

Individual Coverage Health Reimbursement Arrangements (ICHRA) and the Marketplace

Computer-based training (CBT) Transcript

1. Individual Coverage Health Reimbursement Arrangements and the Marketplace

1.1 Individual Coverage Health Reimbursement Arrangements and the Marketplace



Notes:

Hello and welcome to Individual Coverage and Health Reimbursement Arrangements in the Marketplace.

1.2 Disclaimer

Disclaimer

Note

This CBT uses HTML5, which is not fully compatible with Internet Explorer. If you encounter issues, it is recommended that you try an alternate Internet browser and ensure it is updated to the latest version.

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1.3 Keyboard Shortcuts



Before we begin, please note the following keyboard commands are available to use throughout the CBT. You should click:

- "P" to pause the CBT,
- "R" to resume the CBT,
- "K" to review the keyboard shortcuts shown on this screen,
- "O" to move back to the previous slide,
- "N" to move to the next slide, and
- "M" to turn the audio off. Please note, selecting "M" will only turn the audio off on the current slide. Audio will resume upon replaying the current slide or progressing to the next slide.

Please click the screen content to activate the keyboard shortcuts when visiting each section.

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1.4 Disclaimer

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 learners to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

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1.5 Webinar Agenda

Webinar Agenda

- Introduction: Individual Coverage Health Reimbursement Arrangements (ICHRA) and other types of Health Reimbursement Arrangements (HRAs)
- ICHRA Impact on Premium Tax Credit (PTC) Eligibility
- ICHRA Employer Notice
- Special Enrollment Period (SEP) for ICHRA-eligible Consumers
- ICHRA Consumer Scenarios
- General Resources and Other Marketplace Updates

The agenda consists of:

an Introduction to Individual Coverage,

Health Reimbursement Arrangements (or HRAs), and other types of Health Reimbursement Arrangements,

ICHRA impact on premium tax credit,

Eligibility,

ICHRA employer notification,

special enrollment period for ICHRA for eligible customers,

and ICHRA consumer scenarios.

Finally, we will review general resources and other Marketplace updates.

Let's get started!

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1.6 Introduction: ICHRAs and Other Types of HRAs



This training will cover a new type of HRA called an Individual Coverage Health Reimbursement Arrangement.

We will review Individual Coverage Health Reimbursement Arrangements, and this will include a bit more context about what an Individual Coverage HRA is, as well as what exactly an HRA is.

Then, we will discuss the implications Individual Coverage HRAs have for consumers starting in 2020, as well as specifically for consumers who may be interested in enrolling in Marketplace coverage.

We'll talk about the impact an Individual Coverage HRA may have on somebody's premium tax credit eligibility. We'll talk about the special enrollment period that consumers may qualify for if they can newly access an Individual Coverage HRA or consumers can newly access a qualified small employer HRA.

Then we will touch on the employer's notice that will distribute if an employee has been offered an Individual Coverage HRA.

Finally, we'll touch briefly on some consumer scenarios that illustrate the affordability impact of an Individual Coverage HRA.

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1.7 Introduction: ICHRAs and Other Types of HRAs

Introduction: ICHRAs and Other Types of HRAs

In June 2019, the Departments of the Treasury, Labor, and Health & Human Services jointly published a final rule to expand the flexibility and use of HRAs and other account-based group health plans to provide Americans with additional options to obtain quality, affordable health care.

Resource: [Health Reimbursement Arrangements and Other Account-Based Group Health Plans – Final Rule](#)

The genesis for this new type of Individual Coverage HRA was a rule that was finalized by the Departments of Treasury, Labor, and Health and Human Services jointly back in June. You may recognize some things we touch on from an agent and broker email blast that was sent out at that time describing a high-level overview of the rule.

That's how this new type of Individual Coverage HRA came about.

1.8 What is an HRA?

What is an HRA?

- An HRA is a group health plan funded solely by employer contributions that reimburses an employee's medical care expenses up to a maximum dollar amount for a coverage period.*
- HRA reimbursements are excludable from the employee's income and wages for federal income tax and employment tax purposes.
- An employer may allow funds that remain in the HRA at the end of the year to carry over into future years.
- In addition to the employee, an HRA may also reimburse expenses incurred by the employee's spouse, dependents, and children who, as of the end of the taxable year, have not attained age 27 (dependents).

*Medical care expenses means expenses for medical care as defined under section 213(d) of the Internal Revenue Code.

Resource: [Health Reimbursement Arrangements – CMS.gov Resource Page](#)

Taking a step back: What is an HRA? Very broadly, an HRA is not something that's

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brand-new as of the rule last June. HRAs have been around longer than that and are basically a group health plan funded solely by employer contributions that can reimburse an employee's medical care expenses up to a maximum dollar amount for a coverage period.

Employers can decide whether to extend the offer of HRA reimbursement to dependents as well. That's up to the employer and an employer can also decide to allow funds from an HRA to carry over into prior years.

1.9 Individual Coverage HRA

Individual Coverage HRA

- Because HRAs do not by themselves comply with certain Patient Protection and Affordable Care Act (PPACA) requirements,* employers could previously only offer an HRA to individuals who were also enrolled in another group health plan that did comply with these requirements, provided the HRA met certain other criteria. Employers may continue to offer these other types of HRAs that are integrated with other group health plan coverage.
- The June 2019 HRA Rule allows employers to instead meet PPACA requirements by offering an ICHRA that requires employees and any covered dependents to be enrolled in individual health insurance coverage; or Medicare Parts A and B, or Part C; in order to receive reimbursements for medical care expenses from the ICHRA. Reimbursements by the ICHRA may include premiums and cost sharing for individual health insurance coverage, and for Medicare.
- Employers may begin offering ICHRAs as of January 1, 2020.

* As an account-based group health plan to which an employer contributes a specific amount annually, resulting in a maximum amount being available to reimburse expenses, HRAs generally do not meet the ACA's prohibition on applying an annual dollar limit to essential health benefits and do not, in all cases, provide coverage for preventive services without cost-sharing for these services.

In the past, after the Patient Protection and Affordable Care Act (or ACA) passed, the tri department issued guidance that explained HRA's; because by themselves, HRA's do not comply with certain requirements of the ACA. HRA's needed to be integrated with group health coverage.

Starting with the passage of the ACA, employers have been able to offer HRA combined with group coverage; employers can still offer this type of this type of HRA.

With the new June 2019 rule; instead of offering an HRA with a group health plan, employers can offer something called an Individual Coverage HRA. This Individual Coverage HRA is required to be integrated with Individual Coverage or can also be combined with Medicare Parts A and B, or with Medicare Part C. This new type of HRA allows employers to provide employees with reimbursement for medical care expenses while employees choose their own individual coverage.

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Another important thing to note is that, while Individual Coverage HRAs can be offered by an employer of any size, specifically larger employers, who are required to provide coverage under the ACA, larger employers can meet this requirement to provide coverage, by offering an Individual Coverage HRA.

Finally, employers can begin offering Individual Coverage HRAs as of January 1, 2020. This is the earliest date that an individual can have an Individual Coverage HRA. It will be very important for employers who offer an Individual Coverage HRA to enroll employees in the corresponding Individual Coverage needed during this upcoming Open Enrollment Period.

1.10 Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)

Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)

- The 21st Century Cures Act permits small employers who do not offer group health plan coverage to any of their employees to provide a QSEHRA to their eligible employees to help employees pay for medical care expenses.
- An eligible employee can use a QSEHRA to reimburse medical care expenses for him or herself, as well as any covered dependents (if permitted by the employer).
- To receive reimbursements from a QSEHRA, an employee and any covered dependents must be enrolled in minimum essential coverage.
- Small employers can provide QSEHRAs for plan years beginning on or after January 1, 2017.

Resources:

- [HealthCare.gov - What's a QSEHRA?](#)
- [IRS Notice 2017-67 - Qualified Small Employer Health Arrangements](#)

These next two (2) slides go into other types of HRAs, one (1) of which we'll talk about, in detail, later in this presentation. On this slide you'll see information about qualified small employer health reimbursement arrangement, sometimes referred to as Q.S.E.H.R.As, or QSEHRAs have been around for a little while now. Small employers started providing QSEHRAs for plan years beginning on or after January 1, 2017.

QSEHRAs are somewhat similar to Individual Coverage HRAs in that they provide employees with reimbursements for medical care expenses and those employees must have other coverage in addition to a QSEHRA. There are important differences between Individual Coverage HRA's and QSEHRAs; for example, QSEHRAs can only be provided by small employers, where Individual Coverage HRAs can be provided by an employer of

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any size. Unlike for Individual Coverage HRAs, an employee with a QSEHRAs can meet that other coverage requirement by getting any type of minimum essential coverage. It does not necessarily have to be Individual Coverage or some type of Medicare.

There are some additional resources displayed if you want to know more information about QSEHRAs. We'll also talk a bit more about QSEHRAs later in this presentation. Specifically, how QSEHRAs compare to Individual Coverage HRAs to make sure you're able to understand the differences.

1.11 Excepted Benefit HRAs (EBHRAs)

Excepted Benefit HRAs (EBHRAs)

- The June 2019 Final HRA Rule also created another, limited kind of HRA that can be offered in addition to a traditional group health plan. These "Excepted Benefit HRAs" permit employers to reimburse additional medical care expenses (for example to help cover the cost of copays, deductibles, or other expenses not covered by the primary plan) even if the employee declines enrollment in the traditional group health plan.
- Excepted Benefit HRAs cannot be used to reimburse premiums for group or individual coverage or Medicare.

Resource: For more information on EBHRAs, see Question 11 of [Frequently Asked Questions on New Health Coverage Options for Employers and Employees](#).

This slide covers Excepted Benefit HRA; this type of HRA was also created by the 2019 final HRA rule that we talked about before. This is not something we'll go into in depth about, it's just something to be aware of, in large part, because it's different than an Individual Coverage HRA. It's different than a QSEHRA and it's something that an employer will offer to employees, along with another group coverage. If you work with anybody who has this type of HRA, the employer will have that offer of other group coverage as well. This slide also includes some more information if you are interested in learning more about this Excepted Benefit HRA.

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1.12 Cafeteria Plans and ICHRAs

Cafeteria Plans and ICHRAs

- A cafeteria plan is a separate written plan maintained by an employer for employees that meets the specific requirements of section 125 of the Internal Revenue Code. It provides participants an opportunity to receive certain benefits on a pretax basis. Participants in a cafeteria plan must be permitted to choose among at least one taxable benefit (such as cash) and one qualified benefit.
- Employers may not allow salary reduction through a cafeteria plan to pay the portion of the Marketplace premiums not covered by an ICHRA; however, employers may allow salary reduction through a cafeteria plan to pay the portion of premiums not covered by an individual coverage HRA for coverage purchased outside the Marketplace.


This last slide covers another type of benefit that an employer might have, which can be combined with an Individual Coverage HRA. A cafeteria plan is a separate plan an employer might offer for employees that, through additional salary reduction, can be used to pay for premium cost. The important thing to remember about this type of benefit is consumers will get information about this from their employer. They should hear from their employer and have this benefit explained.

Also note, this type of benefit cannot be used to pay for Marketplace premiums. A consumer who wants to use this type of benefit would need to use it to pay for coverage Off-Exchange.


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1.13 ICHRAs: Impact on PTC



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*ICHRAs:
Impact on PTC*

Now that we have gone over some of the basics of Individual Coverage HRAs and HRAs more generally, we'll get into the impact an Individual Coverage HRA may have on a consumer's eligibility for the premium tax credit.

1.14 ICHRAs: Impact on PTC Eligibility

ICHRAs: Impact on PTC Eligibility

- A PTC is not allowed for an individual's Marketplace coverage if he/she is offered an ICHRA that is affordable. This applies to employees as well as spouses and dependents of employees to whom the offer extends.
- If the ICHRA is not affordable based on standards set forth in the final rule, a PTC is allowed if the employee offered the coverage "opts out" of the HRA and the other PTC requirements are met.
- A PTC is not allowed for an individual's Marketplace coverage if the individual chooses to be covered by an ICHRA, regardless of whether the HRA is affordable.

A high-level summary of the impact on premium tax credit (or PTC) eligibility that an Individual Coverage HRA may have is -- if somebody has an offer of an Individual Coverage HRA that is considered affordable, based on the rules, then they are not

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eligible for premium tax credit because they have that affordable offer of employer-sponsored coverage.

It's also important to keep in mind that this is the case as well, for any spouses or dependents to whom the offer extends. Like more traditional employer-sponsored coverage, an affordable offer of that coverage means that individual is not PTC eligible. That's also the case for dependents if the offer extends to them as well.

However, if the Individual Coverage HRA is not considered affordable, then an employee and any dependents, to whom that offer is also extended, may be eligible for premium tax credit. They may only apply for and potentially qualify for PTC if they opt out, of their Individual Coverage HRA.

In other words, just like with traditional employer-sponsored coverage you cannot have both. If you have that offer of an un-affordable Individual Coverage HRA you may be able to qualify for PTC, only if you do not take the Individual Coverage HRA.

As the point made in the third bullet of the slide again, if you do have that Individual Coverage HRA if you're covered by it, regardless of whether it's affordable, then you're not going to be eligible for premium tax credit.

1.15 What Makes an ICHRA affordable?

What Makes an ICHRA affordable?

For 2020, an ICHRA is considered affordable for an employee (and dependents, if applicable) if the monthly premium of the self-only lowest-cost silver plan (LCSP) in the employee's area, minus the monthly amount made available to the employee under the ICHRA, does not exceed 9.78%* of 1/12 of the employee's household income.

*This "required contribution percentage" is indexed annually.

Affordable HRA Example

Self-only LCSP monthly premium –
monthly ICHRA amount
($\$500 - \$200 = \$300$)

≤

Employee's household income for
the tax year/ 12 * the required
contribution percentage
($\$51,000/12 \times 9.78\% = \415.65)

This slide covers more information on the rules of what makes an Individual Coverage

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HRA affordable. You can see here that an Individual Coverage HRA is considered affordable for an employee and any dependents to whom it's offered. If the monthly premium of the self-only lowest cost silver plan in the employee's area, minus the monthly amount made available to the employee under the Individual Coverage HRA does not exceed 9.78 percent of 1/12th of the employee's household income. For traditional employee employer-sponsored coverage. You can see that that 9.78% is going to apply for plan years beginning in 2020, but it is indexed annually.

This is a helpful resource for consumers to look at when you have time and an important thing to keep in mind as far as helping clients understand whether their Individual Coverage HRA is affordable, is that affordability is based on the self-only, lowest cost silver plan monthly premium. In other words, the premium for the lowest cost silver plan just available to the employee, determines affordability, regardless of whether the Individual Coverage HRA is also offered to dependents. It is also based on the self-only Individual Coverage HRA contribution that's available to the employee just by him or herself.

When thinking about affordability, an employer might offer a self-only amount, as well as a higher amount for employees with dependents. Even if that's the case, and even if the employee does have dependents that would be covered by this Individual Coverage HRA, for purposes of calculating affordability, you're still going to use to the self-only Individual Coverage HRA contribution, as well as that self-only lowest cost silver plan premium.

However, as far as the income the affordability calculation, it is based on household income. Along with that self-only premium information only and the self-only HRA contribution information.

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1.16 ICHRAs vs. QSEHRAs

ICHRAs vs. QSEHRAs		
	ICHRAs	QSEHRAs
Employers can offer this HRA-type to reimburse employees for their medical care expenses/premiums	Yes, employers of all sizes may offer an ICHRA*	Yes, employers with fewer than 50 full-time employees may offer a QSEHRA*
Affordability determined using . . .	Employee's self-only LCSP	Employee's self-only second-lowest cost silver plan premium (SLCSP)
If coverage through the HRA is unaffordable . . .	Employee must "opt out" to be PTC-eligible, if they otherwise qualify for PTC	Employee must reduce monthly PTC by their monthly QSEHRA amount.

*Employers offering an ICHRA generally cannot offer traditional group health plan coverage to employees in the same class; employers providing a QSEHRA cannot offer group health plan coverage to any employees.

This slide compares certain characteristics of Individual Coverage HRAs with corresponding characteristics of qualified small employer HRAs. Again, this is just for the sake of helping you understand the difference for your clients who may have one (1) of these benefits.

Only small employers can provide a QSEHRA. Individual Coverage HRA affordability is based on the lowest-cost silver plan premiums. For the QSEHRA it's based on the second lowest cost silver plan premium. Another important thing to keep in mind for purposes of understanding the impacts to your clients with regards to an Individual Coverage HRA is you can either get PTC or you can have the Individual Coverage HRA.

Again, if you have an affordable offer of Individual Coverage HRA then you are not PTC eligible. If you have an unaffordable offer of an Individual Coverage HRA then you must opt out of that Individual Coverage HRA to potentially get PTC.

For QSEHRAs, it is not an option for consumers to opt of that QSEHRA. Instead of opting out, if a QSEHRA is not considered affordable; what employees will do is take less of the PTC. They will reduce their monthly PTC by their monthly QSEHRA amount. Since employees will not opt out of QSEHRA, the PTC eligibility will work a bit differently there.

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1.17 Determining Affordability of an ICHRA

Determining Affordability of an ICHRA

- By November 1, 2019, the Department of Health & Human Services (HHS) will provide resources to help individuals offered an ICHRA and using the Federal HealthCare.gov platform determine their eligibility for advance payments of the PTC (APTC) based on whether the ICHRA is considered affordable.
- HHS plans to provide information on HealthCare.gov to inform consumers with an offer of an ICHRA of the PTC implications.

Employers may start offering Individual Coverage HRAs as of January 1, 2020. Therefore, by November 1, 2020 the Department of Health and Human Services is going to provide resources to help consumers who have an offer of an Individual Coverage HRA, to determine whether it impacts their premium tax credit eligibility, based on whether or not it is affordable.

That information will be available on HealthCare.gov, so you can stay tuned for more information there very soon.

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1.18 ICHRA Employer Notice



Now that we've talked a bit more about how an Individual Coverage HRA and a QSEHRA might impact somebody's premium tax credit eligibility, we're going to get more into how consumers will know about their Individual Coverage HRA. Simply, how will they know they have an offer of an Individual Coverage HRA at all, and how they'll know key information about that Individual Coverage HRA.

For example: how much the offer is for? Whether it includes the dependents and other things that will be important for them to know about, like how to use their benefit as well as how to determine whether it's affordable. The way consumers will know all these things is through the notice that employers are required to provide to employees to whom they offered Individual Coverage HRA.

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1.19 ICHRA Employer Notice

ICHRA Employer Notice

- An employee who is offered an ICHRA will generally get a written notice at least 90 days before the beginning of the ICHRA's plan year.
- However, employees who become eligible during the plan year, or later than 90 days before the start of the plan year (such as newly hired employees), will get their notice no later than the date on which their coverage under the ICHRA can begin.

In terms of the timing of when an employee with an Individual Coverage HRA offer can expect to get this type of notice, most employees will generally get their notice well ahead of time, at least 90 days before the beginning of the Individual Coverage HRAs' plan year. The idea here is to give consumers plenty of time to be aware of their offer, figure out whether it's considered affordable and to enroll in Individual Coverage that will start in time for their Individual Coverage HRA to start.

However, there are some exceptions for example, employees who aren't eligible to participate in the Individual Coverage HRA in time to get it 90 days before the start of the plan year are required to receive their notice no later than the day on which their Individual Coverage HRA can begin. Distributing the notice is at the employer's discretion but it needs to get to the employee by that date.

An example is: if an Individual Coverage HRA starts, say on July 1st, but an employee is hired on September 3rd, then that employee will not, by definition, be able to get that notice 90 days ahead of the plan year because they weren't hired in time therefore, they'll get their notice no later than the date their Individual Coverage HRA can start.

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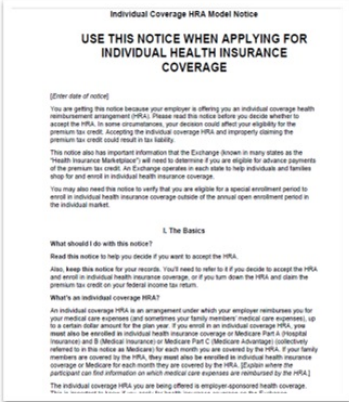
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1.20 ICHRA Employer Notice Requirements

ICHRA Employer Notice Requirements

The final rule requires this “employer notice” to include key information about the ICHRA, such as the dollar amount of the HRA offer, the date that coverage under the HRA may begin, and whether the offer extends to dependents (among other things).

Resource: For more information on the ICHRA employer notice, see the [Individual Coverage HRA Model Notice](#).



These next couple of slides gets into information that the notice is required to include. The notice is required to include other information and we present a couple of important things that may be helpful.

The notice will include the dollar amount the Individual Coverage HRA offer is for. It will also include the date that coverage under the Individual Coverage HRA may begin as well as the first day of the Individual Coverage HRA plan year. Those things may be different, like in the prior example where the employee who is hired mid-year. It will also include information on whether that offer extends to dependents, which, per what we were talking about before, will have implications for whether dependents premium tax credit eligibility may be affected. If they don't have that offer at all then they wouldn't be affected, but if a consumer has an offer, then they might be; the notice will include that information.

This slide also includes a link that you may find helpful. This link is to a model employer notice that the departments I mentioned before, released along with the Individual Coverage HRA guidance. An employer can use this notice to comply with the requirement that they provide employees with the notice. It just includes the sample layout of all the required information, sample language and so forth. So, if you are looking to better understand the kind of information that employees may get upon being offered Individual Coverage HRA, this is a good resource to check out.

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1.21 ICHRA Employer Notice Requirements (Continued)

ICHRA Employer Notice Requirements (Continued)

The employer notice must also include (among other things):

- Contact information (including a phone number) for an individual or a group of individuals who participants may contact in order to receive additional information regarding the ICHRA.
- A statement of availability of an SEP to enroll in or change individual health insurance coverage, through or outside of an Exchange, for the participant and any dependents who newly gain access to the ICHRA and are not already covered by the ICHRA.
- A statement that the ICHRA is not a QSEHRA.

This slide goes over a couple of additional pieces of information just to be aware of that will be in the notice, including contact information for an individual or group of individuals with the employer who consumers can contact to ask any questions they might have about how their Individual Coverage HRA works; about what it actually offers to them. If you're working with the client who has maybe looked at their notice but has additional questions about what their Individual Coverage HRA includes, the employers designated contact will be available for those employees in the notice.

The notice will also need to include a statement of the availability of a special enrollment period to enroll in or to change individual health insurance coverage, On or Off-Exchange. This is for consumers who newly gained access to an Individual Coverage HRA. We'll talk more about that special enrollment period later in the presentation.

Finally, the notice will include a statement that the Individual Coverage HRA is not a QSEHRA. This may be helpful because, if you know you work with clients who are unsure or if maybe you are unsure of what kind of offer something is, you can refer to that statement. If it is an individual coverage HRA, it will say specifically that it is not a qualified small employer HRA.

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1.22 Employer Notice: ICHRAs vs. QSEHRAs

Employer Notice: ICHRAs vs. QSEHRAs

Employers that provide QSEHRAs also must provide a notice: Section 9831(d)(4) of the Internal Revenue Code requires an eligible employer who provides a QSEHRA to its eligible employees to furnish a written notice to each eligible employee at least 90 days before the beginning of each plan year, or for an employee who is not eligible to participate at the beginning of the plan year, the date on which the employee is first eligible to participate in the QSEHRA.

Resource: For more information, see Section E “Written Notice Requirement in [IRS Notice 2017-67](#).

This slide provides a little bit of context about QSEHRAs. Just like for Individual Coverage HRAs, employers who provide QSEHRAs are also required to provide a notice to employees that explains the QSEHRA and its terms. The notice requirements are not identical for a QSEHRA as they are to an Individual Coverage HRA, but they're somewhat similar and the timing requirement is the same.

Those employees are still required to get that notice well ahead of time so that they have plenty of time to understand their benefit and make sure that they're enrolled in coverage, in the case of QSEHRAs, could be any type of minimum essential coverage.

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1.23 ICHRA Individual Market SEP



This next part of the presentation gets into the special enrollment period mentioned before that will be available to consumers who newly access an Individual Coverage HRA or QSEHRAs.

1.24 Overview: ICHRA/QSEHRA SEP

Overview: ICHRA/QSEHRA SEP

- Employees and their dependents who newly gain access to an ICHRA or who are newly provided a QSEHRA may qualify for an SEP to enroll in individual coverage through or outside of the Marketplace.
- The **triggering event** is the first day on which coverage for the qualified individual, enrollee, or dependent under the ICHRA can take effect, or the first day on which coverage under the QSEHRA takes effect.

The basic summary of the special enrollment period is: employees or dependents who newly gain access to an Individual Coverage HRA or who are newly provided a QSEHRA can qualify for the special enrollment period to enroll in Individual Coverage or to

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change their Individual Coverage if they are already enrolled in Individual Coverage either On or Off-exchange. An important thing to keep in mind is the special enrollment period is not available annually to somebody who already has that Individual Coverage HRA or who already has that QSEHRA.

Employees or their dependents can use the special enrollment period when they can newly access their benefits. This might be somebody whose employer has just decided to start offering an Individual Coverage HRA or to newly provide a QSEHRA. It could also be an employee or dependent who received a previous Individual Coverage HRA offer or could've taken advantage of the QSEHRAs previously, but for whatever reason did not. For example, with an Individual Coverage HRA, it may have been the case that the employee previously opted out of an Individual Coverage HRA for any number of reasons. Maybe it wasn't considered affordable, maybe they had other coverage of some kind, and on the following year if they opted out previously, but want to newly access that Individual Coverage HRA, then the special enrollment period would apply to them. However, somebody who already has their Individual Coverage HRA would not get the special enrollment period on an annual basis when their Individual Coverage HRA renews.

1.25 Enrolling through an ICHRA/QSEHRA SEP

Enrolling through an ICHRA/QSEHRA SEP

- Generally, qualified individuals will need to apply for and enroll in individual health insurance coverage in time for it to take effect by the date that their ICHRA or QSEHRA starts.
- Employees with questions about their ICHRA or QSEHRA start date should check their employer notice, or contact their employer.
- Individuals whose ICHRA or QSEHRA starts on January 1st should enroll during the individual market annual Open Enrollment period (November 1 to December 15), so that their individual health insurance coverage start date coincides with the January 1 start date of their ICHRA or QSEHRA.

Generally, consumers with an Individual Coverage HRA offer or a QSEHRA will need to apply for and enroll in an individual health insurance coverage in time for it to take effect by the date that their Individual Coverage HRA or QSEHRA starts. For QSEHRAs they might choose to be enrolled in other essential coverage instead.

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This is important so consumers can take advantage of the full plan year for their Individual Coverage HRA or QSEHRA. It's also important because without that other coverage, consumers will not actually be able to use their Individual Coverage HRA or QSEHRA. They cannot get reimbursements until they have that other coverage. In the case of Individual Coverage HRAs, they might risk forfeiting their Individual Coverage HRA if they don't get that individual coverage promptly. It's very important that consumers enroll in an Individual Coverage plan that takes effect by the time that their Individual Coverage HRA starts.

Employees who have questions about when exactly their Individual Coverage HRA starts, should check their employer notice because it will include that information. For example, if somebody was hired in the middle of their Individual Coverage HRA plan year, the employee might not be sure about when the Individual Coverage HRA should start for them. However, they should be able to find that information in their notice or contact their employer using the contact information that is in the notice. Employees should proactively check with their employers about this.

This slide is important for individuals, whose Individual Coverage HRA or QSEHRA starts on January 1, 2020; those employees should enroll in individual coverage during Open Enrollment. It will be very important for them to enroll into Individual Coverage at that point, so that Individual Coverage takes effect by the time that January 1st Individual Coverage HRA or QSEHRA takes effect.

1.26 ICHRA/QSEHRA SEP Coverage Effective Dates

ICHRA/QSEHRA SEP Coverage Effective Dates

- If the individual selects an individual health insurance plan before the triggering event, his or her coverage will take effect on the first day of the month following the date of the triggering event or, if the triggering event is on the first day of a month, on the date of the triggering event.
 - If the plan selection is made on or after the day of the triggering event, coverage will take effect on the first day of the month following plan selection.
-

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On this slide we review when coverage will start based on when a consumer picks a plan.

After January 1st consumers will be able to use this special enrollment period. For the first part of 2020 the special enrollment period will not be available through the application. Individuals who can newly access Individual Coverage HRA or a QSEHRA and want to enroll through HealthCare.gov will need to contact the Marketplace call center to request this special enrollment period. Initially, in 2020 when consumers contact the call center it will be very important for them to explain that they were offered an Individual Coverage HRA or provided a QSEHRA. It will be important for them to also provide their HRA start date as well. Once they've called and provided that information to the call center, it will likely take a couple of days for their online application to update with SEP eligibility.

Finally, once the special enrollment period is included in the application, consumers will need to submit documentation to confirm their special enrollment period eligibility. This will not be the case during the period of time in 2020 when consumers need to contact the call center to access the special enrollment period. Once the special enrollment period is available, the application will be subject to document-based verification.

1.27 ICHRA/QSEHRA SEP Enrollment and Verification

ICHRA/QSEHRA SEP Enrollment and Verification in 2020

- The ICHRA/QSEHRA SEP will not be included in the HealthCare.gov application at the beginning of 2020, so individuals with ICHRA or QSEHRA offers in states that use the HealthCare.gov platform will need to contact the Marketplace Call Center to request the SEP.
- Individuals will verify their eligibility for the SEP by attesting that they were offered an ICHRA or QSEHRA and providing the HRA start date when they call the Marketplace Call Center.
- After calling the Marketplace Call Center, it will likely take a few days for the updated eligibility determination for the SEP to show on the application and in My Account.
- Individuals seeking the ICHRA/QSEHRA SEP after it is included in the application will need to submit documentation to confirm their SEP eligibility.

Previously, we touched on how important it was for consumers to understand when their Individual Coverage HRA could start, especially for consumers who are may be hired mid-year and don't have access to their Individual Coverage HRA from the start of the Individual Coverage HRA plan year. For example, if somebody is hired, say, on March 25th

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and their Individual Coverage HRA started back in January, the employer might require them to get Individual Coverage and start using their HRA by April 1st or the employer might decide to instead provide them with a little more time to get Individual Coverage and begin their Individual Coverage HRA by May 1st. If a consumer does not get Individual Coverage until then, whether or not an employee who's newly hired or newly becomes eligible for HRA for some other reason; whether or not they have that flexibility, the consumer will need to confirm coverage with their employer.

Relatedly, if an employee in the middle of the year or at any time gains a new dependent, it will be important for them to keep in mind, if they plan to include their dependent in their Individual Coverage HRA, the employee will need to make sure that they enroll their child, their new dependent, both in Individual Coverage, as well as in their Individual Coverage HRA. Consumers who do have a new dependent and who have an Individual Coverage HRA should work with their employer to make sure that both of those things could be done on time.

Just like if they're newly hired, a consumer may have a bit less time to get their new child into the Individual Coverage HRA than the time available through a special enrollment period on the individual market. Generally, consumers should look to getting to Individual Coverage as soon as possible including for any new dependents, and work with their employers to understand proper timing if they are not sure.

1.28 ICHRA Consumer Scenarios



This final section of the webinar reviews specific scenarios that help illustrate how to

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figure out if an Individual Coverage HRA is affordable.

1.29 Scenario 1: Employee without dependents has an offer of an affordable ICHRA

Scenario 1: Employee without dependents has an offer of an affordable ICHRA

- For 2020, Jane (single, no dependents) has estimated household income of \$51,000.
- Jane's employer offers its employees an ICHRA starting on January 1, 2020 that reimburses \$2,400 of medical care expenses for single employees with no children.
- The self-only monthly premium for the LCSP that is offered in the Marketplace for the rating area in which Jane resides is \$500.
- Jane's required contribution is \$300, which is lower than the product of the required contribution percentage and her household income divided by 12. Therefore, the ICHRA is affordable, and Jane is not eligible for APTC.
 - $\$500 - \$200 = \$300$ (Jane's required contribution: self-only LCSP monthly premium – monthly ICHRA amount)
 - $(\$51,000 \times .0978)/12 = \415.65 (1/12 of the product of Jane's household income for the tax year and the required contribution percentage)
- Jane accepts her employer's ICHRA offer, and during Open Enrollment, she enrolls in individual health insurance coverage in order to meet her ICHRA's requirement to be enrolled in such coverage.

This first Scenario reviews how an employee without dependents has an offer of an affordable ICHRA. Please take a moment to review the details provided for this scenario.

1.30 Scenario 2: Employee without dependents has an offer of an unaffordable ICHRA

Scenario 2: Employee without dependents has an offer of an unaffordable ICHRA

- For 2020, Jane (single, no dependents) has estimated household income of \$28,000.
- Jane's employer offers its employees an ICHRA starting on January 1, 2020 that reimburses \$2,400 of medical care expenses for single employees with no children.
- The self-only monthly premium for the LCSP that is offered in the Marketplace for the rating area in which Jane resides is \$500.
- Jane's required contribution is \$300, which is higher than the product of the required contribution percentage and her household income, divided by 12. Therefore, Jane's ICHRA is unaffordable and she may be eligible for APTC.
 - $\$500 - \$200 = \$300$ (Jane's required contribution: LCSP monthly premium – monthly ICHRA amount)
 - $(\$28,000 \times .0978)/12 = \228.20 (1/12 of the product of Jane's household income for the tax year and the required contribution percentage)
- Jane opts out of her employer's ICHRA offer, and during Open Enrollment, she can enroll in a qualified health plan through the Exchange with APTC, if otherwise eligible. Next year, she should update her employer coverage information in her Marketplace application, especially if her employer makes changes to her coverage, such as increasing the amount offered through her ICHRA.

This next scenario explains a situation in which an employee who does not have any dependents can approach things if she has an offer that is not affordable. In this

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example, we have some information about the timing and the amount of her Individual Coverage HRA offer, as well as the amount of that monthly lowest cost silver plan premium. This slide as well as the others in the section break down that calculation for you. As previously mentioned, the Department of Health and Human Services will also be providing tools to help consumers do this calculation by Open Enrollment. This provides some background so that you can understand better how this will work and the calculation behind the Individual Coverage HRA affordability determination. In this scenario we talk about the consumer's offer of Individual Coverage HRA as unaffordable. She is interested in enrolling in coverage with advanced payments of the premium tax credit. She opts out of her employers Individual Coverage HRA, which is crucial. She needs to opt out, in order to, get an APTC and that's what she does.

1.31 Scenario 3: Employee with dependents has an offer of an affordable ICHRA

Scenario 3: Employee with dependents has an offer of an affordable ICHRA

- For 2020, Jane is married and has one child. Jane has an estimated household income of \$28,000.
- Jane's employer offers its employees an ICHRA starting on January 1, 2020 that reimburses.
- \$3,600 of medical care expenses for single employees with no children (the "self-only HRA amount") and \$5,000 for employees with a spouse or children.
- The self-only monthly premium for the LCSP that is offered in the Marketplace for the rating area in which Jane resides is \$500. Jane's required contribution is \$200, which is lower than $1/12$ of the product of the required contribution percentage and her household income. Therefore, Jane's ICHRA is affordable and she, her spouse, and child are not eligible for APTC.
 - $\$500 - \$300 = \$200$ (Jane's required contribution: LCSP monthly premium – monthly self-only ICHRA amount)
 - $(\$28,000 \times .0978)/12 = \228.20 ($1/12$ of the product of Jane's household income for the tax year and the required contribution percentage)
- Jane accepts her employer's ICHRA offer and, during Open Enrollment, Jane, her spouse and child enroll in individual health insurance coverage in order to meet her ICHRA's requirement to be enrolled in such coverage.

Scenario number 3 is helpful because it illustrates the situation in which an employee does have dependents and has an offer of an affordable Individual Coverage HRA. This example is helpful because it illustrates a scenario in which the employer offers different HRA amounts based on whether somebody does want to cover dependents as well. You can see, the employer offers \$3600 annually for medical care expenses for single employees who do not wish to cover any dependents. That's a self-only HRA amount; the employer also offers \$5000 annually for employees who do want to cover dependents.

In the calculation illustrated, even though this consumer does have dependents and even though the employer offers a higher amount for employees with the dependents, the affordability calculation is still based on that self-only HRA amount, as well as the self-

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only lowest cost silver plan premium. It's the household income that is taken into account for affordability.

1.32 Scenario 4: Employee with dependents has an offer of an unaffordable ICHRA

Scenario 4: Employee with dependents has an offer of an unaffordable ICHRA

- Jane, her spouse, and child are offered an ICHRA for all months of 2020 by Jane's employer.
- When enrolling in Marketplace coverage for herself and her family, Jane received a determination by the Marketplace that the ICHRA was unaffordable because she believed her household income would be lower than it turned out to be.
- Jane opts out of the ICHRA offer, enrolls her family in Marketplace coverage, and receives APTC for her family's 2020 coverage.
- The ICHRA is considered unaffordable for Jane and her family for purposes of claiming PTC on her tax return, provided that she did not, with intentional or reckless disregard for the facts, provide incorrect information to the Marketplace.

This next scenario reviews how an employee with dependents has an offer of an unaffordable ICHRA. Please take a moment to review the details provided for this scenario.

1.33 Scenario 5: Employee is hired after the first day of the plan year

Scenario 5: Employee is hired after the first day of the plan year

- An employer offers all employees an ICHRA that starts on January 1, 2020. The ICHRA amount is \$7,000 for the employees enrolled for all 12 months of the plan year.
- The employer hires Tom on January 15, 2020, and he is eligible to enroll in the ICHRA with an effective date of the first day of the following month, February 1, 2020, as long as he enrolls in individual health insurance coverage that takes effect on or before February 1, 2020. He is offered a pro-rated amount of \$6,416 based on the portion of the plan year during which he will be covered by the ICHRA. Like other employees, Tom's ICHRA affordability will be based on the ICHRA's monthly amount of \$583.27 (\$6,416/11 months of HRA eligibility).
- He must select a plan by January 31, 2020 in order to ensure an individual health insurance coverage effective date of February 1, 2020. Alternatively, Tom has 60 days after his ICHRA could start to enroll in individual market coverage that will take effect the first of the following month. However, he should first confirm that his employer will permit his ICHRA to start later than February 1.

Scenario 5 is not crucial for consumers to look at for Open Enrollment purposes because

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it illustrates a scenario where an employee is hired after the first day of his Individual Coverage HRA plan year. That scenario is a resource if you want to understand a little bit more about how that might work. If an employee is hired later in the year, an employee does not have access to the full year of Individual Coverage HRA benefits and does need to take advantage of the special enrollment period.

1.34 General Resources and Other Marketplace Updates



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General Resources and Other Marketplace Updates

Now we will review general agent and broker resources and other Marketplace updates.

1.35 Plan Year 2020 Marketplace

Plan Year 2020 Marketplace Registration and Training is Live!

- Plan year 2020 Marketplace registration and training is now available through the CMS Enterprise Portal at <https://portal.cms.gov>.
- Returning agents and brokers must complete registration by October 31 to avoid having your Marketplace system access revoked and so issuers may provide compensation for your Marketplace enrollments.

<p><i>New Agents and Brokers (those who did not complete plan year 2019 registration)</i></p> <ul style="list-style-type: none">Must take the full Individual Marketplace training for plan year 2020Must execute the Agent Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the Marketplace Learning Management System (MLMS)	<p><i>Returning Agents and Brokers (completed plan year 2019 registration)</i></p> <ul style="list-style-type: none">Must take either the condensed or full required training for plan year 2020Must execute the Agent Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the MLMS
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**For instructions on how to complete Marketplace registration, please see the [Agents and Brokers Resources Plan Year 2020 Registration and Training webpage](#).*

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Plan year 2020 the registration and training season is available; we started back on August 12, 2019. You still have time to go ahead and complete your registration and training for plan year 2020 before we begin open enrollment on November the 1st.

In order to access the training, you can do so through the CMS portal prior to November 1, 2019. We will publish this slide presentation on REGTAP, and we will also publish on the CMS agent and broker resources webpage.

We remind you that for returning agents and brokers, those who completed the registration and training for last plan year, for plan year 2019, you should make sure that you are completing registration and training for this plan year prior to October 31st in order for you to avoid having your Marketplace system access revoked. Please be mindful of that and make sure you have completed registration and training. If you want to confirm that you have completed training, you can check that on the registration completion list, making sure your NPN is on that list.

To alert some of you to what we consider a new agent and broker as opposed to a returning agent or broker, a new agent or broker is someone who has not completed registration and training for plan year 2019, in other words, you do not see that your NPN is on the registration completion list for this year. That means for plan year 2020 you would have to complete the full training for an agent or broker. As usual all agents and brokers must execute the applicable agreements.

For a returning agent and broker, that is someone who did complete the training for last year, for plan year 2019. And so, for this year, for plan year 2020, you're able to take a more condensed, a shorter version of the training and again you must also complete the applicable agreements as well.

Moving on, we're going to talk a little bit about some upcoming activities that we have going on, which will include of course our webinars that we will still have going all the way to the end of the year.

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1.36 Upcoming Activities

Upcoming Activities

- The slides from this webinar will be available on the Registration for Technical Assistance Portal at www.REGTAP.info and on the Agents and Brokers Resources webpage at <http://go.cms.gov/CCIOAB> in the coming days.
- Watch your email for invitations to upcoming events.
- Webinars** will continue through October to help you **prepare for plan year 2020 Open Enrollment, enhance your knowledge** of Marketplace policies and learn **how you can continue to assist your clients** throughout the plan year.

Upcoming Events*

Mark your calendars for these dates and times.


Tuesday, October 22 2-3 PM ET
Webinar: Assisting Clients with Transitions from Marketplace to Medicare Coverage
Thursday, October 24 18 2-3 PM ET
Webinar: Plan Year 2020 Policy and Application Updates

At the bottom here on the slide, we have listed the webinars that we have coming up later in October, so be on the lookout for those.

1.37 Overview of the

Overview of the Resources for Agents and Brokers Webpage

- Primary resource for agents and brokers to receive information from CMS about working in the Health Insurance Marketplace
- Provides the latest news and resources, including newsletters, webinars, fact sheets, videos, and tip sheets
- <http://go.cms.gov/CCIOAB>



We want to make sure you're aware that we do have an agent and broker resources webpage. the Agent and Broker resource page is available and there's a wealth of information available for you on that site. In your internet browser type: www.CMS.gov on the right-hand side you'll see a search box. Enter: agent and broker; typically the first

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option that comes up is the agent and broker resources webpage.

1.38 General Resources: Dynamic List

General Resources: Dynamic List

Resources for Agents and Brokers in the Health Insurance Marketplaces

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).

Background

To the extent permitted by states, licensed agents and brokers may assist consumers determine their eligibility for insurance affordability programs, including advance payment of the premium tax credit, cost-sharing reductions, and annual...

Agents and brokers of health insurance that understand their own and their employees'...

Some states have set up their own individual business marketplaces, while the federal government runs the individual marketplaces through HealthCare.gov and/or SHOP in other states. You can find out if a state is running its own marketplace by visiting healthCare.gov and selecting the state from the drop-down list. Agents and brokers can help consumers apply for and choose insurance options in any state in which the...

Resources for Agents and Brokers in the Health Insurance Marketplaces

Resources for Agents and Brokers in the Health Insurance Marketplaces

Plan Year 2019 Registration and Training

Webinars

News On Demand

Form 1095-A: Questions and Answers for Agents, Brokers and Assistants

Working With Enrollees Impacted by the Failure to File and Records Refresh Process

Financial Assistance: Agents and Brokers Help Your Clients Understand Eligibility for Financial Assistance

How to Instruct Consumers to Insert Your NPN on Marketplace Applications

Plan Year 2019 Registration and Training for New Agents and Brokers

Plan Year 2019 Registration and Training for Returning Agents and Brokers

You can quickly search resources by filtering on:

- Date
- Topic
- Title
- Type of Resource
- Keyword(s)

Filter On: Tip Sheet

Date	Topic	Title	Type of Resource
2018-04	Form 1095-A	Form 1095-A: Questions and Answers for Agents, Brokers and Assistants	Tip Sheet
2018-04	FTR	Working With Enrollees Impacted by the Failure to File and Records Refresh Process	Tip Sheet
2018-03	Financial Assistance	Agents and Brokers Help Your Clients Understand Eligibility for Financial Assistance	Tip Sheet
2018-03	NPN	How to Instruct Consumers to Insert Your NPN on Marketplace Applications	Tip Sheet
2018-02	Plan Year 2019 Registration and Training	Guide to Plan Year 2019 Marketplace Registration and Training for New Agents and Brokers	Tip Sheet
2018-02	Plan Year 2019 Registration and Training	Guide to Plan Year 2019 Marketplace Registration and Training for Returning Agents and Brokers	Tip Sheet

Showing 1 to 6 of 6 entries (filtered from 143 total entries)

This slide is about our dynamic list. This is a list that we released about a year ago; it allows you to search for resources that you're looking for. If you know the title of a particular resources, you can search by title. You can search by date, you can type in the title if you know the title of a particular resource, the type of resource that it is, whether it's a tip sheet, a webinar, it could be a newsletter. Whatever it is, you can put that information in order to search and get a more condensed shorter list of the resources available.

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1.39 Recently Posted Resources Available on the Resources for Agents and Brokers Webpage

Recently Posted Resources Available on the Resources for Agents and Brokers Webpage	
Resource	Date
What's New in the Agreements for Plan Year 2020 Training	September 2019
Enrolling Young Adults and Other Hard-to-Reach Populations	September 2019
How To Resolve Income Data Matching Issues	August 2019
Help On Demand Overview	August 2019
Tips for Maximizing Your Participation in Help On Demand	August 2019

Here are a couple of links that will take you to some of the recent posting of resources that we listed lately on the agent and broker resources web page in August 2019 as well as in September 2019. You want to check back to the agent and broker web page often for updated resources, we do update our page. Most of the time we do our updates weekly. But at least every other two (2) weeks. You want to keep checking back to see what is new out there. We do send out emails through GovDelivery to make you aware of new resources we have out. We also send out messaging through REGTAP, where you registered for the webinar today to keep you abreast of recent resources as well.

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1.40 Agent and Broker Resource Catalog

Agent and Broker Resource Catalog

- The quarterly [CMS Marketplace Agent and Broker Resource Catalog](#) is available.
- This catalog contains references to online resources, brief descriptions of offerings from the Agents and Brokers General Resources webpage, links to informative videos and webinars, and much more.
- CMS will release an updated catalog quarterly, as new resources become available.




This is the agent broker resources catalog that we have available for you. Currently, the latest version we have available is the July 2019 issue of our catalog. We are working on getting you an updated version of the catalog as soon as possible. Even though, we do have a catalog, which makes it a nice one-stop shopping desktop sort of resource for you, you can still access all the agent broker resources by going to the agent broker resources webpage and clicking on the dynamic list.

1.41 Agent and Broker Learning on Demand

Agent and Broker Learning on Demand

- Check out the CMS web series: **A Marketplace Original Series: Agent and Broker Learning On Demand.**
- This self-paced learning series gives agents and brokers the tools they need to maximize enrollments and provide the best service to consumers who are looking to buy individual health insurance through the Marketplace.
- In this video series, agents and brokers explore new developments and topics that are important to enrolling clients.
- The videos can be viewed in any order and at your own pace.
- Visit the CMS YouTube channel at www.youtube.com/user/CMSHHSgov and click on "Playlists" to find the series. You can also download the [Companion Guide](#).

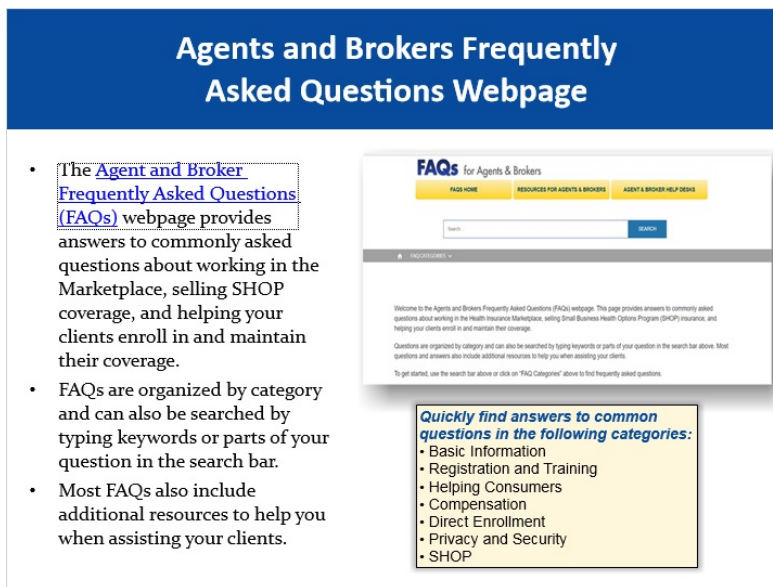


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Agent and broker learning on demand, is our very popular video series for agents and brokers. It allows you to explore a lot of the new developments and topics that are important when you are working with your clients during Open Enrollment. You can access these self-paced videos by going to the agent and broker resources web page; they are also available on YouTube as well. Again, the link is here for you to use once you're able to download the slides. Keep in mind there are other slides that are available from other presentations that are on REGTAP that may also have these links within those presentations.

1.42 Agents and Brokers Frequently



Agents and Brokers Frequently Asked Questions Webpage

- The [Agent and Broker Frequently Asked Questions \(FAQs\)](#) webpage provides answers to commonly asked questions about working in the Marketplace, selling SHOP coverage, and helping your clients enroll in and maintain their coverage.
- FAQs are organized by category and can also be searched by typing keywords or parts of your question in the search bar.
- Most FAQs also include additional resources to help you when assisting your clients.

Quickly find answers to common questions in the following categories:

- Basic Information
- Registration and Training
- Helping Consumers
- Compensation
- Direct Enrollment
- Privacy and Security
- SHOP

This next slide is about our agent and broker frequently asked questions webpage. Here we have a lot of questions that we find that agents and brokers are asking often and so it may be something that more than just one (1) agent or broker is asking. We feel that maybe it's something that you will find helpful and interesting as well. So, there is a link to the agent broker FAQ site on the agent and broker resources web page; its easy access for you.

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1.43 Agent and Broker Resources

Agent and Broker Resources	
Resource	Link
Agents and Brokers Resources webpage	http://go.cms.gov/CCIIOAB
Agent and Broker FFM Registration Completion List	https://data.healthcare.gov/ffm_ab_registration_lists
Agent and Broker Marketplace Registration Tracker	https://data.healthcare.gov/ab-registration-tracker/
Find Local Help Tool	https://localhelp.healthcare.gov/
Help On Demand	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Help-On-Demand-for-Agents-and-Brokers.html
Agent and Broker NPN Search Tool	www.npr.com/PacNpnSearch.htm
Issuer & Direct Enrollment Partner Directory	https://data.healthcare.gov/issuer-partner-lookup

A full list of useful websites is available from the Agents and Brokers Resources webpage <http://go.cms.gov/CCIIOAB> under Quick Links.

There are several resource links listed here for you. The first one is to the agent and broker resources webpage, following that is a link to the Agent and Broker registration completion list for the FFM. We have our Agent Broker Marketplace Registration Tracker here on this slide. Our Find Local Help Tool information for you there. Make sure you check out Help On Demand. We're getting close to Open Enrollment, you want to make sure that you are up-to-date on all information on Help On Demand. We recently had a webinar on Help On Demand and that slide deck is available on REGTAP.

We have our NPN Search Tool here for you as well as an Issuer and Direct Enrollment Partner Directory. Again, many helpful links for you as we're going into Open Enrollment. We want to be sure that you have as much information as we can possibly give you so that you are ready and prepared on November the 1st.

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1.44 Most Frequently Used Agent/Broker Marketplace

Most Frequently Used Agent/Broker Marketplace Help Desks and Call Centers			
Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Marketplace Service Desk	1-855-CMS-1515 1-855-267-1515	<ul style="list-style-type: none"> CMS Enterprise Portal password resets and account lockouts Other CMS Enterprise Portal account issues or error messages General registration and training questions (not related to a specific training platform) Login issues on the Direct Enrollment agent/broker landing page Technical or system-specific issues related to the Marketplace Learning Management System (MLMS) User-specific questions about maneuvering in the MLMS site, or accessing training and exams 	Mon-Fri 8:00 AM–8:00 PM ET October–November only: Sat–Sun 10:00 AM–3:00 PM ET
Agent/Broker Email Help Desk	FFMIProducer-AssisterHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> General enrollment and compensation questions Manual identity proofing/Experian issues Escalated general registration and training questions (not related to a specific training platform) Agent/Broker Registration Completion List issues Find Local Help listing issues Help On Demand participation instructions or questions Report concerns that a consumer or another agent or broker has engaged in fraud or abusive conduct 	Mon-Fri 8:00 AM–6:00 PM ET
Marketplace Call Center Agent/Broker Partner Line	1-855-788-6275 Note: Enter your NPN to access this line. TTY users 1-855-889-4325	Specific consumer application questions related to: <ul style="list-style-type: none"> Password reset for a consumer HealthCare.gov account, Special enrollment period not available on the consumer application, or Consumer specific eligibility and enrollment questions 	Mon–Sun 24 hours/day

This next slide talks about our Help desks that are available for you. The Help Desk and Call Center contact information here is available to you as we're preparing for open enrollment. If you run into issues the type of inquiry that are handled by those particular Help Desks or Call Centers is shown here, along with their hours of operation. Please note, some may be open 24 hours a day as you'll see here. For instance, the Marketplace call center you'll see a note here that says Monday through Sunday they are open 24 hours a day, but then you'll see that the Agent Broker Helpdesk is only available Monday through Friday from 8:00 - 6:00 pm eastern standard (ET) time. Please be aware of those timeframes so that when you're running into an issue so you can be sure that someone is going to be available to address that issue for you.

Individual Coverage Health Reimbursement Arrangements (ICHRA) and the Marketplace

Computer-based training (CBT) Transcript

1.45 Most Frequently Used Agent/Broker Marketplace

Most Frequently Used Agent/Broker Marketplace Help Desks and Call Centers (Continued)			
Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
Small Business Health Options Program (SHOP) Call Center	800-706-7893 TTY users 1-888-201-6445	<ul style="list-style-type: none">Inquiries related to SHOP eligibility determinations on HealthCare.govContact the insurance company for most questions about SHOP plans, such as applications, enrollment, renewal, or changing or updating coverage.	Monday-Sunday 24 hours/day
Marketplace Appeals Center	1-855-231-1751 TTY users 1-855-739-2231	<ul style="list-style-type: none">Status of a Marketplace eligibility appealHow to appoint an Authorized Representative to request Marketplace eligibility appeal on a consumer's behalf	Monday-Friday 7:00 AM-8:30 PM ET

A [full list of Agent/Broker Help Desks and Call Centers](http://go.cms.gov/CCI/OAB) is available from the Agents and Brokers Resources webpage (<http://go.cms.gov/CCI/OAB>) under Quick Links.

This is a continuation of additional Help Desks that are available to you. There's a SHOP call center as well as a Marketplace Appeals Center.

1.46 Conclusion

Conclusion

[Replay Course](#) [Exit Course](#)

This completes the CBT. Please click on the replay button to replay the course or the exit button to leave the course.