

Welcome to the Marketplace: A Guide for New Agents and Brokers for Plan Year 2024

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

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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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New Agents and Brokers: Checklist for Success

To be successful as a new agent or broker, you need to understand the policies and operations of the Marketplace, your clients needs, and the resources available to you in order to get consumers enrolled in quality health coverage.

The information in today's webinar will detail the steps that you should take as you prepare to assist Marketplace consumers.





Learn about Marketplace Basics

What is the Marketplace?



- » The Marketplace was created following the passage of the Affordable Care Act (ACA) in 2010.
- » In most states, the federal government runs the Marketplace for individuals and families. This is called the Federally-facilitated Marketplace (FFM) and can be found at [HealthCare.gov](https://www.healthcare.gov).
- » Some other states operate their own State-based Marketplace (SBM).
 - A list of which states operate their own SBM can be found [here](#).
- » **Through the Marketplace, consumers can:**
 - Fill out an application and find out if they qualify for lower monthly premiums through advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) based on their income.
 - Find out if they qualify for Medicaid or the Children's Health Insurance Program (CHIP).
 - Select and enroll in a plan that best fits their needs.

The Marketplace for Plan Year 2024



What's happening in the Marketplace for Plan Year 2024

- The continuous enrollment condition ended on March 31, 2023, and states are now required to resume regular eligibility and enrollment operations for Medicaid and CHIP, including renewals and coverage terminations.
- The Annual Open Enrollment Period will occur November 1, 2023 through January 15, 2024.

Why it's a good time to join the Marketplace

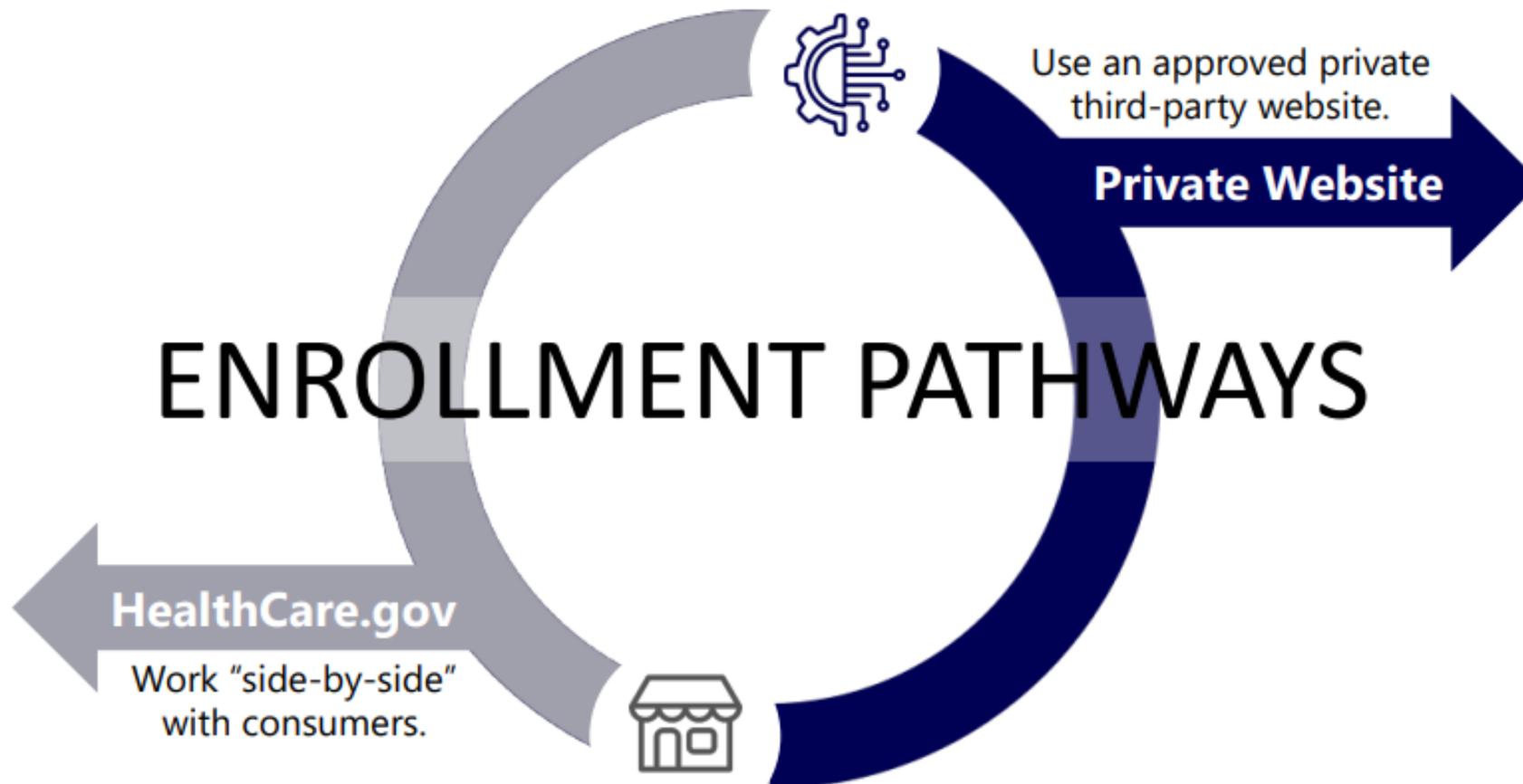
- There's an opportunity for you to grow your book of business and gain referrals and connections due to the Medicaid and Marketplace transitions mentioned above.
- More resources than ever are available to help you find and enroll more consumers, including tools like Find Local Help and Help On Demand, and a variety of tip sheets, webinar events, FAQs, technical assistance videos, and other guidance.
- Annual Marketplace training has a streamlined look and feel that is easier to navigate, and training will soon be available in Spanish for Plan Year 2024.

Things to consider before becoming an agent or broker

- You must stay up to date with the most recent Marketplace policies and operational changes in order to best serve consumers. This includes having a strong understanding of Marketplace financial assistance programs and the tax implications for consumers.
- Building a large book of recurring business may take several years.

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**.



Enrollment Pathways: HealthCare.gov



On HealthCare.gov, agents and brokers can assist consumers with...

Determining if they qualify for insurance through the Marketplace

Completing an application or updating an existing one

Selecting a plan and enrolling in coverage

The screenshot shows the HealthCare.gov homepage. At the top, there is a navigation bar with links for 'Español' and 'Log in'. Below this is a secondary navigation bar with links for 'Get Coverage', 'Keep or Update Your Plan', 'See Topics', and 'Get Answers', along with a search bar and a 'Search' button. The main content area features a large banner with the text 'Still need health insurance?' and a sub-headline: 'You can enroll in or change plans if you have certain life events or income, or qualify for Medicaid or CHIP.' A prominent green button reads 'Find out if you can enroll/change'. At the bottom of the banner, there is a link: 'Looking for coverage for a small business? [Learn more](#)'. The background of the banner shows a smiling man looking at his smartphone.

NOTE: Agents and brokers are prohibited from creating a HealthCare.gov account for a consumer, logging into a consumer's HealthCare.gov account, logging into HealthCare.gov as a consumer, or creating, collecting, disclosing, accessing, maintaining, storing, or using consumer personally identifiable information (PII) for such purposes.

Enrollment Pathways: Private Website



- » Agents and brokers may use an **approved, private third-party QHP issuer or web-broker website** (also known as Direct Enrollment (DE)) to assist clients. QHP issuers and web-brokers with approved DE websites may offer different levels of service on their websites to agents and brokers assisting consumers.



CLASSIC DIRECT ENROLLMENT (DE)

- » Agents and brokers begin on a QHP issuer's or web-broker's website, redirect to HealthCare.gov for the application and eligibility determination, and then are redirected back to the private partner's website to complete plan selection and enrollment.
- » This functionality is also known as the **Classic DE** or the **"Double Redirect" Pathway**.



ENHANCED DIRECT ENROLLMENT (EDE)

- » Some approved partners offer enhanced functionality that includes fully integrated platforms that provide a range of custom features and capabilities, enabling agents and brokers to more easily assist clients with year-round policy and client relationship management.
- » This functionality is also known as the **EDE Pathway**.
- » The Marketplace remains responsible for making eligibility determinations.

Find an Approved 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 that 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
 - **Reminder:** EDE partners are not allowed to sell or share your client information if an agent or broker is using them to enroll clients.

Getting Started with the Marketplace



- » To serve consumers in the Marketplace, agents and brokers must first:
 - ✓ Complete registration and required training on an annual basis — prior to assisting consumers with enrolling in a plan.
 - ✓ Be licensed health agents and brokers with a health-related line of authority (LOA) in the state where their clients reside, confirm that their National Producer Number (NPN) appears on the Registration Completion List (RCL), and be marked as having a “valid” license for the current plan year.
 - ✓ Generally, be registered or have an appointment separately with each QHP issuer with which they are assisting individuals.

Complete Marketplace Registration and Training for Plan Year 2024



- » The Open Enrollment Period for Plan Year 2024 begins on **November 1, 2023**. Get ready for Open Enrollment by completing Plan Year 2024 Marketplace registration and training, now available through the CMS Enterprise Portal at <https://portal.cms.gov>.
- » Agents and brokers who are new to the Marketplace (those who did not complete Plan Year 2023 registration or training) must:
 - Take the full Individual Marketplace training for Plan Year 2024.
 - Execute the Agent Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the Marketplace Learning Management System (MLMS).
 - **For a step-by-step walkthrough of how to register and complete training, review [these webinar slides](#).**

Line of Authority Validation Requirements



LOA Validation Requirements for Marketplace Agents and Brokers

- » 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.
 - **Note**: If you reside in Florida, Texas, Utah, or Wisconsin, you must have an appointment with a health insurance carrier for licensure validation purposes.
- » **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 Plan Year 2024.**

Check Your Registration Status in the Registration Completion List



- » CMS validates agents' and brokers' personal information, such as state licensure status and NPNs, against data stored in the [NIPR Public Database](#).
 - Results of this NIPR NPN validation appear on the public [Agent and Broker Federally-facilitated Marketplace RCL](#).
 - The RCL is updated daily.
- » NPN validation occurs during the annual registration process in the MLMS and is only applicable to the current plan year. CMS also conducts a weekly licensure check throughout the year.
- » To be validated, agents and brokers must:
 - ✓ Have a valid state license;
 - ✓ Have a [valid health-related LOA](#) in their resident state; and
 - ✓ Have an active status for their health-related LOA.

Compensation for Marketplace Enrollments and Working with QHP Issuers



Compensation

- » The FFM **does not set compensation levels** or pay commissions to agents or brokers. Compensation includes commissions, fees, or other incentives as established in the relevant contract between an issuer and the agent or broker.
- » Agents and brokers who participate in the FFM receive compensation directly from affiliated QHP issuers in accordance with their agreements with those issuers and any applicable state-specific requirements.
- » Unlike the CMS Medicare Advantage program, the FFM does not set the compensation levels that QHP issuers pay to agents and brokers.
- » Commissions are a contractual matter between you and the issuer.

Appointments

- » The FFM **does not play a role in making appointments** between issuers and agents and brokers and is not a party to the contract between the QHP issuer and the agent or broker.
- » To become appointed with a particular QHP issuer, you should:
 - Contact the QHP issuer directly or work with a general agency who has an appointment with a QHP issuer; and
 - Work with your affiliated issuers to determine how commissions will be paid based on the NPN included on the FFM enrollment transaction (known as the "834").
- » Agent and broker contact information for many QHP issuers may be found using the [Issuer and Direct Enrollment Partner Directory](#).

Compensation for Marketplace Enrollments and Working with QHP Issuers (continued)



- » To get compensated for actively assisting a consumer with enrollment in an FFM QHP, you must:
 - ✓ Be licensed with an active health-related line of authority in the state(s) where the QHP is offered;
 - ✓ Be appointed with the QHP issuer in accordance with state law; and
 - ✓ Have completed FFM registration (including required training) for the applicable plan year at the time of enrollment.
- » Issuers use the publicly accessible [Agent and Broker FFM Registration Completion List](#) to confirm your registration status for the applicable plan year.
- » Only those who have completed FFM registration prior to active enrollment may be compensated for that enrollment.

Knowledge Check



True or False: To get compensated for actively assisting a consumer with enrollment in an FFM QHP, you must be licensed with an active health-related line of authority in the state(s) where the QHP is offered.

1. True
2. False

Knowledge Check



True or False: To get compensated for actively assisting a consumer with enrollment in an FFM QHP, you must be licensed with an active health-related line of authority in the state(s) where the QHP is offered.

1. True
2. False

Knowledge Check



True or False: The FFM sets compensation levels and pays commissions to agents and brokers.

1. True
2. False

Knowledge Check



True or False: The FFM sets compensation levels and pays commissions to agents and brokers.

1. True
- 2. False**

Knowledge Check



True or False: Compensation includes commissions, fees, or other incentives as established in the relevant contract between an issuer and the agent or broker.

1. True
2. False

Knowledge Check



True or False: Compensation includes commissions, fees, or other incentives as established in the relevant contract between an issuer and the agent or broker.

1. True
2. False



Learn How to Enroll Consumers

Enrollments in the Marketplace

- » Agents and brokers can assist individuals with enrollment in QHPs through the Individual Marketplace, as well as assist small employers with selecting and enrolling in SHOP coverage.
- » Agents and brokers may also assist qualified individuals with obtaining eligibility determinations for financial assistance through the Marketplace.
- » If consumers are potentially eligible for Medicaid or CHIP, Marketplace-registered agents and brokers are expected to help these consumers connect with the appropriate state agency to apply for this coverage.

Qualified Health Plans

- » As defined in the ACA, a QHP is an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits (EHBs), follows established limits on cost sharing, and meets other requirements outlined within the application process.

Maintaining Compliance in the Marketplace as an Agent or Broker



- » 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 DE/EDE website.
- » Agents and brokers should also ensure their clients are reporting accurate income when completing or updating the eligibility application. Reinforce that it is in their best interest to report the **most accurate** income estimate, not the estimate that maximizes the amount of premium tax credit for which they may be eligible.

Consent Documentation Requirements

- » Agents, brokers, and web-brokers are required to document the receipt of consent from the consumer or their authorized representative.
 - 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, web-broker, or agency being granted consent;
 - ✓ A process through which the consumer or their authorized representative may rescind the consent.
 - The agent, broker, or web-broker must maintain the documentation for **a minimum of 10 years**.

Maintaining Compliance in the Marketplace as an Agent or Broker (continued)



Application Review Requirements

- » Agents, brokers, and web-brokers are also 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 takes 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, broker, or web-broker must maintain the documentation for **a minimum of 10 years**.
- » To see the full list of [2024 Payment Notice Requirement FAQs](#), visit the Agent and Broker General Resources page.

Maintaining Compliance: 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 the Agent/Broker Email Help Desk at FFMProducer-AssisterHelpDeck@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, including ensuring consumers are reporting their most accurate income estimate(s) and are providing their Social Security numbers (SSNs), when required.
- Make timely updates to your personal and contact information with your state licensing body, in the NIPR, and in the MLMS.

✗ DON'TS

- Retain access to a consumer's HealthCare.gov account or associated email.
- Create accounts, login, or submit applications on HealthCare.gov.
- 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.

Protecting Consumer PII



- » The Marketplace Privacy and Security Agreement that you 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, SSN, biometric records, etc. alone, or when combined with other personal or identifying information which is linked or linkable to a specific individual.***
- » You must provide consumers the opportunity to opt-in and allow you (and your agency, if applicable) to use their PII (e.g., through the record of consent). You 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>.*

Best Practices for Protecting Consumer PII



In Person

Secure hard-copy consumer consent forms in a locked location.

During consumer appointments, utilize private spaces to ensure privacy.

Dispose of PII in a manner consistent with FFM rules and retention requirements.



Electronic

Do not send or forward emails with PII to personal email accounts.

Do not use unauthorized mobile devices to access PII.

Store PII securely in a password-protected file on a password-protected computer to which only authorized individuals have access.



Paper

Ensure any originals of consumers' records are returned before they leave your office and only make copies for yourself or others if necessary to carry out required duties.

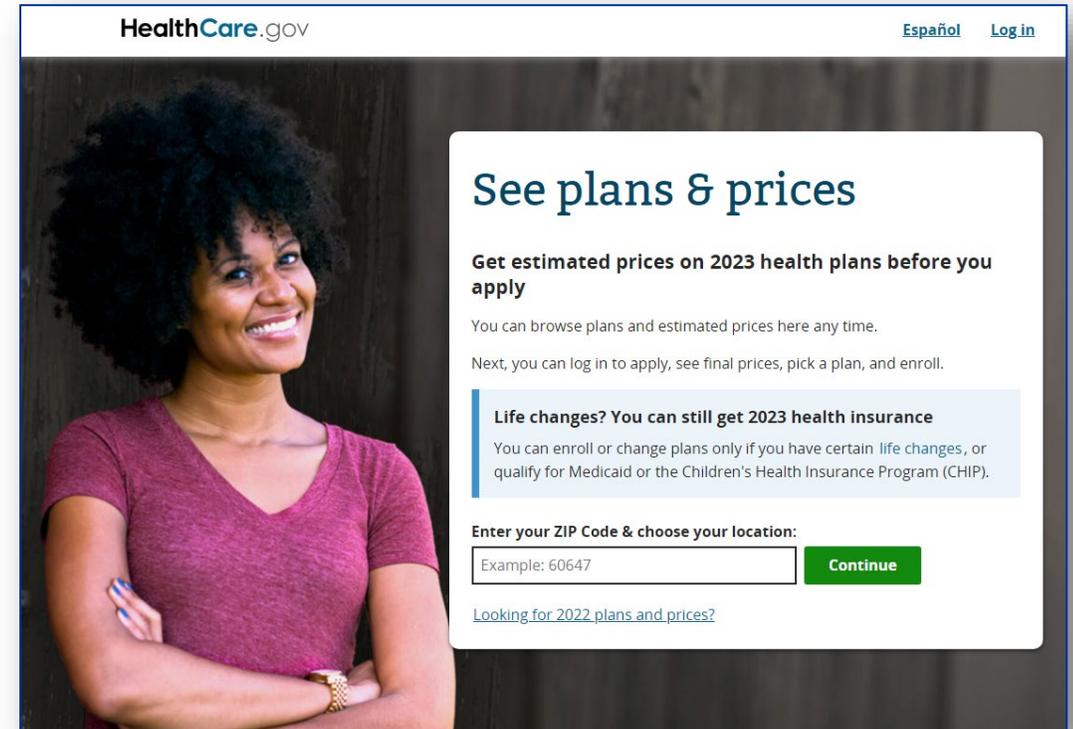
Keep a supply of manila folders to give to consumers with their documents inside to keep them in one place and shield the contents from view.

Assisting Consumers with Plan Selection



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

- » Historically, updated plan information for the current plan year has been available approximately 1-2 weeks prior to the beginning of the Open Enrollment Period (OEP) on November 1; CMS will announce when Plan Year 2024 plan information 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 Plan Year 2024. Approved DE and EDE entities have similar quoting and window shopping features available to you to help clients evaluate plans.
- » For more information on Plan Selection, consult this resource on [Questions to Ask Yourself When Choosing a Plan](#).



Plan Types

» A key factor in the plan selection process is helping consumers choose metal level plans that best fit their individual needs. Each metal level has different key attributes that should be thoroughly explained to consumers for their consideration. Below are reminders and key differences between each of the metal level plans:



Bronze plans generally have the lowest monthly premiums but have the highest costs associated with coverage.



Silver plans generally have moderate monthly premiums and out-of-pocket costs, but have unique savings opportunities for consumers eligible for CSRs.



Gold plans generally have high monthly premiums and low costs when consumers need care. Deductibles for Gold plans are typically low.



Platinum plans have the highest monthly premiums and lowest costs for healthcare use.

Note: 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 will pay less each time they receive care.**

Financial Assistance in the Marketplace

Advanced Payments of the Premium Tax Credit (APTC)

- » APTCs are tax credits consumers can use to lower their monthly premium payment for coverage through the Marketplace. Consumers' eligibility for APTC is based on their projected annual household income they attest to in their Marketplace application and may be adjusted based on Marketplace verification.
- » Consumers can use all, some, or none of the APTC they are eligible for to lower their monthly premium.
 - If a consumer uses **more APTC** than they qualify for based on their final yearly income, the consumer must repay the difference when they file their federal income tax return.
 - If a consumer uses **less premium tax credit** than they qualify for, the consumer will get the difference as a refundable credit when they file their taxes.

Financial Assistance in the Marketplace (continued)

- » **Cost-sharing reductions:** CSRs are discounts that lower the amount consumers have to pay for out-of-pocket expenses for Marketplace coverage, such as deductibles, copayments, and coinsurance. There are CSRs that are specialized for American Indians and Alaska Natives as well as income-based CSRs which are dependent on a consumer's income percentage of the federal poverty level (FPL). In order for consumers who are eligible for income-based CSRs to receive savings, they must enroll in a Silver plan.



Note: If a consumer qualifies for CSRs, the consumer generally must enroll in a Silver plan to get the extra savings (e.g., reduced costs for hospitalizations, doctor office visits, prescription drugs).

- » Note that when using a QHP issuer's website, you will only be able to help the consumer choose among QHPs offered by that specific QHP issuer. However, if you are working with a web-broker, the web-broker is required to display all Marketplace QHPs available in the service area. If the consumer wishes to enroll in dental coverage, assist them with comparing and selecting a dental plan offered on the QHP issuer's or web-broker's site, or direct them to go to HealthCare.gov to select a dental plan.*

*Consumers cannot enroll in a Marketplace dental plan unless they are selecting a health plan at the same time.

Financial Assistance in the Marketplace (continued)

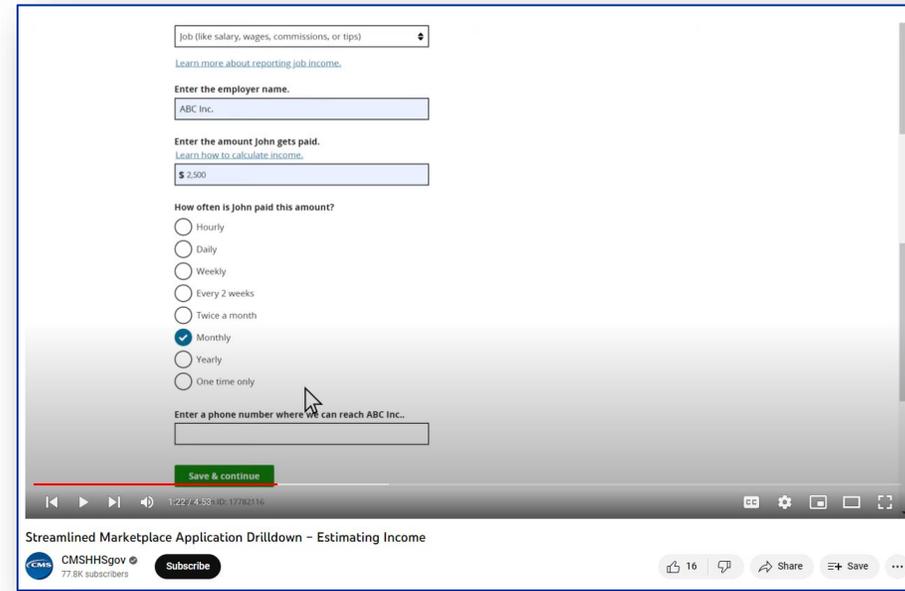


CSR Best Practices

- » If consumers are **eligible for income-based CSRs**, the only way they can take advantage of these extra savings is by enrolling in a Silver plan.
- » In most cases, consumers with a projected annual **household income between 100-150% of the FPL** should have access to low- or no-premium Silver plans with additional savings from CSRs. However, in states that expanded Medicaid eligibility, consumers with projected annual household income under 138% FPL may be eligible for Medicaid and referred to their state Medicaid agency for Medicaid enrollment.
- » On some application platforms, \$0 premium Bronze plans might be the first plans consumers notice in plan comparisons, but consumers can **sort and filter** their results to see their potential extra savings with Silver plans.
- » Agents and brokers should always remind consumers about the potential out-of-pocket costs of plans **beyond** monthly premiums, which may impact a consumer's overall expenses throughout the year.
- » You can use the ["See plans and prices" tool on HealthCare.gov](#) to estimate total yearly costs based on expected coverage use throughout the year by entering specific client information. Many EDE and Classic DE partners offer similar services too.

Application Walkthrough Videos

- » CMS has developed technical assistance videos that provide a detailed, **step-by-step walkthrough of the HealthCare.gov application**. We also offer application drilldown videos that walk through each section of the application based on specific real-world consumer scenarios.
- » Visit the [Agent and Broker Video Learning Center](#) to find all the walkthrough videos, including topics such as:
 - [Streamlined Marketplace Application Drilldown: Estimating Income](#)
 - [Streamlined Marketplace Application Drilldown: Loss of Health Coverage Special Enrollment Period \(SEP\)](#)
 - [Streamlined Marketplace Application Drilldown Applicant Offered Employer Sponsored Coverage](#)
 - [Streamlined Marketplace Application Drilldown Family and Household Composition](#)



Scenario 1:

Updating income in an existing application



Data Matching Issues (DMIs)



- » A DMI is a difference between some information a consumer provides on their Marketplace application and information the Marketplace obtains from other trusted data sources.
- » **DMIs may be generated because:**
 - A consumer's data may not match information at our trusted data sources.
 - A trusted data source may not have data for a consumer.
 - Information is missing or incorrect on the application.
 - 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.

Tips for avoiding DMIs:

- » Complete all possible fields in the application.
- » Ensure the consumer's name matches documents such as their Social Security card.
- » Non-applicants in the household are strongly encouraged to provide an SSN if they have one.
- » Double check that the information on the application is complete and that there are no errors or typos.

Data Matching Issues (continued)



- » For the Plan Year 2023 OEP, DMI generation numbers were highest for consumers who completed applications with the assistance of agents and brokers.
- » **DMIs put your clients at risk of losing coverage and/or financial assistance and you at risk of losing commissions.**
- » When consumers do not add their SSN, income and citizenship DMIs will be generated! Individuals who are requesting coverage are required to provide an SSN on the application if they have an SSN.
- » **Remember to take action on DMIs as soon as possible.** Agents and brokers should ensure that if their clients have a DMI, they assist the clients to submit any required documentation to the Marketplace as soon as possible or, if information on the application is incorrect, update their application with correct information.

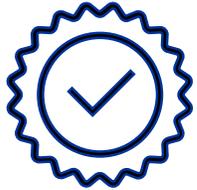
Knowledge Check



If a consumer qualifies for CSRs, which metal level plan should you recommend they enroll in to take advantage of the CSRs and why?

1. Enroll in a Silver Plan; their deductible will be lower and they will pay less each time they receive care.
2. Enroll in a Silver Plan; their monthly premium will be lower and they will pay less each time they receive care.
3. Enroll in a Gold Plan; consumers will have low costs when they receive care.
4. None of the above.
5. All of the above.

Knowledge Check



If a consumer qualifies for CSRs, which metal level plan should you recommend they enroll in to take advantage of the CSRs and why?

- 1. Enroll in a Silver Plan; their deductible will be lower and they will pay less each time they receive care.**
2. Enroll in a Silver Plan; their monthly premium will be lower and they will pay less each time they receive care.
3. Enroll in a Gold Plan; consumers will have low costs when they receive care.
4. None of the above.
5. All of the above.



Learn how to Stay Up-to-Date with the Marketplace

Stay Up-to-Date in the Marketplace



- » After completing Marketplace registration and training, you'll automatically begin receiving agent/broker emails from the Marketplace.
 - These emails provide important Marketplace policy and operational updates, highlight new and recently updated resources to help you assist consumers, and much more.
 - To ensure you are signed up to receive these emails or to update your current email preferences, visit [this webpage](#).
- » Agents and brokers can also consider joining a variety of **trade associations** to network with other agents and brokers in their area, find mentorship, and gain access to a variety of business development tools.

Agents & Brokers:
Selling in the Marketplace

HealthCare.gov

**Live Today: Plan Year 2024
Marketplace Registration
Training**

**LIVE
Today**

Plan Year 2024 Marketplace registration and training is now available for new agents and brokers and those that didn't complete Marketplace training for Plan Year 2023. Optional Small Business Health Options Program (SHOP) training and SHOP agreement are also available.

If you are a **new agent or broker** who does not already have a profile for Medicare & Medicaid Services (CMS) Enterprise Portal, please follow these steps to create your CMS Enterprise Portal account. An agent/broker profile on the Marketplace Learning Manager (MLMS):

Agents & Brokers:
Selling in the Marketplace

HealthCare.gov

**TRANSITIONS
IN COVERAGE**

MONTHLY DIGEST

Your source for the latest agent and broker news, tools and resources on Medicaid to Marketplace transitions

Welcome back to the Transitions in Coverage Monthly Digest!

The continuous enrollment condition ended on March 31, 2023, and states are now required to resume regular eligibility and enrollment operations for Medicaid and the Children's Health Insurance Program (CHIP), including renewals and coverage terminations. **As an agent or broker, you play an important role in connecting consumers with Marketplace health insurance coverage during these transitions. You can also use this opportunity to grow your book of business or gain referrals and connections.**

This monthly collection of news, tools and resources will help you better assist consumers that may be losing coverage through Medicaid or CHIP.

What's New

We want to hear from you! CMS values your contributions to ensuring consumers have access to coverage during this transition period, and we want to learn from your experiences. If you have feedback for CMS regarding Medicaid and Marketplace transitions, please complete the survey below. This information will help CMS understand how to best support agents and brokers during this period.

[Complete the survey](#)

- » Agents and brokers should bookmark the [Agent and Broker Resources website](#), which acts as the primary outlet for agents and brokers to find information about working in the Marketplace.
- » The website also includes a link to the [General Resources](#) page, a **searchable list of resources** that provide helpful information, including guidance, regulations, previous webinar slides, quick reference guides, and more.
 - To filter for Spanish resources, enter the keyword "**Spanish**" into the search bar on the General Resources webpage.

Resources for Agents and Brokers in the Health Insurance Marketplaces

Welcome

Welcome to the Agents and Brokers Resources webpage. This page is the primary outlet for agents and brokers to receive information from CMS about working in the Health Insurance Marketplace and the Small Business Health Options Program (SHOP).

Latest News

Plan Year 2024 Registration and Training is Live for New and Returning and Brokers!

Plan Year 2024 Marketplace registration and training is now available for new and returning agents and brokers on the Marketplace Learning Management System (MLMS).

For more information on Plan 2024 registration and training, visit the [Registration and Training](#) page.

Medicaid Unwinding

CMS posted the anticipated state timelines for initiating Medicaid unwinding-related renewals as of June 29, 2023. This chart details the expected first month for each state/territory's Medicaid unwinding-related renewals, as well as the anticipated effective date for the first procedural terminations. You can find the chart along with other Medicaid unwinding resources on [Medicaid.gov/unwinding](#).

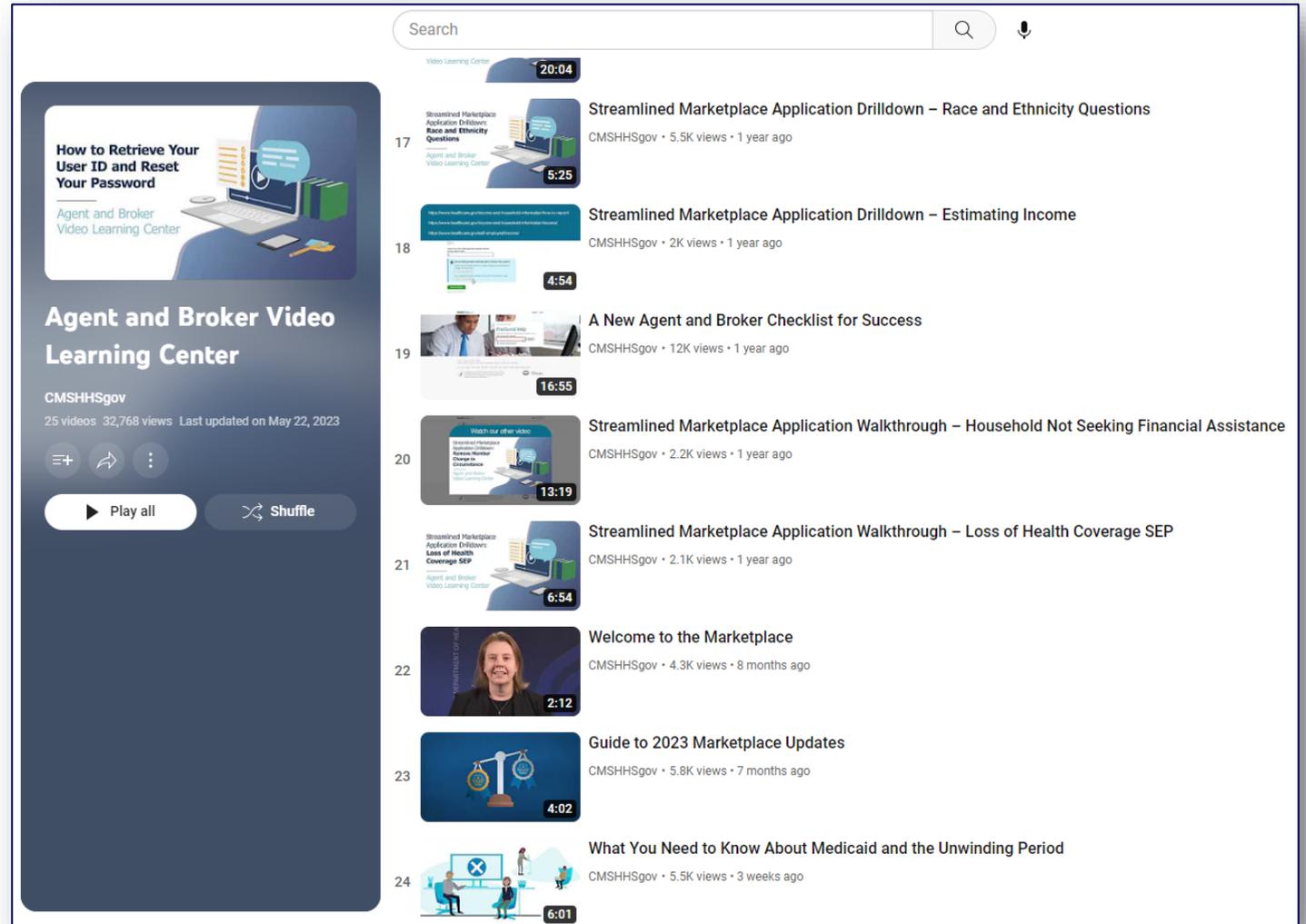
Thank you for Attending the 2023 CMS Agent and Broker Summit

Thank you to everyone who attended this year's 2023 CMS Agent and Broker Summit! Whether you attended in-person or virtually, you made meaningful contributions to the discussions and helped to make this an incredibly successful event. **The presentation slides from each Summit session are available for download below.**

- [Welcome and Overview \(PDF\)](#)
- [Navigating the Medicaid Unwinding Period \(PDF\)](#)
- [Making Enrollment Decisions \(PDF\)](#)
- [Expanding Your Reach \(PDF\)](#)
- [Eligibility Workshop \(PDF\)](#)
- [Data Matching Issues Workshop \(PDF\)](#)
- [Marketplace Compliance and Agent/Broker Regulations \(PDF\)](#)
- [Download all presentations \(ZIP\)](#)

Agent and Broker Video Learning Center

- » The **Agent and Broker Video Learning Center** on YouTube features technical assistance videos on a variety of topics to help agents and brokers navigate the Marketplace.
- » Agents and brokers can view the full playlist [here](#).
- » View the new [Guide to 2024 Marketplace Updates](#) video to learn more about policy updates that agents and brokers should keep in mind while assisting consumers during the Plan Year 2024 OEP.



The screenshot shows the YouTube interface for the 'Agent and Broker Video Learning Center' playlist. The playlist is from the channel 'CMSHHSgov' and contains 25 videos with a total of 32,768 views, last updated on May 22, 2023. The video thumbnails and titles are as follows:

- 17 Streamlined Marketplace Application Drilldown – Race and Ethnicity Questions (5:25)
- 18 Streamlined Marketplace Application Drilldown – Estimating Income (4:54)
- 19 A New Agent and Broker Checklist for Success (16:55)
- 20 Streamlined Marketplace Application Walkthrough – Household Not Seeking Financial Assistance (13:19)
- 21 Streamlined Marketplace Application Walkthrough – Loss of Health Coverage SEP (6:54)
- 22 Welcome to the Marketplace (2:12)
- 23 Guide to 2023 Marketplace Updates (4:02)
- 24 What You Need to Know About Medicaid and the Unwinding Period (6:01)

Frequently Asked Questions Database



- » The [Agent and Broker Frequently Asked Questions \(FAQs\) website](#) is a self-service resource and is linked in the [Agent and Broker Resources website](#).
- » FAQ categories include topics such as:
 - Working with the Marketplace
 - Enrolling Consumers in Health Coverage
 - Registration and Training Requirements
 - Transitions in Coverage
 - Privacy and Security Requirements
 - And more!

The screenshot shows the CMS website interface for Agents & Brokers. At the top, there are three yellow buttons: 'FAQS HOME', 'RESOURCES FOR AGENTS & BROKERS', and 'AGENT & BROKER HELP DESKS'. Below these is a search bar with a 'SEARCH' button. A navigation menu is open, listing various FAQ categories such as 'AMERICAN RESCUE PLAN ACT (ARP)', 'CITIZENSHIP AND IMMIGRATION', and 'ENROLLING CONSUMERS IN HEALTH COVERAGE'. The main content area displays an article titled 'My client recently moved. How do they report this change to the Marketplace?' with a date of Mar 21, 2023. The article includes an 'ANSWER' section that provides detailed instructions on how to report a move, distinguishing between moves within the same state and moves to a different state. A 'TRENDING ARTICLES' section is also visible on the right side of the page.

Agent and Broker Marketplace Help Desks and Call Centers



» A variety of help desks and call centers are available to help with inquiries related to registration and training, system issues, general enrollment questions, and more.

Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Marketplace Service Desk	855-CMS-1515 855-267-1515 CMS_FEPS@cms.hhs.gov	<ul style="list-style-type: none"> • CMS Enterprise Portal password resets and account lockouts • Other CMS Enterprise Portal account issues or error messages • General registration and training questions (not related to a specific training platform) • Login issues on the Classic Direct Enrollment 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 AM-8:00 PM ET
SHOP Call Center	800-706-7893	<ul style="list-style-type: none"> • 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
Agent and Broker Training and Registration Email Help Desk	MLMSHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • 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 AM-5:30 PM ET

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



Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Marketplace Call Center Agent and Broker Partner Line	855-788-6275 Note: Enter an NPN to access this line. TTY users 1-855-889-4325	Specific consumer application questions related to: <ul style="list-style-type: none"> • Password reset for a consumer HealthCare.gov account, • Special enrollment period not available on the consumer application, or • Consumer specific eligibility and enrollment questions 	Monday- Sunday 24 hours/day
Agent and Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • General enrollment and compensation questions • Manual identity proofing/Experian issues • Escalated registration and training questions (not related to a specific training platform) • Agent and Broker Registration Completion List 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 AM-6:00 PM ET
Marketplace Appeals Center	1-855-231-1751 TTY users 1-855-739-2231	<ul style="list-style-type: none"> • Status of a Marketplace eligibility appeal • How to appoint an Authorized Representative to request Marketplace eligibility appeal on a consumer's behalf 	Monday-Friday 7:00 AM-8:30 PM ET

Knowledge Check



True or False: After completing Marketplace registration and training, you'll automatically begin receiving agent/broker emails from the Marketplace.

1. True
2. False

Knowledge Check



True or False: After completing Marketplace registration and training, you'll automatically begin receiving agent/broker emails from the Marketplace.

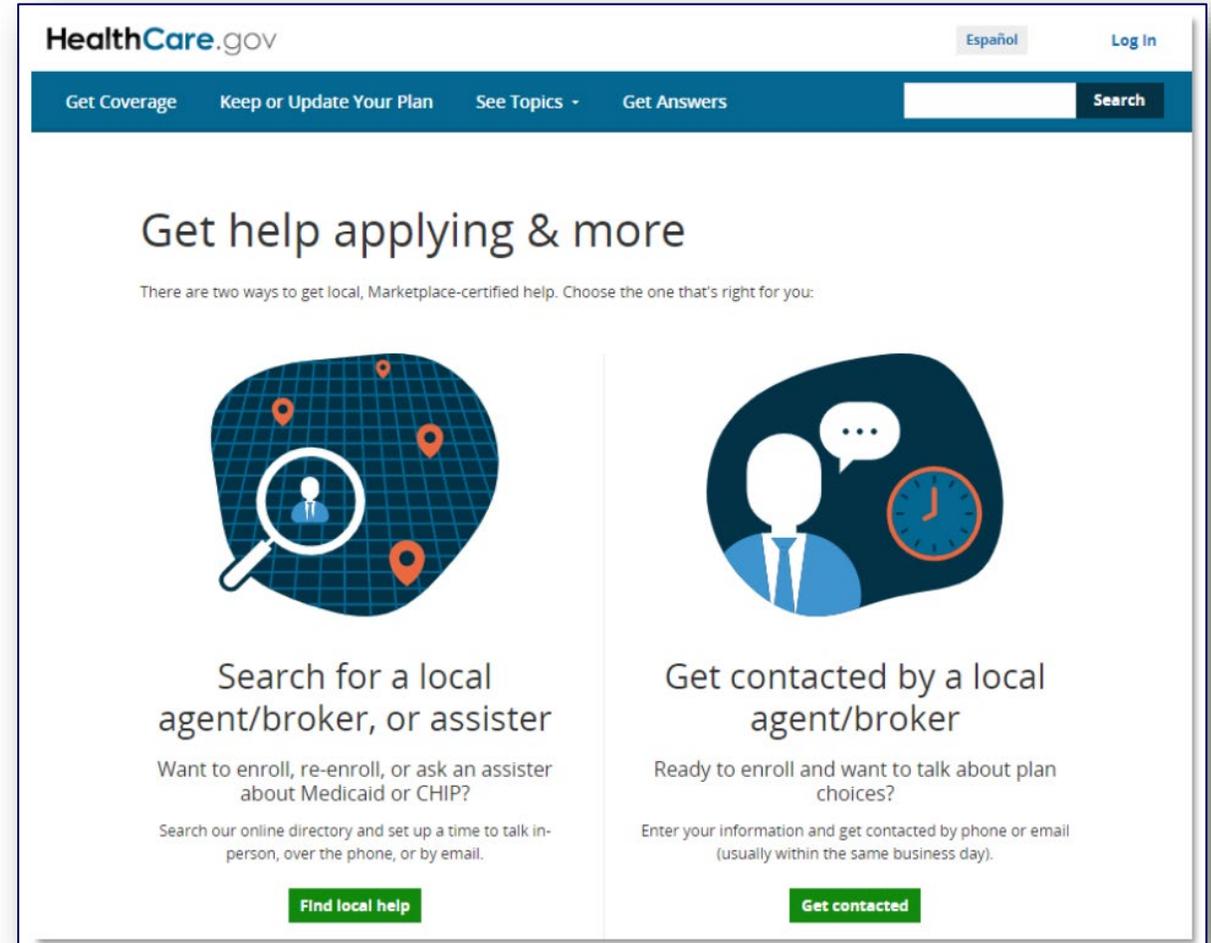
1. True
2. False



Learn How to Connect with New Consumers

Find Local Help and Help On Demand

- » Find Local Help and Help On Demand are two key consumer assistance tools you should be aware of as an agent or broker.
- » **Find Local Help** (left)
 - Consumers can search and produce a list of agents and brokers in their area.
 - Consumers then can reach out to an agent or broker directly for assistance.
- » **Help On Demand** (right)
 - A consumer assistance referral system that quickly connects consumers seeking assistance from Marketplace-registered, state-licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments.



HealthCare.gov Español Log In

Get Coverage Keep or Update Your Plan See Topics - Get Answers Search

Get help applying & more

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



Search for a local agent/broker, or assister

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

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

[Find local help](#)



Get contacted by a local agent/broker

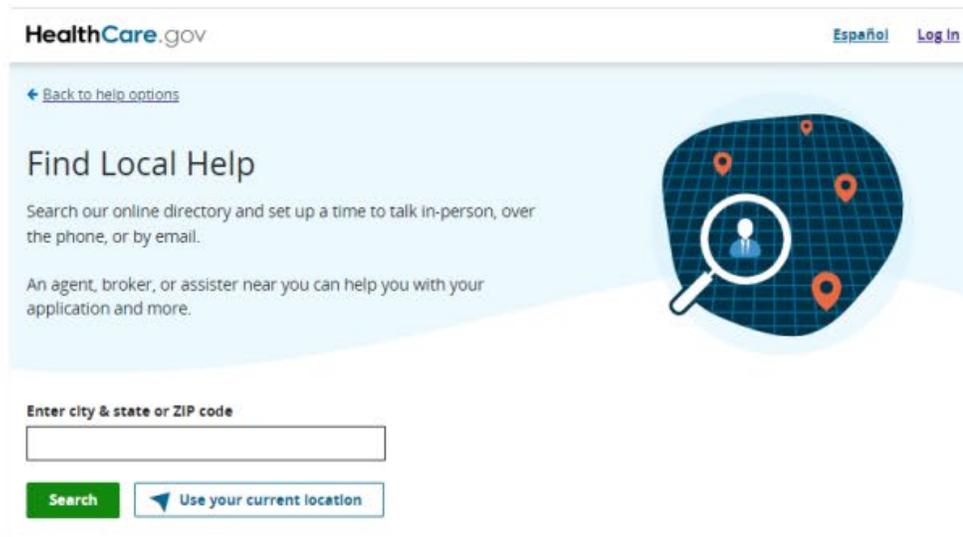
Ready to enroll and want to talk about plan choices?

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

[Get contacted](#)

Find Local Help

- » Find Local Help is designed to help consumers find agents and brokers in their area to assist them with Marketplace coverage.
- » After entering their city and state or ZIP code, consumers are presented with a list of results with contact information.
- » Consumers can filter search results by coverage type, assistance type, hours of operation, and minimum years of participation in the Marketplace.
- » The default for display of search results is in order of distance to the centroid of the zip code if the agent or broker has elected to display all of their contact information.



HealthCare.gov [Español](#) [Log In](#)

[← Back to help options](#)

Find Local Help

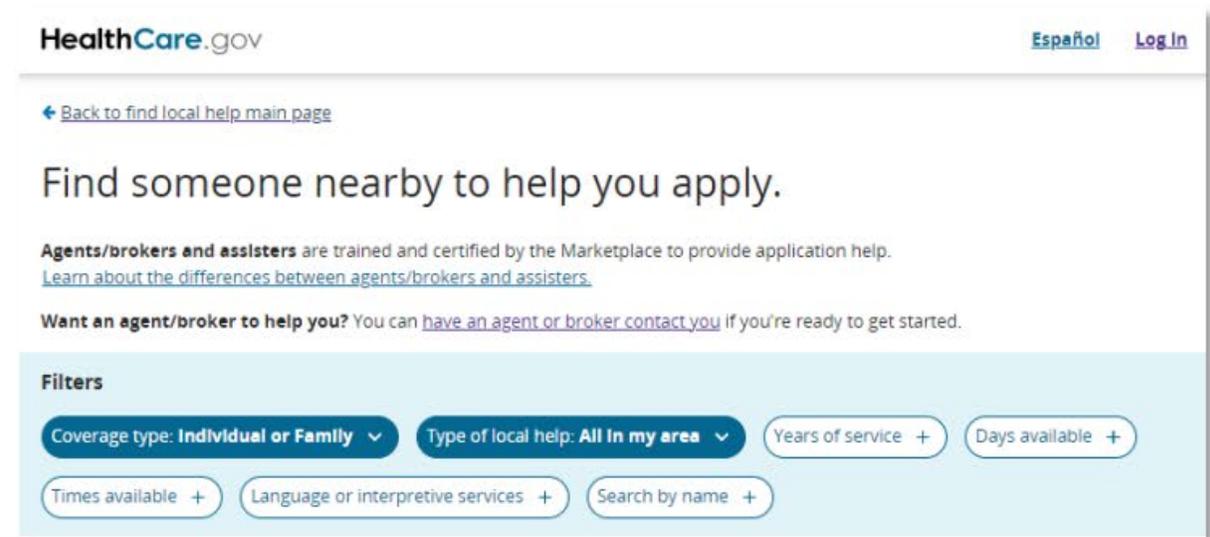
Search our online directory and set up a time to talk in-person, over the phone, or by email.

An agent, broker, or assister near you can help you with your application and more.



Enter city & state or ZIP code

[Search](#) [Use your current location](#)



HealthCare.gov [Español](#) [Log In](#)

[← Back to find local help main page](#)

Find someone nearby to help you apply.

Agents/brokers and assisters are trained and certified by the Marketplace to provide application help. [Learn about the differences between agents/brokers and assisters.](#)

Want an agent/broker to help you? You can [have an agent or broker contact you](#) if you're ready to get started.

Filters

Coverage type: **Individual or Family** ▾ Type of local help: **All In my area** ▾ Years of service + Days available +

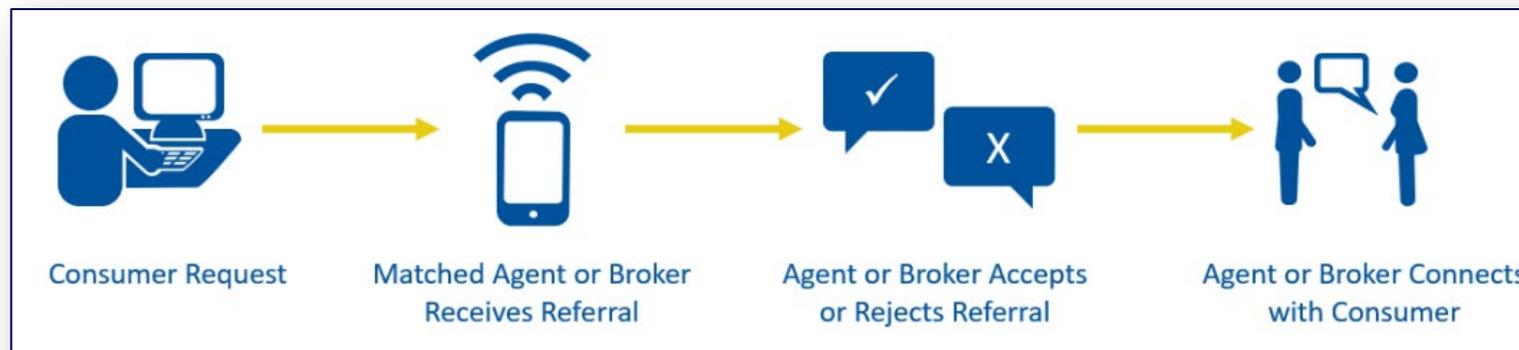
Times available + Language or interpretive services + Search by name +

Help On Demand

- » [Help On Demand](#) is a consumer assistance referral system that connects consumers seeking assistance with Marketplace registered, state-licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments. Only agents and brokers who have completed Marketplace training and registration are eligible to participate in Help On Demand.

How Help On Demand Works

- » After the consumer enters their contact information on HealthCare.gov, it is sent to Help On Demand where the consumer is matched with an agent or broker who is available, speaks the consumer's language, and is licensed in the consumer's state. If more than one agent or broker meets these criteria, Help On Demand directs the referral to the agent or broker who is geographically closest to the consumer.
- » That agent or broker receives a notification from Help On Demand via email, text message, and/or app notification, and has 15 minutes to accept or reject the referral before it moves to the next available agent or broker in the queue.
- » Participation is optional for agents and brokers who are interested and meet additional program training requirements.
- » Resources and information about Help On Demand can be found on the [Help On Demand webpage](#).



Reaching and Assisting Underserved Communities



Agents and brokers have the opportunity to reach and connect with underserved and underinsured individuals in their community who need help understanding their health insurance options and enrolling in coverage that is right for them or their family.

» **Below are some best practices and things to consider when assisting these communities:**

- Consider other relevant factors and context that may impact consumer experience.
 - Not all consumers have reliable access to Wi-Fi or Internet or access to a computer or smart phone
 - Consumers may have different income and education levels, and these backgrounds can affect their beliefs and opinions about health and coverage
 - For immigrants, the health system in their country of origin may be very different than in the U.S.
- Health literacy and providing education is vital to ensuring that consumers choose the plan that is right for them.

Reaching and Assisting Underserved Communities (continued)



- » Some consumers may qualify for income-based CSRs for which they must enroll in a Silver plan. In many cases, consumers may maximize their overall savings in a Silver plan with a higher premium, rather than a Bronze plan.
- » **Avoid stereotypes** – consumers from the same background or from the same region may differ greatly in their traditions, customs, and opinions about health and coverage.
- » Consumers may be embarrassed or ashamed to say they don't understand – it is important to **build trust** to address this, and to clearly explain each piece of the process without having to be asked.
- » Being **authentic** in interactions with consumers is important. Acknowledge, respect, and accept cultural differences among consumers.

Knowledge Check



What is the main function of both Help On Demand and Find Local Help?

1. These tools help agents and brokers locate consumers in underserved communities.
2. These tools help agents and brokers connect with consumers who need help with Marketplace coverage.
3. These tools help agents and brokers contact CMS about enrollment and compensation questions.
4. None of the above.

Knowledge Check



What is the main function of both Help On Demand and Find Local Help?

1. These tools help agents and brokers locate consumers in underserved communities.
2. **These tools help agents and brokers connect with consumers who need help with Marketplace coverage.**
3. These tools help agents and brokers contact CMS about enrollment and compensation questions.
4. None of the above.

Live Question/Answer Session & Agent and Broker Outreach Updates

Upcoming Webinars



Upcoming Webinar Topics (Dates and Registration Details Forthcoming)

Marketplace Compliance

Preparing for Plan Year 2024 Open Enrollment

Plan Year 2024 Marketplace Policy Operations & Updates

The Marketplace and Cybersecurity for Plan Year 2024

Help On Demand for Plan Year 2024

Mastering the Marketplace Application for Plan Year 2024

Upcoming Office Hours



Register for upcoming office hours by visiting <https://www.regtap.info/> and following the instructions below. Once an agent or broker registers for office hours on REGTAP, they are registered for the entire office hours series. Registration for webinars will be available as the date approaches.

1. Log in to REGTAP. If an agent or broker is 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. For further assistance logging in to REGTAP or registering for a webinar, contact the Registrar at 1-800-257-9520 or registrar@REGTAP.info. Assistance is available Monday through Friday from 9:00 AM - 5:00 PM ET. **Registration closes 24 hours prior to each event.**

Office Hour Dates	Time
Thursday, November 2, 2023	1:30 – 2:30 PM EST
Thursday, November 16, 2023	1:30 – 2:30 PM EST
Thursday, December 7, 2023	1:30 – 2:30 PM EST
Thursday, January 4, 2024	1:30 – 2:30 PM EST

2023 Agent and Broker Summit Resources



- » The video recordings, and corresponding transcripts, of the **2023 Agent and Broker Summit** presentations are now available for viewing on [REGTAP](#).

Additional Resources: 2023 Agent and Broker Summit

Welcome to the 2023 Agent and Broker Summit: [Video](#) and [Transcript](#)

Agent and Broker Panel Discussion – Connecting Consumers to Coverage: Increasing Access to Health Insurance Coverage and Advancing Health Equity: [Video](#) and [Transcript](#)

CMS SME Panel Discussion: Ask CMS: Understanding Best Practices and Challenges Faced by Agents and Brokers in the Marketplace: [Video](#) and [Transcript](#)

Expanding Your Reach: Utilizing Find Local Help, Help on Demand, and Agent & Broker Recognition Programs to Increase Access to Coverage: [Video](#) and [Transcript](#)

Data Matching Issues Workshop: Minimizing and Resolving Enrollment Blockers: [Video](#) and [Transcript](#)

Navigating the Medicaid Unwinding Period: Ensuring Consumers Stay Covered: [Video](#) and [Transcript](#)

Making Enrollment Decisions: Best Practices for Maximizing Consumer Coverage: [Video](#) and [Transcript](#)

Marketplace Compliance and Agent/Broker Regulations: Understanding Key CMS Rules and Regulations to Maintain Marketplace Compliance: [Video](#) and [Transcript](#)

Eligibility Workshop: Navigating Complex Eligibility and Enrollment Scenarios: [Video](#) and [Transcript](#)

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	https://www.cms.gov/marketplace/agents-brokers/resources
HealthCare.gov	Official site of the Marketplace; used for researching health coverage choices, eligibility, and enrollment	https://www.healthcare.gov/
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
Agent and Broker FFM Registration Completion List (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/
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/

Agent and Broker Resource Links (continued)



Resource	Description	Link
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/marketplace/agents-brokers/help-on-demand
Agent and Broker Video Learning Center	The Agent and Broker Video Learning Center features technical assistance videos on a variety of topics to help agents and brokers navigate the Marketplace.	https://bit.ly/3hXLyru
Frequently Asked Questions 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/
List of Approved Health-related Lines of Authority	Provides a list of valid health-related lines of authority for agents and brokers by resident state	https://data.healthcare.gov/AB-NIPR-Health-Line-Of-Authority
Partner Directory for Agents and Brokers	List of approved, participating issuers and web-brokers includes entities that offer online resources for agents and brokers, such as enrollment and client management functionality	https://data.healthcare.gov/issuer-partner-lookup

Agent and Broker Resource Links (continued)



Resource	Description	Link
National Insurance Producer Registry	Provides licensure and compliance information for agents and brokers	https://nipr.com/licensing-center/add-a-line-of-authority
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	https://nipr.com/help/look-up-your-npn

Acronym Definitions



Acronym	Definition
APTC	Advanced Payments of the Premium Tax Credit
CCIIO	Center for Consumer Information and Insurance Oversight
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-Sharing Reductions
DMI	Data Matching Issue
ESC	Employer Sponsored Coverage
FFM	Federally-facilitated Marketplace
HHS	Department of Health & Human Services
LOA	Line of Authority

Acronym	Definition
MLMS	Marketplace Learning Management System
NIPR	National Insurance Producer Registry
NPN	National Producer Number
OEP	Open Enrollment Period
QHP	Qualified Health Plan
RCL	Registration Completion List
SBM	State-based Marketplace
SEP	Special Enrollment Period
SHOP	Small Business Health Options Program



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!