Plan Year 2023 Marketplace Policy & Operations Updates

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

October 6, 2022

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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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Compliance Reminders

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Maintaining Compliance: Reminders

- Agents and brokers must obtain consent from each client they work with **prior to** assisting them with Marketplace coverage, including prior to searching for a current application using an approved Classic Direct Enrollment (DE)/Enhanced Direct Enrollment (EDE) website.
- Agents and brokers must not maintain access to a client's HealthCare.gov account or associated email account.
- Agents and brokers must identify, and report suspicious activity or potentially fraudulent behavior observed in relation to the Marketplace.
- Consumers must attest to the truthfulness of the information entered on the eligibility application. To be consistent with this requirement, agents and brokers should review, with each client, all information the agent or broker entered on the application. Agents and brokers should also specifically request that the client confirm all information reported on the application is accurate, including reports of household income. The agent or broker should reinforce that it is in the client's best interest to report the **most accurate** income estimate, not the estimate that maximizes the amount of premium tax credit (PTC) for which they may be eligible.

Maintaining Compliance: Reminders (Continued)

- Consumer HealthCare.gov accounts should only have the consumer's (or their legally authorized representative's) email and mailing addresses.
  - Agents and brokers should never enter their own professional or company email or mailing address on a consumer's application.
  - Do not create or use dummy addresses in place of the consumer's email or mailing address.

- Marketplace and Medicare
  - Consumers are ineligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR) if they are eligible for or enrolled in Medicare Part A (Hospital Insurance) or Medicare Part C (Medicare Advantage).
  - The Marketplace will periodically examine available data sources to identify consumers enrolled in Exchange health plans with financial assistance at the same time they're determined eligible for or enrolled in Medicare Part A or Medicare Part C. This process is known as periodic data matching.

Maintaining Compliance: Reminders
(Continued)

- Agents and brokers who participate in the Marketplace must, among other things:
  - Provide correct information to consumers and the Marketplace (as attested to by the consumer/applicant);
  - Provide correct consumer information (e.g., consumer name, date of birth, address, email address) to the Marketplace for verifying consumer identity;
  - Refrain from marketing or conduct that is misleading;
  - Personally obtain consumer consent; and
  - Protect consumers' personally identifiable information (PII).
- In addition, agents and brokers assisting consumers in the Marketplace must comply with applicable federal and state law, including:
  - Licensing requirements,
  - System access terms and conditions,* and
  - Conflict of interest and confidentiality provisions.

**For more information, see the Frequently Asked Questions (FAQ) on the Proper Uses of CMS Systems at https://www.agentbrokerfaq.cms.gov/s/article/What-are-proper-uses-of-CMS-systems-that-agents-and-brokers-are-required-to-abide-by-when-accessing-HealthCare-gov-the-CMS-Enterprise-Portal-and-the-Direct-Enrollment-Pathway*

Reporting Fraudulent Activity

- As agents and brokers provide assistance to clients seeking health coverage, they play an important role in observing and reporting any potentially fraudulent practices taking place in relation to the Marketplace. Examples of potential fraud or abuse include:
  - A client says they have been contacted by an individual seeking their personal and financial information
  - An individual or agent/broker submits false documentation to the Marketplace
  - Agents and brokers are conducting person searches or enrolling consumers without their consent
  - Agents and brokers are assisting consumers without a valid license or without completing Marketplace registration
  - An individual or agent/broker has disclosed a consumer's PII for an unauthorized purpose
  - An individual or agent/broker discovers unauthorized changes were made to a consumer's online application
  - An individual suspects a consumer or insurance company is providing false or misleading information to the Marketplace

Reporting Fraudulent Activity (Continued)

» See the table below for guidance on how to report concerns or specific complaints about potentially fraudulent practices in the Marketplace. Agents and brokers should also report any concerns or complaints to their state departments of insurance.

Name	Contact	Topic
Agent and Broker Email Help Desk	FMProducer-AssisterHelpDesk@cms.hhs.gov	• Unregistered agents and brokers operating in the Marketplace • Inappropriate agent and broker marketing, enrollment, or systems access practices, including accessing or updating consumer PII without consumer consent • Submission of false information to the Marketplace
U.S. Department of Health & Human Services (HHS) Office of Inspector General Hotline	https://oig.hhs.gov/fraud/report-fraud/	• HHS employee fraud or misconduct • Grant and contract fraud
Federal Trade Commission	https://reportfraud.ftc.gov/#/	• Identify theft • Contact from someone posing to be from the government

Protecting Consumers' PII

- The Marketplace Privacy and Security Agreement that agents and brokers execute as part of the annual registration process authorizes agents and brokers to create, collect, disclose, access, maintain, store, and use specific data and PII. **Agents and brokers cannot release, publish, or disclose consumer PII to unauthorized personnel and must protect this information in accordance with federal laws and regulations regarding the handling of PII.**
- PII refers to information which can be used to distinguish or trace an individual's identity, such as their name, Social Security Number (SSN), biometric records, etc., alone or when combined with other personal or identifying information which is linked or linkable to a specific individual.*
- Agents and brokers must provide consumers the opportunity to opt-in and allow agents and brokers (and their agencies, if applicable) to use their PII (e.g., through the record of consent). Agents and brokers should also provide a mechanism through which the consumer or their authorized representative can limit the use of their PII.

**This definition of PII was taken from the CMS.gov Privacy Policy available at https://www.cms.gov/privacy.*

Key Policy Updates

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Consumers in Need of Marketplace Coverage When Public Health Emergency Ends

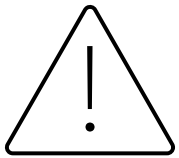
- In March 2020, CMS temporarily waived certain Medicaid and Children's Health Insurance Program (CHIP) requirements and conditions as part of the response to the COVID-19 Public Health Emergency (PHE). The easing of these rules helped prevent people with Medicaid and CHIP—in all 50 states, the District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

American Rescue Plan and Inflation Reduction Act

- During Plan Years (PY) 2021 and 2022, the American Rescue Plan (ARP) expanded eligibility for APTC to include consumers with an annual household income greater than 400% of the federal poverty level (FPL). This change allowed more consumers to enroll in affordable health insurance coverage.
- The Inflation Reduction Act includes a three-year extension of the expanded APTC provisions of the ARP. These provisions will ensure greater consumer access to expanded cost savings and affordable health insurance coverage.
- Read the statement from CMS Administrator, Chiquita Brooks-LaSure, here: https://www.cms.gov/newsroom/press-releases/statement-cms-administrator-chiquita-brooks-lasure-senate-passage-inflation-reduction-act

Failure to File and Reconcile Operations Flexibilities for PY 2023

- For PY 2023, CMS will continue to not act on data from the Internal Revenue Service (IRS) indicating that a consumer failed to file a tax return and reconcile a previous year's APTC with the PTC allowed for the year.
  - In PYs 2021 and 2022, CMS did not act on such data from the IRS due to the impact of the COVID-19 PHE.
  - This does not change the general requirement for taxpayers for whom APTC was paid in 2021 to file their taxes and reconcile the APTC with the PTC allowed for the year.
- For more information, please refer to last year's Failure to File and Reconcile (FTR) Operations Flexibility for PYs 2021 and 2022 – Frequently Asked Questions.



Reduction in Annual Maximum Limitation on Cost Sharing for PY 2023

» The Marketplace calculates CSRs for each consumer whom it determines is eligible for income-based CSRs.

Eligibility Category	Reduced Maximum Annual Limitation on Cost Sharing for Self-only Coverage for PY 2023	Reduced Maximum Annual Limitation on Cost Sharing for Other than Self-only Coverage for PY 2023
Individuals eligible for CSRs under § 155.305(g)(2)(i) (household income greater than or equal to 100 and less than or equal to 150 percent of FPL)	$3,000	$6,000
Individuals eligible for CSRs under § 155.305(g)(2)(ii) (household income greater than 150 and less than or equal to 200 percent of FPL)	$3,000	$6,000
Individuals eligible for CSRs under § 155.305(g)(2)(iii) (household income greater than 200 and less than or equal to 250 percent of FPL)	$7,250	$14,500

Reminder: Silver vs. Bronze Plans

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

Pre-enrollment Special Enrollment Period Verification Process

- CMS has finalized a policy change that scales back the Special Enrollment Period pre-enrollment verification (SEPV) process. Under these new guidelines, pre-enrollment verification is only required for consumers who qualify for the loss of qualifying health coverage Special Enrollment Period (SEP).
- New applicants (i.e., those who are not already enrolled in Marketplace coverage)* who are eligible for this SEP generally must submit documents that confirm their SEP eligibility before the Marketplace finalizes their plan selection, before they make their first premium payment, and before they start using their Marketplace coverage. If the consumer lost qualifying health coverage (or "minimum essential coverage"), the consumer may report a loss of qualifying health coverage up to 60 days before or after the loss of coverage.

*Existing Marketplace enrollees who attest to SEP qualifying events are not subject to SEPV

SEP Effective Coverage Dates

- Due to a new regulatory change beginning in 2022 in Marketplaces using the federal platform, the following SEPs will all have an effective coverage date of the first day of the month following plan selection (or the first day of the month following the triggering event if it is a future event) regardless of what day of the month plan selection occurs:
  - Past loss of qualifying health coverage (up to 60 days in the past)
  - Future loss of qualifying health coverage (up to 60 days in the future)
  - Change in primary place of living
  - Change in eligibility for Marketplace coverage or help paying for coverage

SEP Effective Coverage Dates (Continued)

- The change in household size SEP may follow standard effective date guidelines or retroactive effective date guidelines. If the enrollee is gaining a dependent through marriage, the SEP will have an effective coverage date of the first day of the month following plan selection regardless of what day of the month plan selection occurs.
- If the enrollee is gaining or becoming a dependent due to birth, adoption, placement for adoption or foster care, or child support or other court order, the SEP will have a **retroactive effective date**.
  - A retroactive effective date means the coverage effective date will be retroactive to the day the child was born, adopted, or placed for adoption or foster care, or date that the court order took effect.
  - Consumers may call the Marketplace Call Center to request that coverage start on the first of the month following plan selection.

The "Family Glitch" and IRS Proposed Rule for Affordability of Employer Sponsored Coverage for Family Members of Employees

- What is the "family glitch"?
  - The current affordability calculation for offers of employer sponsored coverage (ESC) only accounts for a consumer's self-only premium, as opposed to the family premium, even if the coverage is offered to more than one person.
  - Because of this, an offer of ESC may be considered affordable for an employee and their dependents even if the cost of covering everyone offered coverage would exceed the affordability threshold. This is called the "family glitch."
- IRS Proposed Rule
  - The IRS released a proposed rule that would amend existing regulations regarding eligibility for PTCs and update the calculation used to assess the affordability of an offer of ESC so that the cost of the **family premium** is used to determine whether an employee's household members have an offer of affordable ESC, rather than the cost of the individual premium.

2023 Payment Notice

Advancing Standardized Plan Options

» In accordance with the Administration's Executive Order 14036 on Promoting Competition in the American Economy, the rule helps simplify the consumer shopping experience by establishing standardized plan options for issuers offering qualified health plans (QHPs) on HealthCare.gov.

Implementing New Network Adequacy Requirements

» The rule requires QHPs on the FFM to ensure that certain classes of providers are available within required time and distance parameters.

Increasing Value of Coverage for Consumers

» Under the rule, CMS is updating the allowable range in metal coverage levels for non-grandfathered individual and small group market plans. This change will likely require some plans to increase the generosity of their coverage, making it more comprehensive and lowering costs for many consumers.

For more information, view the full Executive Order and press release:

https://www.federalregister.gov/documents/2021/07/14/2021-15069/promoting-competition-in-the-american-economy

https://www.cms.gov/newsroom/press-releases/hhs-announces-new-policy-make-coverage-more-accessible-and-affordable-millions-americans-2023

2023 Payment Notice (Continued)

Expanding Access to Essential Community Providers

» Under the rule, for PY 2023 and beyond, CMS is increasing the Essential Community Provider (ECP) threshold from 20% to 35% of available ECPs in each plan's service area to participate in the plan's provider network.

Further Streamlining HealthCare.gov Operations

» The rule sets the FFM and SBM-FP user fees for 2023 at the same level as 2022.

Increasing Access for Consumers and Removing Barriers to Coverage

» The rule aims to protect consumers from discriminatory practices related to the coverage of the essential health benefits (EHB) by expanding the CMS nondiscrimination policy. CMS currently is working to finalize a proposed rule under which CMS proposes to explicitly identify and recognize discrimination on the basis of sexual orientation and gender identity as prohibited forms of discrimination based on sex.

For more information, view the press release: https://www.cms.gov/newsroom/press-releases/hhs-announces-new-policy-make-coverage-more-accessible-and-affordable-millions-americans-2023

2023 Payment Notice (Continued)

Key Points for Agents and Brokers

- CMS will differentially display standardized options on HealthCare.gov and will resume enforcement of the existing standardized plan option differential display requirements for web-brokers and QHP issuers utilizing a Classic DE or EDE pathway.
- CMS finalized changes to require web-broker websites to display a prominent and clear explanation of the rationale for explicit QHP recommendations and the methodology for default display of QHPs on their websites.
- CMS finalized changes that will prohibit QHP advertising, or otherwise providing favored or "preferred placement," in the display of QHPs, on web-broker websites based on compensation an agent, broker, or web-broker receives from QHP issuers.
- CMS codified standards of conduct that provide additional details regarding the requirement that agents, brokers, and web-brokers provide information to FFEs and SBE-FPs that a consumer has attested to as being correct. More specifically, CMS codified standards of conduct capturing specific examples of what it means to provide correct information to the FFEs and SBE-FPs for the consumer's email address, mailing address, telephone number, and household income projection.

FAQ on Agent and Broker Compensation

- Commission Schedules/Agreements that pay reduced (or no) commissions to agents and brokers who assist consumers with enrollment in individual market coverage during an SEP and pay higher commissions for Open Enrollment Period (OEP) enrollments for the same benefit year violate the guaranteed availability provisions of the Affordable Care Act.
- Guaranteed availability provisions generally require issuers to accept "every employer and individual in the state that applies for such coverage."
- An arrangement that reduces or eliminates the commissions agents and brokers receive for SEP enrollments compared to OEP enrollments for the same benefit year discourages agents and brokers from marketing to and enrolling individuals eligible for an SEP, and as such, is not permissible. Learn more here: https://www.cms.gov/newsroom/news-alert/cms-releases-faqs-agent-and-broker-compensation-special-enrollment-periods

No Surprises Act

- The No Surprises Act and implementing regulations provide important new protections for health care consumers, including:
  - Prohibiting surprise medical bills in certain situations.
  - Taking consumers out of the dispute process between plans/issuers and out-of-network providers/facilities for covered services furnished by out-of-network providers.
  - Requiring good faith estimates of expected charges and providing a process for uninsured and self-pay consumers to dispute charges that are significantly higher than the estimate.
  - Expanding rights to the external review process.
  - Requiring certain information be included on insurance ID cards.
  - Requiring provider directories be kept up to date and providing help to consumers who rely on incorrect information.
- Consumers can get help from the No Surprises Help Desk:
  - 1-800-985-3059, 8 a.m. to 8 p.m. EST, seven days a week.
  - No Surprises Complaint Form: CMS.gov/nosurprises/consumers/complaints-about-medical-billing.

Key Operational Updates

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Multi-Factor Authentication Requirements

- **A multi-factor authentication (MFA) device** is required to log in to the CMS Enterprise Portal. This is especially critical for users enrolling consumers through the Classic DE pathway. Without an MFA device, the "double redirect" will fail, and users will not be able to log in to HealthCare.gov after being redirected
- Agents and brokers working with EDE partners will experience real-time user authentication, improving the overall security posture of the EDE flow.
- If agents and brokers experience issues logging into the CMS portal, please contact the Marketplace Service Desk at 1-855-267-1515 or CMS_FEPS@cms.hhs.gov.

Line of Authority Validation

New Line of Authority (LOA) Validation Requirements for Marketplace Agents and Brokers

- What's New: CMS is updating the agent/broker licensure validation methodology in some states.
- Background: Each state Department of Insurance (DOI) determines the requirements for agents and brokers in their specific state. CMS validates the status of an agent's or broker's licensure through the National Insurance Producer Registry (NIPR) on a weekly basis. Specifically, licensure validation is determined by checking license status and the presence of a valid health LOA in the resident state for each agent or broker.
- **Agents and brokers who do not have an approved health-related LOA, as determined by their resident state, will not be able to access Marketplace systems and will not be able to assist consumers with Marketplace activities for PY 2023.**

Line of Authority Validation (Continued)

Agents and brokers can take several steps now to check and see if they need to take further action.

- Check resident state requirements for Appointment Level LOA, Approved Class Type, and/or Approved License Level LOA at https://data.healthcare.gov/AB-NIPR-Health-Line-Of-Authority
- Then, agents and brokers can go to NIPR at https://nipr.com/licensing-center/add-a-line-of-authority and use the "Look Up Your National Producer Number (NPN)"at the bottom of the page to check their personal licensure information for their resident state.
- If agents and brokers do not have the required resident state LOA, they can use the links to "Add a Line of Authority" and work directly with their resident state DOI regarding licensing requirements.

The validation of agents' and brokers' licenses will be reviewed weekly following completion of the required annual agent and broker registration and training. Agents and brokers can check the Registration Completion List (RCL) at https://data.healthcare.gov/ab-registration-completion-list to confirm that their NPN is listed and the "NPN Valid (Current Year Only)" reflects "Y" for yes prior to assisting consumers with enrollment.

2023 OEP 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 OE, 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:
  - Tuesday, November 1, 2022, early morning to make final preparations ahead of the start of the Open Enrollment period
  - Sundays, November 6, November 20, December 4, and December 18, 2022, 12:00 a.m. to 7:00 a.m.

Data Matching Issues (DMIs)

Why Are DMIs Generated?

- A consumer's application data may not match information held by CMS trusted data sources.
- A trusted data source may not have data for a consumer.
  - A consumer failed to provide an SSN on their application
  - A consumer failed to provide all household income on the application
  - A consumer's name used for their application differs from how it appears on their citizenship document or other document
  - A consumer failed to provide their immigration document numbers and ID numbers
- Consumers have **95 days** to resolve immigration DMIs and **90 days** to resolve all other DMIs.

Acceptable Documents to Resolve Immigration DMIs

A consumer may need to have one (1) or more of the following documents when they apply for and enroll in Exchange coverage:

- I-327 Reentry Permit
- I-551 Permanent Resident Card
- I-571 Refugee Travel Document
- Machine-readable Immigrant Visa (MRIV) with Temporary I-551 Notation
- Temporary I-551 Stamp on Foreign Passport
- Unexpired Foreign Passport
- I-94 Arrival/Departure Record with a foreign passport
- I-20 Certificate of Eligibility for Non-immigrant (F-1) Student Status
- DS-2019 Certificate of Eligibility for Exchange Visitor (J-1) Status
- I-766 Employment Authorization Card
- I-797A,B,C,D,E, or F Notice of Action and I-485 or I-360 if included
- Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada
- Office of Refugee Resettlement (ORR) eligibility letter (if under age 18)
- Resident of American Samoa Card

Impact of DMI Expiration

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

Find Local Help & Help On Demand

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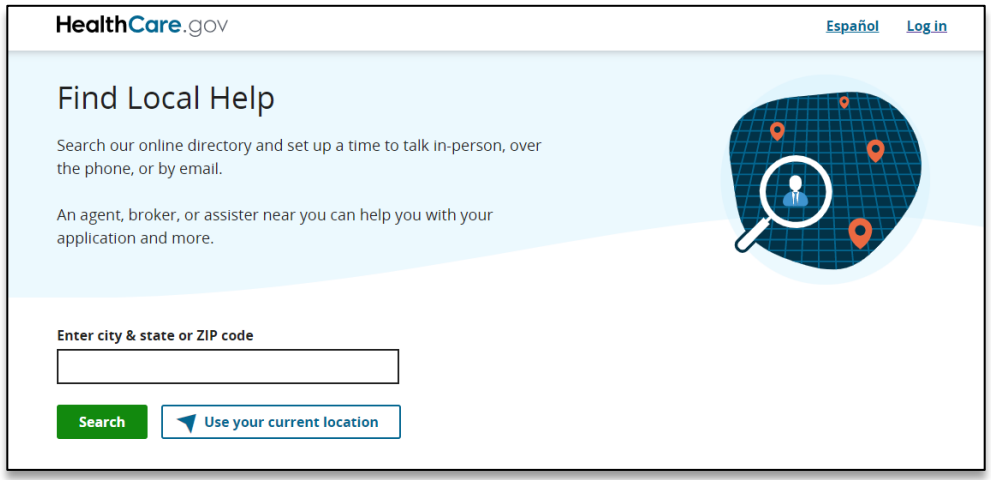
Find Local Help

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



Help On Demand

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

General Reminders

Registration and Training Survey

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

We want to hear from you!

Working with a Private Partner

- Approved, participating EDE or Classic DE partners may offer specific resources that enable agents and brokers to more easily assist clients with year-round policy and client relationship management.
- Agents and brokers may find more issuers and web-brokers who are approved to offer these services via the Issuer & Direct Enrollment Partner Directory.
- The directory also includes issuers who only offer plans on HealthCare.gov but want to work with Marketplace-registered agents and brokers.

EACH DIRECTORY LISTING CONTAINS:

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

Race and Ethnicity Questions in the Marketplace Application

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

Agent and Broker Email Communications

Agents and brokers can manage the emails they want to receive from the Marketplace by updating subscriber preferences. To get started, agents and brokers should visit https://public.govdelivery.com/accounts/USCMSHIM/subscriber/new?preferences=true, enter the email address at which they receive emails from CMS, and click "Continue."

To subscribe to additional emails:

1. Select the "Manage Subscriptions" tab.
2. Click the "Add Subscriptions" link.
3. Select the subscription topics of interest.
4. Complete the Subscription questionnaire and click "Save."

To adjust the number of emails received:

1. Select the "Email Frequency" tab.
2. Complete the subscription questionnaire and click "Save."

Agents and brokers who need additional assistance can contact the Agent and Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.

Upcoming Webinars & Additional Resources

Upcoming Webinars	Date
Help On Demand	October 13, 2022
Mastering the HealthCare.gov Application	October 20, 2022
"Family Glitch" Webinar	October 27, 2022

Additional Resources – Recently Posted Webinar Slides, Computer-based Trainings (CBTs), and Transcripts
9/29/22 Webinar Slides: Helping Consumers More Effectively for Plan Year 2023
9/22/22 Webinar Slides: Preparing for Plan Year 2023 Open Enrollment
9/15/22 Webinar Slides: Complex Case Scenarios
9/8/22 Webinar Slides: Welcome to the Marketplace: A Guide for NEW Agents and Brokers
9/1/22 Webinar Slides: Understanding Marketplace Compliance Rules and Regulations
8/4/22 CBT: COBRA Coverage and the Marketplace and Transcript

Upcoming Office Hours & Registration

Register for upcoming office hours by visiting https://www.regtap.info/ and following the instructions below. Registration for webinars will be available as the date approaches.

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

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

Agent and Broker Marketplace Help Desks and Call Centers

Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Agent and Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	• General enrollment and compensation questions • Manual identity proofing/Experian issues • Escalated registration and training questions (not related to a specific training platform) • Agent and Broker Registration Completion List (RCL) issues • Find Local Help listing issues • Help On Demand participation instructions or questions • Report concerns that a consumer or another agent and broker has engaged in fraud or abusive conduct	Monday-Friday 8:00 a.m.-6:00 p.m. EST
Marketplace Service Desk	855-CMS-1515 855-267-1515 CMS_FEPS@cms.hhs.gov	• CMS Enterprise Portal password resets and account lockouts • Other CMS Enterprise Portal account issues or error messages • General registration and training questions (not related to a specific training platform) • Login issues on the Classic DE agent and broker landing page • Technical or system-specific issues related to the MLMS • User-specific questions about maneuvering in the MLMS site or accessing training and exams	Monday-Friday 8:00 a.m.-8:00 p.m. EST
Marketplace Call Center Agent and Broker Partner Line	855-788-6275 Note: Enter a National Producer Number (NPN) to access this line. TTY users 1-855-889-4325	Specific consumer application questions related to: • Password reset for a consumer HealthCare.gov account, • Special enrollment period not available on the consumer application, or • Consumer specific eligibility and enrollment questions	Monday-Sunday 24 hours/day

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

Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Agent and Broker Training and Registration Email Help Desk	MLMSHelpDesk@cms.hhs.gov	• Technical or system-specific issues related to the MLMS • User-specific questions about maneuvering in the MLMS site or accessing training and exams	Monday-Friday 9:00 a.m.-5:30 p.m. EST
Small Business Health Options Program (SHOP) Call Center	800-706-7893	• Inquiries related to SHOP eligibility determinations on HealthCare.gov • Contact the insurance company for most questions about SHOP plans, such as applications, enrollment, renewal, or changing or updating coverage.	Monday-Sunday 24 hours/day
Marketplace Appeals Center	1-855-231-1751 TTY users 1-855-739-2231	• Status of a Marketplace eligibility appeal • How to appoint an Authorized Representative to request Marketplace eligibility appeal on a consumer's behalf	Monday-Friday 7:00 a.m.-8:30 p.m. EST

Agent and Broker Resource Links

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

Agent and Broker Resource Links (Continued)

Resource	Description	Link
List of Approved Health-related Lines of Authority (LOA)	Provides a list of valid health-related LOAs for agents and brokers by resident state	https://data.healthcare.gov/AB-NIPR-Health-Line-Of-Authority
National Insurance Producer Registry	Provides licensure and compliance information for agents and brokers	https://nipr.com/licensing-center/add-a-line-of-authority
CMS Enterprise Portal	Allows agents and brokers to securely complete identity proofing and access the MLMS to complete annual, required Marketplace agent and broker training and registration	https://portal.cms.gov
Partner Directory for Agents and Brokers	List of approved, participating issuer and web-broker entities that offer online resources for agents and brokers, such as enrollment and client management functionality	https://data.healthcare.gov/issuer-partner-lookup
Assisting Clients with Marketplace Eligibility Appeals	Reviews the Marketplace eligibility appeal process and describes consumers' rights to appeal a Marketplace eligibility determination	http://cbt.regtap.info/cbt/regtap/AB_MarketplaceEligibilityAppeals_CBT_5CR_061119/story_html5.html
FAQs for Agents and Brokers	Provides answers to commonly asked questions about working with the Marketplace and helping clients enroll in and maintain their coverage	https://www.agentbrokerfaq.cms.gov/s/

Agent and Broker Resource Links (Continued)

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

Acronym Definitions

Acronym	Definition
AIAN	American Indian Alaska Native
ANCSA	Alaska Native Corporation
APTC	Advance Payment of the Premium Tax Credit
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CHIP	Children's Health Insurance Program
CSR	Cost-Sharing Reduction
DE	Direct Enrollment
DMI	Data Matching Issue
DOI	Department of Insurance

Acronym	Definition
ECP	Essential Community Provider
EHB	Essential Health Benefits
ESC	Employer Sponsored Coverage
EDE	Enhanced Direct Enrollment
FAQ	Frequently Asked Question
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level
FTR	Failure to Reconcile
HHS	Department of Health & Human Services
IRS	Internal Revenue Service
LOA	Line of Authority

Acronym Definitions (Continued)

Acronym	Definition
MEC	Minimum Essential Coverage
MFA	Multi-factor Authentication
MLMS	Marketplace Learning Management System
NIPR	National Insurance Producer Registry
OE	Open Enrollment
OEP	Open Enrollment Period
OPM	Office of Personnel Management
PHE	Public Health Emergency
PII	Personally Identifiable Information
PTC	Premium Tax Credit
QHP	Qualified Health Plans
RCL	Registration Completion List

Acronym	Definition
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period
SHOP	Small Business Health Options Program
SSN	Social Security Number
VLC	Video Learning Center

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

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