

Preparing for Plan Year (PY) 2025 Open Enrollment

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

September 26, 2024

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).

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

Agenda



- 1** Review Marketplace Priorities and Reminders
- 2** Understanding Enrollment Pathways
- 3** Marketplace Requirements and Best Practices
- 4** Enrolling Consumers in the Right Type of Coverage and Plan
- 5** Understanding Plan Designs and Cost-Sharing Attributes
- 6** Reminder of the Past Loss of MEC SEP Extension
- 7** Marketplace Lawfully Present Final Rule
- 8** Live Question/Answer Section & Agent and Broker Outreach Updates

Review Marketplace Priorities and Reminders

Agents and Brokers Help Expand Marketplace Enrollments



- » **Agents and brokers continue to help expand healthcare coverage** to millions of Americans across the country.
- » **Most agents and brokers are acting in their clients' best interests** and enrolling them in the coverage that the consumer needs and is affordable to them.
- » CMS continues to work with agents and brokers to **improve operations** to ensure consumers receive the best available coverage.
- » CMS has identified the following key priorities for agents and brokers to meet the goals identified by our strategic vision.
 - Maintaining compliance with Marketplace requirements
 - Maximizing consumer value for their dollar
 - Reducing misaligned administrative incentives
 - Reducing unnecessary friction



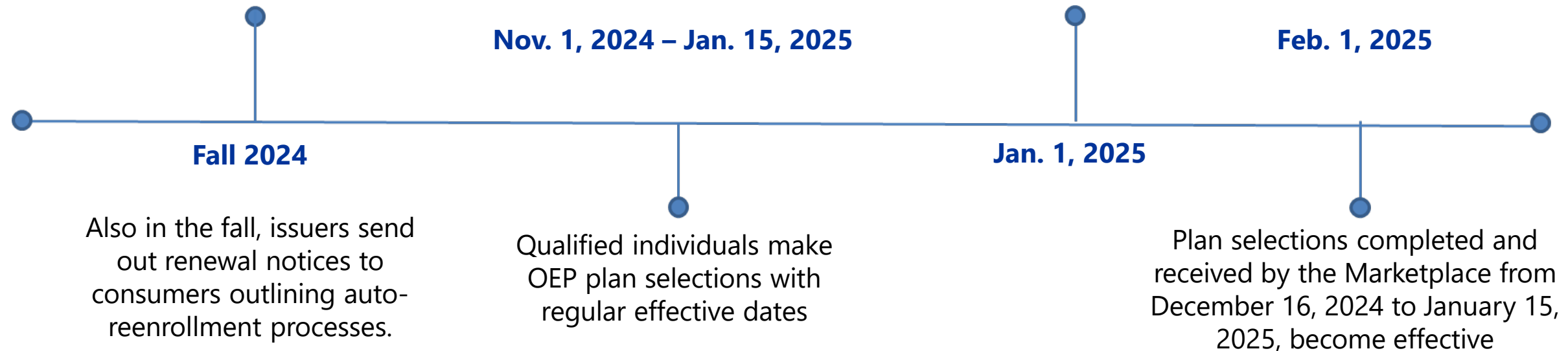
This webinar will review **Marketplace priorities** to help ensure you are prepared to successfully enroll consumers in high-quality, affordable healthcare during Open Enrollment.

PY 2025 Open Enrollment Timeline



The Marketplace sends an annual notice to all enrollees during the fall to inform them of the upcoming Open Enrollment Period (OEP).

Plan selections completed and received by the Marketplace from November 1, 2024 to December 15, 2024, become effective



NOTE: Consumers completing plan selections by December 15 generally must pay their portion of the premium by the issuer's deadline for their health coverage to become effective on January 1, 2025. Consumers completing plan selection between December 16 and January 15 must pay their portion of the premium by the issuer's deadline for their health coverage to become effective on February 1, 2025.

Obtaining Coverage for PY 2024 During Open Enrollment for PY 2025



- » Individuals who experience certain life events may qualify to enroll in coverage for PY 2024 or PY 2025 outside of the Open Enrollment period (OEP) through a **Special Enrollment Period (SEP)**.
- » A SEP is **a time outside the annual OEP** when individuals may enroll in or change qualified health plans (QHPs).
 - **NOTE:** Consumers can also qualify for an SEP during the OEP in certain situations, such as an SEP due to the birth of a child.
- » Events that permit an SEP include, but are not limited to:

Loss of qualifying health coverage	Change in household size
Change in primary place of living that results in access to new QHPs	Change in eligibility for Marketplace coverage or help paying for coverage
Enrollment or plan error	Estimated annual household income below 150% of the federal poverty level
Loss of Medicaid or Children's Health Insurance Program (CHIP) between March 31, 2023 and November 30, 2024	

Obtaining Coverage for PY 2024 During Open Enrollment for PY 2025 (continued)



- » **Prior to December 15**, consumers, agents, or brokers may add a newborn to their current policy by updating their application to include the newborn child through any channel (e.g., HealthCare.gov, EDE partner, Marketplace Call Center).
- » **After December 15**, agents and brokers must help consumers add a newborn or newly adopted child to their current policy by instructing them to call the Marketplace Call Center at 1-800-318-2596.
- » The child will receive retroactive coverage beginning the day they were born or adopted.
- » When a consumer has a new baby through birth or adoption, they must enroll the baby within 60 days, and **the baby should be added to both the current and future year's application** to ensure they have continuous coverage.



REMINDER: Complete Marketplace Registration and Training



- » The OEP for PY 2025 begins on **November 1, 2024**. Get ready by completing PY 2025 Marketplace registration and training, now available through the CMS Enterprise Portal at <https://portal.cms.gov>.

NEW AGENTS AND BROKERS (those who did not complete PY 2024 registration or training) must:

- » Take the full Individual Marketplace training for PY 2025; and
- » 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 (those who completed PY 2024 registration and training) must:

- » Take either the condensed or full Individual Marketplace training for PY 2025;
- » Execute the Agent Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the MLMS; and
- » Complete registration and training by **late October** to avoid having Marketplace system access revoked and avoid delays in receiving compensation for your Marketplace enrollments.

Click these links for more information on Marketplace Registration and Training for Plan Year 2025: <https://www.cms.gov/files/document/plan-year-2025-health-insurance-marketplace-registration-training-new-agents-and-brokers.pdf> (new agents and brokers) and <https://www.cms.gov/files/document/plan-year-2025-health-insurance-marketplace-registration-training-returning-agents-and-brokers.pdf> (returning agents and brokers)

AVAILABLE NOW!

Agent and Broker Mini Modules



- » CMS has published a series of optional **mini modules** for agents and brokers who are seeking supplementary training.
- » These courses provide agents and brokers with **additional learning to help grow their knowledge base** with specialized expertise in hopes of better serving consumers.
- » Each mini module will take between **15-30 minutes** to complete.
- » Topics covered include:
 - Understanding Medicaid/CHIP and Assisting Eligible Consumers Enrolling in Coverage
 - Avoiding and Resolving Data Matching Issues
 - Selecting the Best Plan for CSR-Eligible Consumers
- » Further mini modules on additional topics will be available soon.



Understanding Enrollment Pathways

Enrollment Pathways

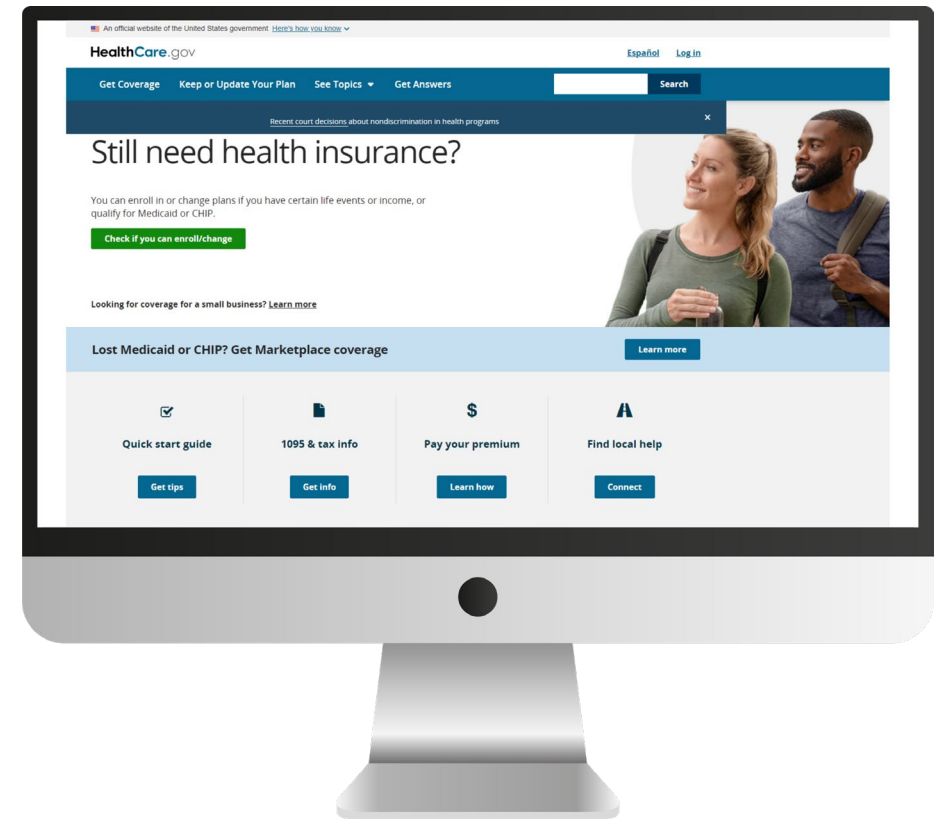
- » Agents and brokers registered with the Marketplace may assist consumers with enrollment in a Marketplace qualified health plan (QHP) through one of **two primary pathways**.
 - **Consumer Pathway:** Agents and brokers may work side-by-side with consumers to help them complete an application on HealthCare.gov, through the Marketplace Call Center or via a consumer pathway on an EDE/DE website.
 - **Agent/Broker Pathway:** Agents and brokers can submit applications on behalf of their clients using the agent/broker pathway on an enhanced direct enrollment (EDE) or direct enrollment (DE) website.



Note: Regardless of which pathway is used, agents and brokers are required to **document that the consumer has provided consent and reviewed the eligibility application per CMS requirements.**

Consumer Pathway

- » Agents and brokers can work “side-by-side” to assist consumers with enrolling through one of the following pathways:
 - HealthCare.gov
 - Marketplace Call Center
 - Consumer-facing pathway on an EDE/DE website
- » Through the HealthCare.gov and EDE/DE consumer pathways, the consumer will create the account, complete or update the application, and select a Marketplace plan.
 - **REMINDER:** Agents and brokers who assist consumers on a consumer pathway are not allowed to:
 - Create accounts, login, or submit applications on HealthCare.gov; or
 - Retain access to a consumer’s account log-in information or associated email.



Working With the Marketplace Call Center

- » **Consumers may authorize agents and brokers to work with the Marketplace Call Center on their behalf.**
- » Prior to the beginning of OEP, agents and brokers can ask their clients to call the Marketplace Call Center at 1-800-318-2596 and **provide their name and NPN** to authorize them to work with the Call Center on their behalf for up to 365 days.
- » This Marketplace authorization is not the same as ensuring agents' and brokers' NPNs are on the consumer's application for payment purposes with issuers. It is also **not the same as obtaining documented consumer consent.**
- » Agents and brokers may also conduct a three-way, toll-free call with the Marketplace Call Center and their clients both on the line.



Working With the Marketplace Call Center (continued)

- » If agents' and brokers' clients contact the Marketplace Call Center without them, they will be asked "Is a professional helping you complete your application?" **Make sure they answer "yes" and provide the representative with the name and NPN of the agent or broker who assisted them.**
 - Agents and brokers who have a reason to believe their NPN was accidentally or intentionally removed from a consumer's application can submit the Application ID with a description of the problem (without consumer personally identifiable information (PII)) to the Agent/Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.



Agent/Broker Pathway

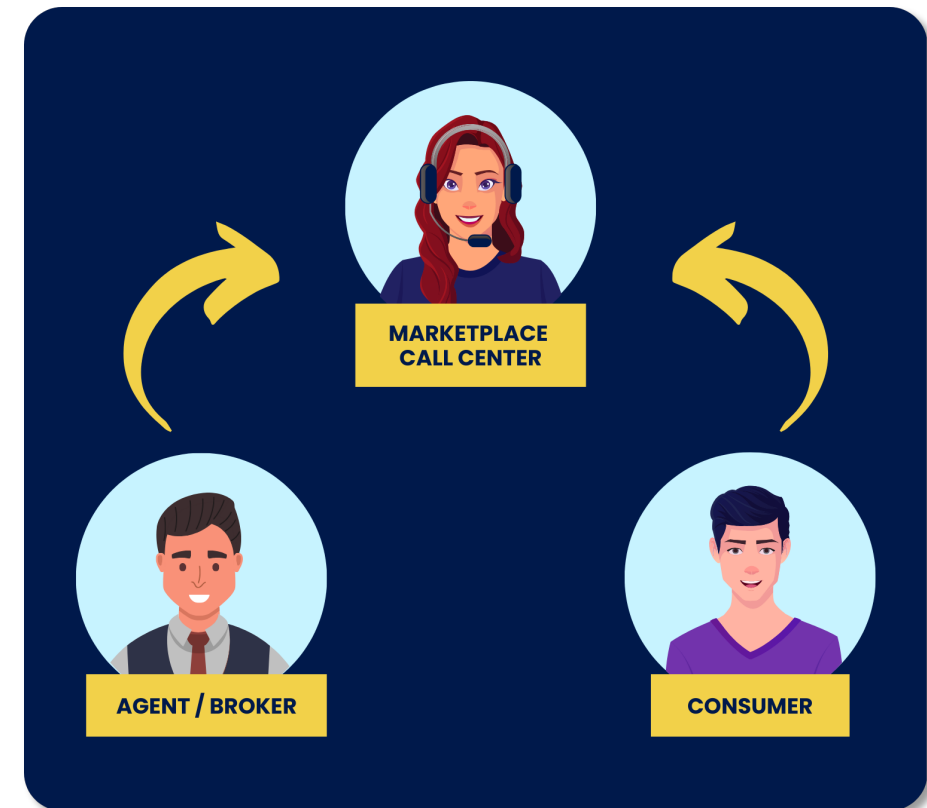


- » EDE websites offer enhanced functionality from approved QHP issuers and web-brokers, including fully integrated platforms where agents and brokers can:
 - Efficiently enroll a consumer on an approved EDE website **without needing to be redirected** to HealthCare.gov or the Marketplace Call Center.
 - Easily **assist clients with year-round policy and client relationship management**, including uploading required documentation and retrieving notices (e.g., Form 1095-A) from an approved EDE website.
 - Agents and brokers can use the EDE/DE Issuer Directory to identify partners that can help enroll consumers in coverage. For the Directory, click here: <https://data.healthcare.gov/issuer-partner-lookup>

*Agents and brokers are required to document that the consumer has provided consent and reviewed the eligibility application per CMS requirements before taking any action on an agent/broker pathway.

Agent/Broker Pathway Updates

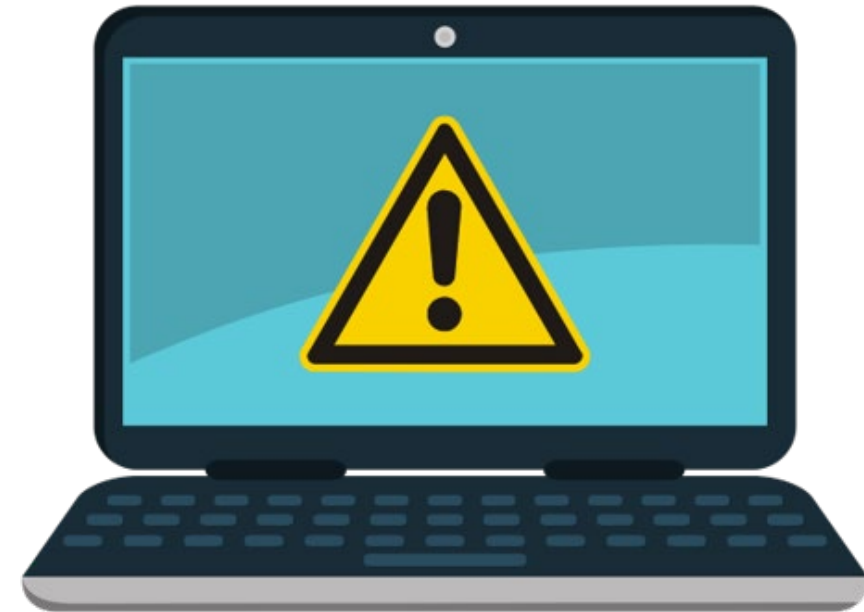
- » **CMS now blocks an agent or broker from making changes to a consumer's FFM enrollment unless the agent is already associated with the consumer's enrollment.**
- » Agents and brokers working with consumers to update the National Producer Number (NPN) on their eligibility applications are required to either:
 - **Conduct a 3-way call with the Marketplace Call Center;** or
 - The consumer may submit the change through an approved DE/EDE consumer pathway or HealthCare.gov.
- » These changes are expected to help **drive bad actors out of the Marketplace** and **prevent them from ending other agents' and brokers' commissions.**
- » Federally-facilitated Marketplace (FFM) systems now **require the direct involvement of consumers** to add or change the agent associated with the consumer's enrollment.



Agent/Broker Pathway Updates (continued)



- » In **October 2024**, CMS plans to update the Federal eligibility and enrollment system to only accept applications submitted by agents and brokers through Classic Direct Enrollment and Enhanced Direct Enrollment (DE/EDE) pathways that **include verifiable Social Security Numbers (SSNs)** for all applicants over 90 days old.
- » In **December 2024**, CMS plans to make additional updates to accept applications submitted by agents and brokers for noncitizen applicants who don't have SSNs but **provide verifiable immigration document information on the application.**
- » CMS expects that these system changes will greatly benefit consumers and agents and brokers by **reducing consumer burden** related to unauthorized enrollments, data matching issue (DMI) resolution, and tax filing issues.



Agent/Broker Pathway Updates (continued)

- » Almost all Marketplace applicants have SSNs, including U.S. citizens and **most noncitizens** who are eligible for Marketplace or Medicaid/CHIP coverage.
 - Deferred Action for Childhood Arrivals (DACA) recipients, who will be newly considered eligible for Marketplace coverage as of November 1, 2024, generally have SSNs.
- » There are certain noncitizens who are eligible for Marketplace coverage yet may not have SSNs. **Applicants without SSNs are still eligible for Marketplace coverage, if otherwise eligible.**



REMINDER: Agents have always been required to provide SSNs on Marketplace applications for applicants who have them.

Agent/Broker Pathway Updates (continued)



Starting in October 2024*:

- » If an agent or broker:
 - uses an approved Classic DE or EDE website; and
 - **does not provide an SSN** for an applicant (older than 90 days) or provides an SSN that CMS cannot verify...



...the application will be blocked from continuing.



- » An on-screen message will direct the agent or broker to conduct a three-way call with their client and the Marketplace Call Center.
 - The message will indicate that, alternatively, **the agent can assist their client with submitting the application themselves** through HealthCare.gov or through an approved Classic DE or EDE website.

**Dates are subject to change.*

Agent/Broker Pathway Updates (continued)



Starting in December 2024*:

- » If an agent or broker uses an approved Classic DE or EDE website, agents and brokers working with noncitizen applicants (older than 90 days) who attest that they do not have an SSN **will not be immediately blocked** from moving forward. They will have the opportunity to provide the applicants' immigration documentation instead.
- » If an agent or broker **does not provide immigration document information** on the application for such noncitizen applicants, **or** provides information that CMS cannot verify in real time.



...the application will be blocked from moving forward.



- » An on-screen message will direct the agent or broker to conduct a three-way call with their client and the Marketplace Call Center.
 - The message will indicate that, alternatively, **the agent can assist their client with submitting the application themselves** through HealthCare.gov or through an approved Classic DE or EDE website.

**Dates are subject to change.*

Agent/Broker Pathway Updates (continued)



- » Agents and brokers can:
 - **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 can:
 - **familiarize themselves with how their clients can create consumer accounts** to complete a Marketplace application on HealthCare.gov or an approved Classic DE or EDE website, so that they can provide "side-by-side" assistance.



Updated DE and EDE Login Functionality

- » CMS implemented updated login functionality that **requires each agent and broker to use their own personal credentials** to log in to the CMS Portal.
- » Additionally, CMS requires all DE/EDE partners to ensure that agents and brokers using their platform **must reauthenticate to confirm only that agent or broker is using their personal CMS Portal** account every 12 hours.



Marketplace Requirements and Best Practices

Working with Consumers: The Do's and Don'ts for Agents and Brokers



✓ DO'S

- Obtain and document consumer consent prior to assisting with, or facilitating enrollment through, an FFM or assisting the individual in applying for APTC and CSRs for QHPs.
- Identify and report suspicious or potentially fraudulent Marketplace activity to your state department of insurance and the Agent/Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.
- Provide the FFMs with correct information and document that eligibility application information has been reviewed and confirmed to be accurate by the consumer or their authorized representative.
- Make timely updates to your personal and contact information with your state licensing body, in the NIPR, and in the MLMS.
- Walk consumers through the Marketplace application via Zoom screen sharing if using an approved DE/EDE agent/broker pathway.
- Walk consumers through all their plan options, including the benefits of enrolling in a sliver plan if they are CSR eligible.

Working with Consumers: The Do's and Don'ts for Agents and Brokers (continued)



✓ DO'S

- Ask about a consumer's desired language and communication preferences and only provide the consumer's contact information.
- Accurately estimate income for all household members and ask about all types of income.
- Ask about all types of coverage a consumer might have, including Medicare, Medicaid, employer-sponsored coverage, COBRA, TRICARE, etc.
- Include all household members on the Marketplace application, including those that are not applying for coverage.
- Ask all Special Enrollment Period-related questions on the application, which includes not attesting to the consumer having received a "Medicaid denial" unless a consumer has an actual denial letter from the state Medicaid agency.
- Always collect Social Security numbers for all consumers applying for coverage who have them.

Working with Consumers: The Do's and Don'ts for Agents and Brokers (continued)



✘ DON'TS

- Create accounts, login, or submit applications on HealthCare.gov.
- Retain access to a consumer's HealthCare.gov account or associated email.
- Enter false or dummy addresses in place of a consumer's email or mailing address.
- Enter an agent or broker's own professional or company email or mailing address on a consumer's application.
- Share Marketplace credentials or use someone else's log-in credentials.
- Assume income for unemployed consumers or steer a consumer to a desired income amount.
- Coerce consumers into reporting false incomes.
- Falsely attest that the consumer has no other form of coverage if they have reported having other coverage such as employer-sponsored coverage.
- Only ask if someone has Medicare or Medicaid without considering all other coverage types a consumer may have.
- Estimate income after taxes. Income needs to be reported as gross income before taxes.
- Attest that a consumer doesn't have an SSN if they have one.
- Forget to ask if someone may be American Indian/Alaskan Native or if they have a disability.
- Assume a consumer won't provide race/ethnicity or gender identity information.
- Purchase leads from a company that uses misleading marketing tactics.

Batch Auto Re-enrollment (BAR)

- » Each year, the FFM uses **batch auto re-enrollment (BAR)** to redetermine the eligibility of consumers enrolled in coverage and ensure that current enrollees who do not make an active plan selection by the end of Open Enrollment can have coverage at the start of the year.
- » Agents and brokers are encouraged to work with their clients to ensure their current plan selection, income, and other eligibility information is accurate for each plan year.
 - Some enrollees **may lose their financial assistance** unless they actively enroll in coverage.
- » However, agents and brokers may only make updates to their clients' applications **if their clients have reached out to them and are working directly with them.**
 - If updates are made on a client's application, the agent or broker must obtain and document that the client has reviewed and confirmed the accuracy of their eligibility application information.



Using the National Producer Number (NPN) Override Feature



- » In some cases, agents and brokers may submit a Marketplace application with an NPN that is not their own, using the NPN override feature available with some EDE/DE partners, ensuring they comply with Marketplace requirements.
- » However, the following is a non-exhaustive list of situations where an agent or broker may **NOT** submit an application with an NPN that is not their own:



In states requiring appointments where agents and brokers actively assist consumers with the application, plan selection, and/or enrollment and are not appointed with the issuer of the plan in which the consumer enrolls.



The agent or broker actively assisting the consumer with an enrollment or application for coverage does not have documentation of consumer consent and review and confirmation of the accuracy of eligibility application information.



The agent or broker actively assisting the consumer with an enrollment or application for coverage is not licensed in their resident state and the state of the enrollment (if different).



The agent or broker actively assisting the consumer with an enrollment or application for coverage has not completed registration and training and has not signed the Marketplace Agreements with CMS for the applicable plan year.

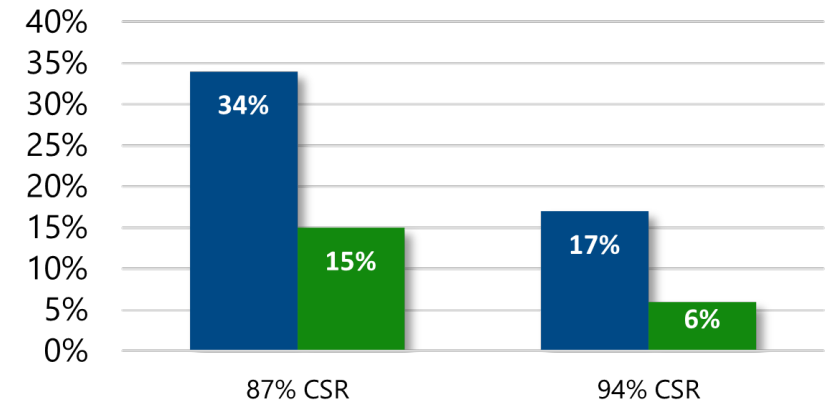
Note: Agents and brokers using the NPN override are strongly encouraged to inform their clients to avoid consumer confusion when they see another person's name on their Marketplace application. For more information, see this FAQ: <https://www.agentbrokerfaq.cms.gov/s/article/Can-agents-and-brokers-submit-a-Marketplace-application-with-a-National-Producer-Number-NPN-that-is-not-their-own>

Silver vs. Bronze Plan Selection



- » During PY 2024, **CSR-eligible consumers who worked with agents and brokers enrolled in Bronze plans at a higher rate than those who self-enrolled in Marketplace coverage.**
- » Consumers should be reminded that **they are more likely to experience unexpected costs when they seek care if they have a Bronze plan** compared to a plan at a higher metal level.
- » Healthy consumers with incomes at the higher-end of CSR eligibility may not see the value in CSR out-of-pocket savings, due to their potential for lower utilization of coverage.
 - Therefore, agents and brokers should **help consumers understand how they would pay for a large, unexpected medical cost**, like a hospitalization.
- » You can present all Marketplace plan options to your clients prior to enrolling them by using the See Plans & Prices tool on HealthCare.gov.

Plan Year 2024 Percentage of CSR-Eligible Consumers Selecting Bronze Plans



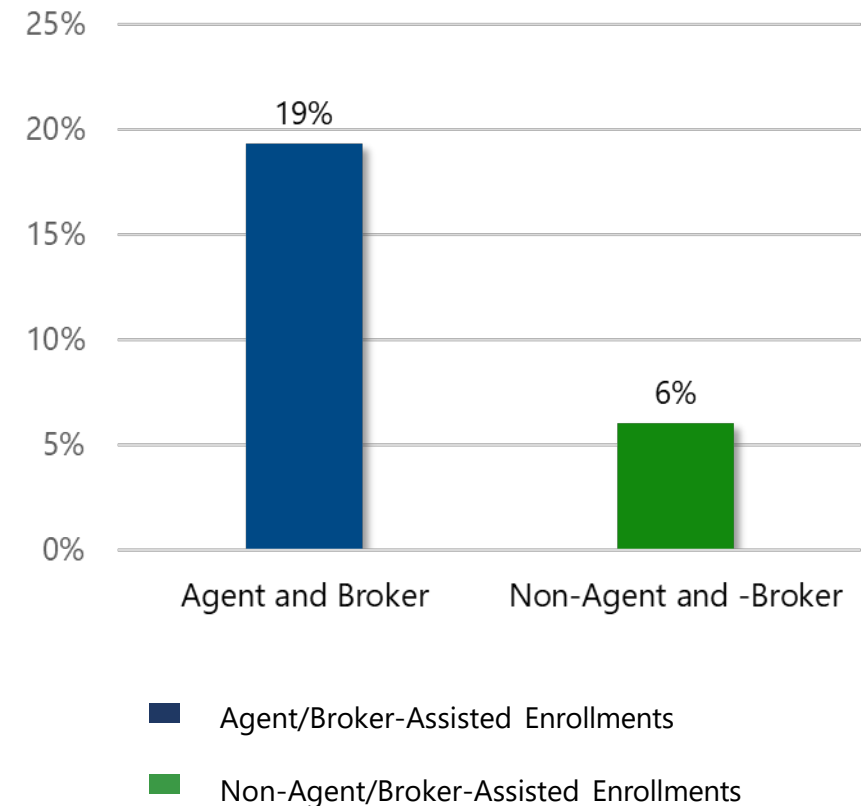
■ Non-agent/broker-assisted plan selections ■ Agent/broker-assisted plan selections

For the Plans & Prices tool, click here: <https://www.healthcare.gov/see-plans/#/>

Data Matching Issues

- » During the PY 2024 OEP, agent-and-broker-assisted enrollments generated **high levels of DMIs**. Many consumers did not resolve these DMIs and **lost financial assistance or coverage**.
 - During OEP 2024, **19.3%** of enrollments assisted by agents and brokers generated a DMI, compared to **6%** of consumers who self-enrolled.
 - **Over half** of the DMIs generated on agent- or broker-assisted enrollments were **citizenship or immigration DMIs**.
- » It is important to take steps as an agent or broker to both prevent DMIs and assist consumers in resolving them in a timely manner to ensure consumers continue to have access to health coverage.

DMI Generation Rates on Agent/Broker- and Non-Agent/Broker-Assisted Enrollments



Citizenship and Immigration DMI Checklist (continued)



- Gather documentation needed for your client's application, e.g., social security number, and current immigration document type and number.
- If your client has an SSN, enter it on the application.
- If your client is a U.S. citizen by birth or naturalization or a U.S. national, select 'yes' for citizenship status.
- If your client does not meet the citizenship statuses listed above, select "no" for citizenship status.
- If your client has an eligible immigration status for Marketplace coverage, select "yes" for immigration status.
- Review your client's current immigration document to determine the document type and number.
 - Visit U.S. Citizenship and Immigration Services Commonly Used Immigration Documents at <https://www.uscis.gov/save/commonly-used-immigration-documents> for help locating your document number.
- Select the type of document from the options.
- Enter your client's USCIS/A-Number, or other immigration document number,
- and expiration date.
- Select your document type or status from the options

Duplicate Applications

Duplicate Applications

- » When assisting a consumer with an application using an approved Classic DE or EDE website, agents and brokers must search to see if the consumer has an existing application with the Marketplace.
- » If the consumer has an existing application, the agent or broker must **update the existing application** rather than create a new application.
 - When an agent or broker creates a new application instead of updating an existing application for a consumer, a duplicate application is created.
- » Consumers with duplicate applications face a heightened risk of **losing their coverage and/or tax credits.**



Preventing Duplicate Applications

Best Practices for Preventing Duplicate Applications

- » If the consumer has one, **CMS recommends searching by their SSN** as the most effective method of locating a consumer's application.
- » If searching by the consumer's name, include their middle name (if applicable) to help narrow the results and reduce the risk of selecting the incorrect application.
- » A typo in a consumer's name may generate incorrect or null results. Always **double check the spelling** with the consumer.
- » If a consumer has multiple last names, attempt different combinations if the first one fails.



Enrolling Consumers in the Right Type of Coverage and Plan

Connecting Consumers with Affordable Coverage

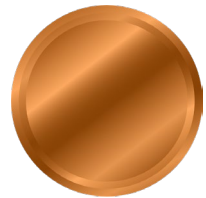
- » An important part of being a Marketplace agent or broker is helping eligible consumers enroll in the coverage and plan that best meets their needs.
- » Consumers may be eligible for
 - » Medicaid or CHIP
 - » Advanced Payments of the Premium Tax Credit (APTC)
 - » Cost-sharing Reductions (CSRs)
 - If a consumer qualifies for CSRs, the consumer generally must enroll in a Silver plan to get the extra savings.
- » As an agent or broker, you should **help consumers consider all expenses**, including premiums, deductibles, and out-of-pocket costs before making a decision.



Connecting Consumers with Affordable Coverage (continued)



- » **Silver plans** generally have moderate monthly premiums and out-of-pocket costs but have unique savings opportunities for consumers eligible for CSRs. Silver plans are usually a good option for consumers who are willing to pay a slightly higher monthly premium to have more of their routine care covered.
 - Since recent legislation has temporarily increased the amount of APTC available to certain individuals and families specifically those with incomes up to 150% FPL, **silver plans are often available at the same net price to consumers as bronze plans.**
 - Silver plans are also the **only way** for most consumers who are eligible for CSRs to take advantage of these enhanced savings.



- » **Bronze plans** generally have the lowest monthly premiums but have the **highest costs associated with coverage.** Bronze plans can pay less of a consumer's costs when they need care and can also have very high deductibles.

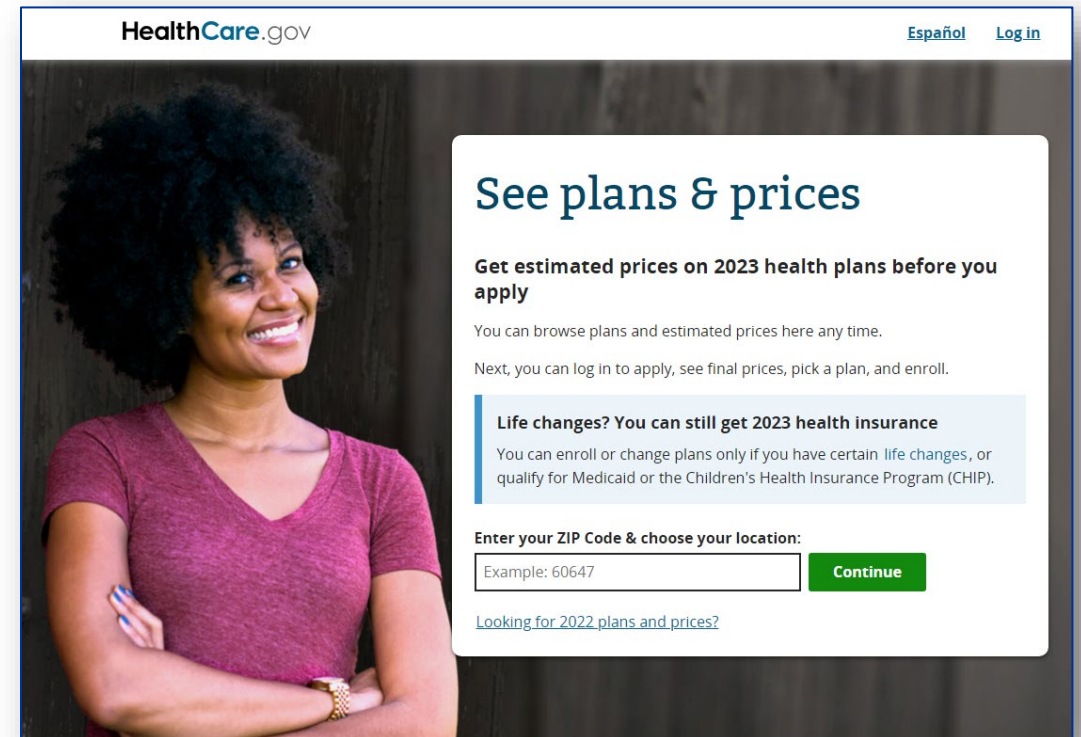
Silver plans are usually the better option for CSR-eligible consumers due to their lower total costs, more generous cost-sharing, and extra APTC.

Assisting Consumers with Plan Selection



Review Current Plan Offerings: Use the “See Plans & Prices” Tool

- » CMS will announce when updated plan information for PY 2025 is available for agents and brokers.
- » To understand which issuers offered plans in a particular area during last year’s Open Enrollment, review the **See Plans & Prices** tool.
- » This resource can serve as a starting point to select which issuers agents and brokers may wish to seek appointments with for PY 2025.
 - Approved DE and EDE entities have similar quoting and window-shopping features available.



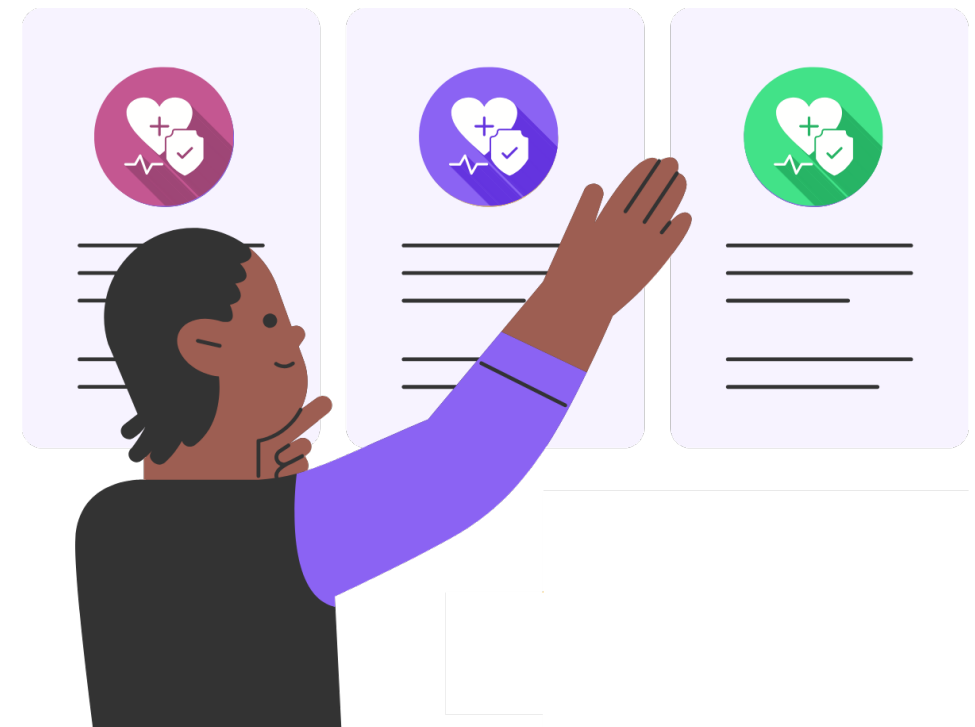
For the Plans & Prices tool, click here: <https://www.healthcare.gov/see-plans/#/>

Understanding Plan Designs and Cost- Sharing Attributes

Background

Background

- » Selecting a health plan can be **daunting for consumers**, especially in cases where plans have a range of possible cost sharing values for a benefit.
- » Agents and Brokers strive to assist consumers in selecting the **best coverage** for their needs.
- » Current plan offerings have a mix of **standardized plans options** and **non-standardized plan options**.
 - Standardized plan options on HealthCare.gov are displayed via the Easy Pricing icon.
 - Easy pricing plans include some benefits before the consumer reaches their deductible. From day one, they'll pay only a copayment for some services, like doctor visits. These plans set the same costs for ten benefits.



Check Benefits with Multiple Cost Sharing Values

- » Plans can include **multiple cost sharing values** to access a single benefit.
 - For example:*
 - Plans may list two cost sharing tiers for benefits;
 - Plans may modify prices for a benefit after a set number of visits;
 - Plans may offer virtual visits at a lower price than in-person visits;
 - Plans may offer a copay for an Office Visit, but offer other services within the same benefit for a coinsurance.
- » Plans may require consumers to seek approval from the plan and/or virtual provider to access in-person care.



* This example list is **not** comprehensive.

Check Limits and Exclusions

» Plans often include **limits and exclusions**. Examples may include, but are not limited to:



\$40 not subject to deductible for the first three visits.



A limited number of in-network primary care office visits are covered at the listed copay.



\$30/office visit; deductible does not apply; 25% coinsurance for other outpatient services.



Member cost share may increase when using a Hospital-based facility for these services.

Steps Agents and Brokers Should Take When Assisting Consumers

- » Agents and brokers should:
 - ✓ check cost-sharing and cost-sharing related information;
 - ✓ check plan and policy documents to verify networks, formulary, and cost-sharing information; and
 - ✓ contact the issuer if cost-sharing and cost-sharing related information is unclear.
- » The most direct way to raise concerns on the topic of unclear cost sharing display to CMS' attention is to email the **Agent/Broker Help Desk** at FFMProducer-AssisterHelpDesk@cms.hhs.gov and include the subject line: **Plan Display Question**.
- » Agents and brokers should direct consumers to call the Marketplace Call Center (1-800-318-2596) to report any plan display discrepancies.



Reminder of the Past Loss of MEC SEP Extension

The Loss of Minimum Essential Coverage (MEC) SEP



- » In addition to the temporary Special Enrollment Period (SEP) for consumers losing Medicaid or Children's Health Insurance Program (CHIP) coverage due to Unwinding, CMS finalized a new rule where **consumers who lost minimum essential coverage (MEC) that is Medicaid or CHIP coverage can have 90 days** or longer (instead of 60 days) after the loss of such coverage to select a plan.
- » CMS and approved enrollment partners have made updates to eligibility applications to implement this new rule after plan selection under the Unwinding SEP is no longer available on HealthCare.gov on November 30, 2024.
- » As a reminder, **the 90-day extension applies only to consumers who lost Medicaid/CHIP that is considered MEC.** Consumers who lose MEC that is not Medicaid/CHIP have 60 days to enroll through the Loss of MEC SEP.



For information on the temporary SEP for consumers losing Medicaid/CHIP and on the Loss of MEC SEP, please see: <https://www.medicaid.gov/resources-for-states/downloads/extn-sep-cnsmps-lsg-chip-cvrg-adndm-faq.pdf>

Marketplace Lawfully Present Final Rule

Marketplace-Eligible Lawfully Present Immigrant Status



- » Under a Final Rule that appeared in the May 8, 2024 Federal Register, Deferred Action for Childhood Arrivals (DACA) recipients are considered to be lawfully present **for purposes of enrollment in Exchange coverage or in a Basic Health Program (BHP)** based on a grant of deferred action, just like other noncitizens who are granted deferred action.
- » This rule also made additional updates to the definition of “lawfully present” for purposes of Marketplace coverage.
- » These changes, for both DACA recipients and other impacted noncitizens, are **effective November 1, 2024.**
- » For more information about the Final Rule, see: <https://www.cms.gov/newsroom/fact-sheets/hhs-final-rule-clarifying-eligibility-deferred-action-childhood-arrivals-daca-recipients-and-certain>
- » For additional information about eligible statuses, visit <https://www.healthcare.gov/immigrants/immigration-status/>

Upcoming Changes to the Circle of Champions (CoC) Program



- » CMS anticipates making changes to the CoC program for PY 2025.
- » **Reminder:** In prior years, agents and brokers qualified for CoC based on the number of active Marketplace enrollments associated with their NPN.
 - CMS expects changing the program to **focus on agents and brokers assisting consumers and the quality initiatives.**
- » CMS expects to send out awards after Open Enrollment. CMS will provide more information about CoC in the future.





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

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