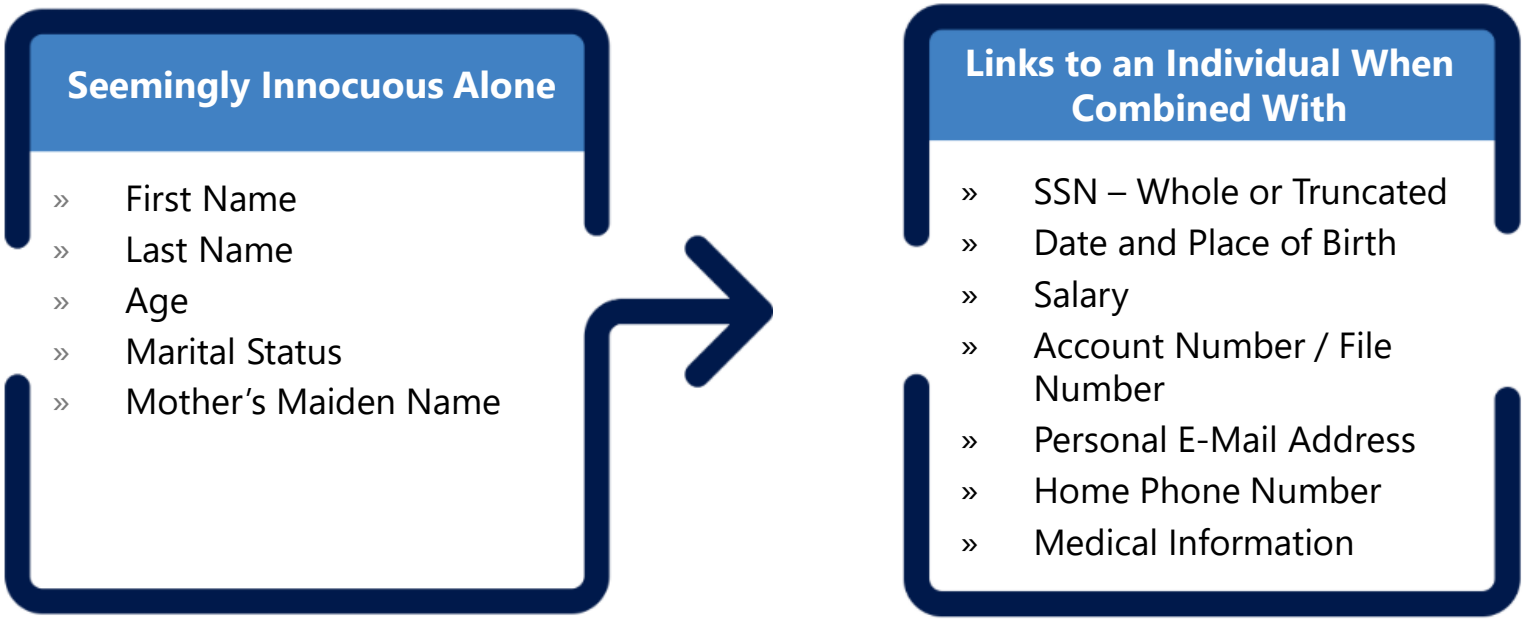
- Personally identifiable information refers to **information which can be used to distinguish or trace an individual's identity**, such as their name, Social Security Number, biometric records, etc. alone, or when combined with other personal or identifying information **which is linked or linkable to a specific individual**, such as data and place of birth, mother's maiden name, etc.

- Information which can be used to distinguish or trace an individual's identity, such as their:
  - name
  - Social Security Number
  - date and place of birth
  - mother's maiden name
  - biometric records
  - any other personal information, which is linked or linkable to an individual

- Any information about an individual including, but not limited to:
  - education
  - financial transactions
  - medical history
  - and criminal or employment history

The Mosaic Effect

» The **Mosaic Effect** is when seemingly innocuous information is combined to create PII.



Examples of PII Incidents

- Theft of a laptop containing rosters of emergency responders.
- Lost or stolen thumb drive or portable hard drive of system processing PII.
- Shipper loses a package of containing consumer PII.
- Loss of a hard drive with client PII.
- Unauthorized access to client data files.
- Email containing client information transmitted for official business is sent unencrypted.
- Email containing client information transmitted from a business or corporate email account to a personal email account.
- Key logger gains access to a computer and its accounts.

NOTE: Suspected or confirmed loss of PII must be reported to the CMS IT Service Desk within one hour of discovery.

The Security and Privacy Agreement

- Remember, agents and brokers are bound by the requirements found in the ABE Security and Privacy Agreement (excerpt):

> *Duty to Protect PII: ABE shall not release, publish, or disclose Consumer, Applicant, Qualified Individual, or Enrollee PII to unauthorized personnel, and shall protect such information in accordance with provisions of any applicable laws and regulations governing the adequate safeguarding of Consumer, Applicant, Qualified Individual, or Enrollee PII, the misuse of which carries with it the potential to cause financial, reputational and other types of harm.*
>
> - *ABE agrees to comply with all federal laws and regulations regarding the handling of PII—regardless of where the organization is located or where the data are stored and accessed.*
> - *ABE's Rules of Behavior must be at least as stringent as the HHS Rules of Behavior.*
> - *ABE understands and agrees that all financial and legal liabilities arising from inappropriate disclosure or Breach of Consumer, Applicant, Qualified Individual, or Enrollee PII while such information is in the possession of ABE shall be borne exclusively by ABE.*
> - *ABE shall train and monitor staff on the requirements related to the authorized use and sharing of PII with third parties and the consequences of unauthorized use or sharing of PII, and periodically audit their actual use and disclosure of PII.*

Tips and Best Practices

Implement secure access controls

- Employ multifactor authentication whenever possible.
- Only give access to systems and PII to those who are authorized to it.
- Encrypt PII kept on your devices or that is sent via a wireless network.

Understand the principles of privacy and security

- Identifying phishing, ransomware, malware, and social engineering.
- Maintaining healthy password hygiene.
- Delete any unnecessary PII from your devices.

Secure your devices and network

- Use security software to defend against malware.
- Encrypt all devices (laptops, computers, phones, etc.).
- Lock all devices when left unattended.

Additional Marketplace Reminders

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System Requirements to Prevent Fraudulent Enrollments

- Federally-facilitated Marketplace (FFM) systems **require the direct involvement of consumers** to add or change the agent or broker associated with the consumer's enrollment.
  - Changes made by an agent or broker not already associated with the consumer **must go through a three-way call with the consumer and the Marketplace Call Center (MCC)** to ensure the consumer is aware of the changes being made.
  - Alternatively, the agent or broker can direct the consumer to **submit the change themselves** through HealthCare.gov or an EDE consumer platform.
- The Federal eligibility and enrollment system will only accept applications submitted by agents and brokers through Classic DE and EDE pathways that **include verifiable Social Security Numbers (SSNs) or verifiable immigration document information** for all applicants over 90 days old.

Expectations for Agents and Brokers

- Agents and brokers should:
  - **Ask their clients whether they have and are willing to provide SSNs** for all members of their households who are seeking coverage before starting a Marketplace application.
  - Explain to clients that providing SSNs for all Marketplace applicants who have them is **required by law.**
  - Explain to clients that providing SSNs allows the Marketplace to confirm application information and **avoid having to provide follow-up documentation.**
- For clients who do not have SSNs or are not willing to provide them, agents and brokers should:
  - **Familiarize themselves with how their clients can create consumer accounts** to complete a Marketplace application on HealthCare.gov or an approved EDE website, so that they can provide “side-by-side" assistance.

Acceptable Uses of CMS Systems

- CMS **requires agents and brokers to use their own personal credentials** to log in to the CMS Portal. Agents and brokers must **reauthenticate their session every 12 hours.**
- Agents and brokers are allowed to have **only one CMS Portal account.**
- Agents and brokers are allowed to conduct **only one log-in session at a time.**
- Agents and brokers are allowed to conduct **only one person search at a time** and may only conduct person searches **for consumers who have given them consent** to work with them.
- Use of scripts or automation tools to conduct person searches or to complete applications and submit enrollments is **not allowed.**
- Agents and brokers **must be licensed in each state where they are assisting consumers** and must undergo identity proofing, complete training, and sign applicable agreements with the Marketplace prior to assisting Marketplace consumers.

CMS terminates agents' and brokers' Marketplace agreements for noncompliance based on an adopted "preponderance of the evidence" and bars them from being able to enroll consumers in Marketplace coverage and to be compensated.

Secure Your Login Credentials

- Your CMS Portal login credentials (User ID and password) are confidential and **must not be shared with anyone,** including coworkers, agencies, or the CMS IT Service Help Desk.
  - CMS will never ask agents and brokers to share their login credentials with them for any reason.
- Your CMS Portal logic credentials are tied to your personal identify information, NPN, and SSN.
- Maintain good **password hygiene** and always keep your password secure and private.
  - Since long passwords are stronger, it is recommended to use passwords that are **8 to 12 characters long.**

Secure Your Login Credentials (continued)

- **Reminder:** Report any potential and confirmed breaches and incidents to the CMS IT Service Desk at (410) 786-2580 or 1-800-562-1963 or via email at CMS_IT_Service_Desk@cms.hhs.gov **within 24 hours** from knowledge of the breach.
- Reporting a breach or incident is not an admission of wrongdoing.
- If you're unsure whether the situation is a breach, an incident, or nothing at all, **it is better to report it.**

Key Takeaways

CMS continues to prioritize the integrity of the Marketplace, protect consumers, and protect agents and brokers who work hard to compliantly assist their clients.

Ensure you always document the consumer's consent and their confirmation of the accuracy of their eligibility application information to ensure their eligibility information and plan selections are accurate and that you remain compliant.

Avoid misleading consumers and, if using third-party entities to obtain consumer leads, agents and brokers should investigate the marketing practices of those entities.

Help prevent fraudulent activity by securing your clients' PII and never sharing it with unauthorized individuals.

Your efforts in maintaining compliant practices when assisting consumers in the Marketplace help continue to grow Marketplace enrollments and expand consumer access to healthcare coverage.

Live Question/Answer Session & Agent and Broker Outreach Updates

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Discussion and Questions

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- If you are listening via phone, dial **star (*) nine (9)** to Raise your 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 <u>written</u> question/view written responses:

- Type your question in the text box under the "**Q&A**" tab and click "**Send**."
- Click on the "**My Questions**" tab to view written responses to your questions.
- Click on the "**All Questions**" tab to view all questions that received a public response since you've been logged into the webinar.

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.*

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 throughout the year!

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