



Helping Consumers Apply and Enroll in Marketplace Coverage

INDIVIDUALS & FAMILIES

The Health Insurance Marketplace is Open!

Enroll now in a plan that covers essential benefits, pre-existing conditions, and more.

Plus, see if you qualify for lower costs.

[APPLY ONLINE](#)

[APPLY BY PHONE](#)

October 28, 2019

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

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.

This document generally is not intended for use in the State-based Marketplaces that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers 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 includes Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform.

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Webinar Agenda

- Availability of See Plans and Prices for Plan Year 2020
- Reminder of Enrollment Pathways
- How to Ensure Consumers Can Find You via Find Local Help
- Reminder of the Circle of Champions Qualification Requirements
- Other Marketplace Updates
- Questions and Answers

Helping Consumers Apply and Enroll in Marketplace Coverage

Get Coverage Keep or Update Your Plan See Topics ▾ Get Answers



Preview 2020 plans & prices now!

Check out plans now. Enroll or renew from November 1 to December 15.

PREVIEW 2020 PLANS & PRICES

Looking for coverage for a small business? [Learn more](#)

*Availability of
“See Plans and
Prices” for Plan
Year 2020*

Using the “See Plans & Prices” Tool

- To get estimates on HealthCare.gov without logging in, a consumer can select **“Preview 2020 Plans & Prices.”**
- First, the consumer should answer general questions in the tool about his or her household and expected income.

The screenshot shows the HealthCare.gov interface for the 'Preview 2020 plans & prices' tool. The page has a teal header with the 'HealthCare.gov' logo. Below the header, the title 'Preview 2020 plans & prices' is displayed in a large, dark font. Underneath the title, there is a short instruction: 'Answer a few questions to see plans and prices available in your area. Or, skip the questions and see full priced plans.' The interface is divided into two main steps. Step 1, 'Enter your ZIP code', is marked as 'Completed' with a green checkmark and includes a 'Restart' link. Below this step, a green 'Start' button is visible. Step 2, 'Tell us about you & your household', is currently active and includes a list of questions: 'Your current plan', 'Your household', 'Your household income', and 'View estimated savings'.

HealthCare.gov

Preview 2020 plans & prices

Answer a few questions to see plans and prices available in your area. Or, skip the questions and see full priced plans.

- 1 Enter your ZIP code** ✓ Completed
[Restart](#)
You'll see plans available in the ZIP code you enter. If you change the ZIP code you'll restart your search.
- 2 Tell us about you & your household** Start
Answer questions about your current plan, household, and income to see more accurate prices and estimated savings.
 - Your current plan
 - Your household
 - Your household income
 - View estimated savings

See Eligibility Estimate

Next, the consumer will see an estimate of what he or she might be eligible for, including whether the consumer may be eligible for a premium tax credit or other savings.

Estimated savings overview

May be eligible for a **premium tax credit**:

You (age: 36)

Your spouse (age: 36)

Based on the income and household information you provided, your household may qualify for an estimated premium tax credit of:

\$509 per month

This is an estimate.

A premium tax credit is the amount you can use to lower your monthly premium each month. It's not the premium itself. When you view plans, the premium will be reduced by this amount.

You'll get your exact premium tax credit amount when you complete an application.

Important: This tool is a fast way to preview plans and price estimates before logging in; it is not a coverage application. Consumers may find a plan they like before logging in and creating an account. Then, consumers can add more details, see plan options with final prices, pick a plan, and enroll.

Estimate Yearly Out of Pocket Costs

- After selecting **View Plans**, the consumer will see plans that are available in their area.

View health & dental plans

Viewing plans for this group [Edit](#)

- You (age 36)
- Your spouse (age 36)

Your total estimated tax credit: **\$508.63**

[Estimate your total yearly costs](#)

[See if doctors, facilities, & drugs are covered](#)

- To **estimate total yearly costs**, the consumer selects this option at the top of results or on any plan.
- The consumer sees examples about the expected medical care needs and can select Low, Medium, or High levels of utilization for each person.
- When the consumer returns to plan results, he or she will see estimated total yearly costs for each plan based on the level of utilization chosen.

Estimate total yearly costs

When you compare plans, it's important to think about **all** costs for the year, not just your monthly premium. Your total costs include:

Yearly premiums

Your monthly premium payment x 12 months (reduced by any premium tax credit you qualify for)

+

Yearly deductible

The amount you pay each year before the plan pays anything. From \$0 to several thousand dollars, depending on the plan.

+

Copays & coinsurance

Charges (a set dollar amount or percentage) each time you visit a doctor, get care, or buy a prescription drug.

=

Total yearly costs

Pick your expected use of care below. Later you'll see each plan's estimated total costs for that amount of care.

[Learn more about total yearly costs & level of care.](#)

Select the level of care **you** expect to use this year.

Choose the level closest to what you expect. It's OK if you end up using more or less. This won't change your premiums or cost sharing, or limit how many services you can use.

Expect low use

- Few doctor visits
- Occasional prescription drugs
- No hospital visit expected

Expect medium use

- Regular doctor visits
- Regular prescription drugs
- Hospital visit unlikely

Expect high use

- Frequent doctor visits
- Frequent prescription drugs
- At least one hospital visit likely

See if Doctors and Prescription Drugs Are Covered

- The consumer can check to see if his or her household's doctors and medical facilities participate in the plans being displayed, and if specific prescription drugs are covered.
- The consumer can select to search for both medical providers and prescription drugs, or just one.
- Smart search suggestions are available to help with spelling as the consumer types.

Optional step: See if doctors, facilities, & drugs are covered [View steps](#)

See if your doctors, facilities & drugs are covered

Enter your doctors, facilities, and prescription drugs. You'll see if they're covered in the plan's network when you review plans and prices.

What do you want to search for?

Doctors & facilities

Prescription drugs

[Continue](#) [Back to plans](#)

Add your drugs

Begin typing to find & select the drug you use regularly.

[Search](#)

- Prednisolone
- Prednisolone/sulfacetamide
- Prednisolone/sulfacetamide
- Prednisolone/sulfacetamide
- Prednisolone
- Methylprednisolone
- Prednisone

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See if Doctors and Prescription Drugs Are Covered (Continued)

- After searching for a doctor, facility, or drug, the consumer must confirm the name and identifying information of the entity or drug by selecting the correct option from the search list that populates, and then check the box to select the providers and drugs that match.
- After the consumer selects his or her doctors and drugs and returns back to plan results, the consumer can see which plans cover them.

Add your doctors & facilities

Begin typing to find & select your doctor or facility.

Showing results for **smith**

<p>PROVIDER NAME</p> <p>Physician Assistant physician assistant Hamilton, OH (9.00 mi away)</p> <input type="checkbox"/> Select	<p>PROVIDER NAME</p> <p>Counselor · Mental Health social worker: clinical, counselor: mental health Hamilton, OH (9.00 mi away)</p> <input type="checkbox"/> Select
<p>PROVIDER NAME</p> <p>Counselor licensed professional counselor Hamilton, OH (13.87 mi away)</p> <input type="checkbox"/> Select	<p>PROVIDER NAME</p> <p>Counselor · Mental Health mental health counselor, nurse practitioner Fairfield, OH (14.70 mi away)</p> <input type="checkbox"/> Select
<p>PROVIDER NAME</p> <p>Nurse Practitioner · Family certified nurse practitioner Trenton, OH (15.41 mi away)</p> <input type="checkbox"/> Select	<p>PROVIDER NAME</p> <p>Occupational Therapist occupational therapist Middletown, OH (16.62 mi away)</p> <input checked="" type="checkbox"/> Select

Filter and Compare Plans

- Plan results include the number of plans available and high-level details for each plan, including plan name, plan category, premium amount, deductible amount, and associated out-of-pocket maximum.
- **Filter plans by feature** to see plans by category, company, cost, and more
- **Select plans to compare** by choosing up to three plans to compare them side-by-side

The screenshot displays a web interface for comparing health and dental plans. At the top, it says "View health & dental plans" and shows a summary for a group of two people (age 36). A red box highlights a button that says "62 plans available" and "Filter Plans". Below this, three plan cards are shown. Each card has a "Compare" button highlighted with a red box. The first plan has a premium of \$32.39, a deductible of \$16,300, and an out-of-pocket maximum of \$16,300. The second plan has a premium of \$58.69, a deductible of \$16,300, and an out-of-pocket maximum of \$16,300. The third plan has a premium of \$63.99. Each card also shows details like copayments, medical providers, and drug coverage.

Filter and Compare Plans (Continued)

Using the **Compare Plans** feature, the consumer can see his or her different plan options side-by-side and compare plan specifics, such as the estimated monthly premium, the deductible, the out-of-pocket maximum, and costs for specific types of medical care.

The screenshot shows a 'Compare plans' interface. At the top, there is a 'Back to plans' link, 'Print', 'Email', and 'Link' buttons, and a 'Sharing your information' link. Below this are three plan cards, each with a 'PLAN NAME' header and a 'Like this plan' button. A 'Highlights' section follows, containing a table with the following data:

Category	Plan 1	Plan 2	Plan 3
Estimated monthly premium	\$63.99 Including a \$508.63 tax credit Was \$572.62	\$66.53 Including a \$508.63 tax credit Was \$575.16	\$72.29 Including a \$508.63 tax credit Was \$580.92
Deductible	\$8,000 Individual total \$16,000 Family Total	\$7,700 Individual total \$15,400 Family Total	\$7,200 Individual total \$14,400 Family Total
Out-of-pocket maximum	\$8,150 Individual total \$16,300 Family Total	\$8,150 Individual total \$16,300 Family Total	\$8,150 Individual total \$16,300 Family Total
Estimated total yearly costs	<input type="button" value="Add"/>	<input type="button" value="Add"/>	<input type="button" value="Add"/>
Plan metal level	Bronze	Bronze	Bronze

Note that health plans can change which doctors and facilities are in their networks on a continual basis, and providers can change locations and affiliations frequently. Encourage the consumers you assist to check with their providers and/or issuers to confirm the providers accept the chosen qualified health plan (QHP).

Next Steps

Once the consumer finds a plan that best suits his or her needs, the tool will direct the consumer to print or email the page and return to HealthCare.gov on or after November 1 to enroll in the plan.

Optional step: View health & dental plans [View steps](#)

[← Back to plans](#) Print Email Link [Sharing your information](#)

Great! You've found a plan you like.

PLAN NAME

You can enroll as soon as November 1, 2019.

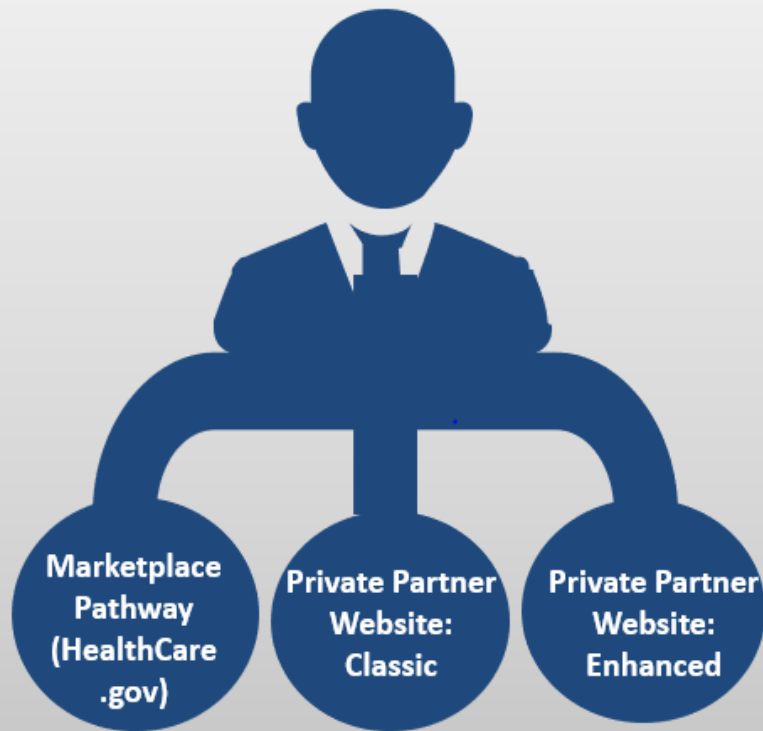
Next steps:

1. **Print or email this page** so you'll have the full plan name and 14-character Plan ID.
2. **When you return as soon as November 1**, you can fill out or update your 2020 application. You can enroll in the plan you've found here or any other one.

Important: The premiums and tax credit you've seen here are just estimates based on limited information. When you complete your application, you'll see exact premiums, reduced by the tax credit you qualify for.

Remember: This is a preview of available QHPs and not an actual eligibility determination or coverage application. Consumers will need to log in and apply for coverage after using these tools.

Helping Consumers Apply and Enroll in Marketplace Coverage



*Reminder of Pathways to
Assist Consumers
Enrolling in Marketplace
Coverage*

Marketplace Enrollment Pathways

Agents and brokers registered with the FFM may assist consumers with enrollment in a Marketplace qualified health plan (QHP) through one of two pathways:

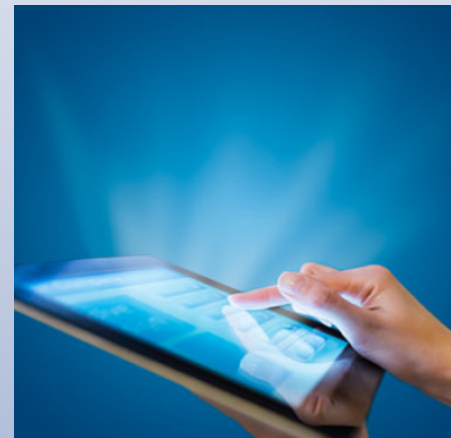
Marketplace Pathway

Use HealthCare.gov and work “side-by-side” with consumers.



Private Partner Website Pathway

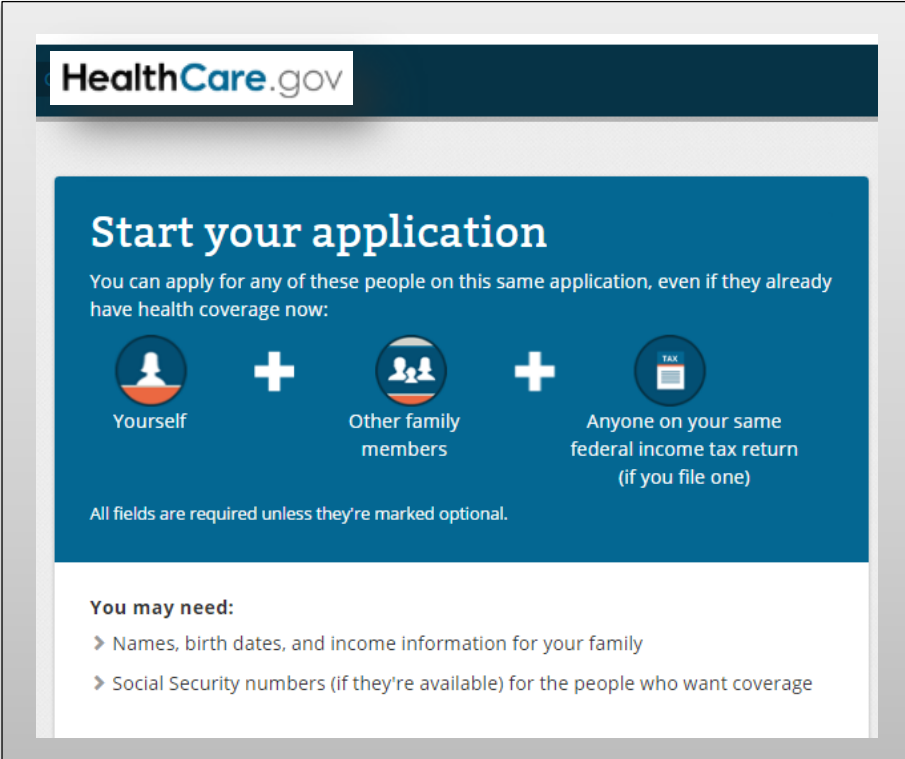
Use an approved private third-party (issuer or web-broker) website (also known as Direct Enrollment (DE)).



Marketplace Pathway

In this Pathway, registered agents and brokers help a consumer obtain an eligibility determination and select a QHP directly at HealthCare.gov. The consumer creates an account, logs in to the site with a consumer account, and “drives” the process; the agent or broker does not log in to HealthCare.gov.

Most consumers with simple household scenarios will use a streamlined (shorter) HealthCare.gov application.



The screenshot shows the HealthCare.gov website interface. At the top, the HealthCare.gov logo is displayed in a dark blue header. Below the header, a large blue banner contains the text "Start your application" in white. Underneath this banner, a smaller blue box contains the text "You can apply for any of these people on this same application, even if they already have health coverage now:". Below this text, three icons are shown: a person icon labeled "Yourself", a plus sign, a family icon labeled "Other family members", a plus sign, and a tax icon labeled "Anyone on your same federal income tax return (if you file one)". Below these icons, the text "All fields are required unless they're marked optional." is displayed. At the bottom of the page, a white box contains the text "You may need:" followed by two bullet points: "› Names, birth dates, and income information for your family" and "› Social Security numbers (if they're available) for the people who want coverage".

Private Partner Website Pathway

Issuers and web-brokers that are approved to participate in the Private Partner Website Pathway may offer different levels of service to agents and brokers for assisting consumers.

Private Partner Website Pathway: Classic

- Agents and brokers begin on an issuer's or web-broker's website, redirect to HealthCare.gov to submit an application and get an 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 Direct Enrollment or the "Double Redirect" Pathway.

Private Partner Website Pathway: Enhanced

- 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 Enhanced Direct Enrollment (EDE) Pathway.
- The Marketplace remains responsible for making eligibility determinations.

Finding an Approved Private Partner

- You must use an approved issuer or web-broker to access the enhanced private partner enrollment and client management capabilities.
- You may find an issuer or web-broker that is approved to offer these services via the [Issuer & Direct Enrollment Partner Directory](#).
- *NEW* The directory has an updated user experience for plan year 2020 that allows agents and brokers to search for issuers and DE partners by state.

Each Directory listing contains:

- Partner name
- Level of service offered (e.g., classic functionality, simplified or expanded application capabilities)
- Issuer agent/broker contact information
- Information on whether a partner offers Small Business Health Options Program (SHOP) plans and/or stand-alone dental plans

- The Directory also has information on DE partners that only offer the Classic Pathway (with the redirect to HealthCare.gov), and issuers that only enroll consumers through HealthCare.gov, that are interested in working with the agent and broker community.



Helping Consumers Apply and Enroll in Marketplace Coverage

[HealthCare.gov](https://www.healthcare.gov) | Find Local Help

*How to Ensure
Consumers Can Find
You via Find Local
Help*

Find Local Help is designed to help consumers find you to assist them with Marketplace applications.

- Consumers can find the tool by visiting <https://localhelp.healthcare.gov/> or by clicking the “Find Local Help” button on www.healthcare.gov.
- To use the Find Local Help tool to find help in their area, consumers simply search by city and state or ZIP code to view a list of local organizations (assisters) and/or individuals (agents and brokers) who can help them apply, pick a plan, and enroll.



Select one of the following options to be listed in Find Local Help.

In your Marketplace Learning Management System (MLMS) profile, you have the following four options to display your contact information:

ocal registered agent or broker to assist them with the Federally facilitated Marketplace, including the SHOP

-Select One-

I would like all my contact information displayed for all states where I have a valid health license.

I would like my contact information, except my street address, displayed for all states where I have a valid health license.

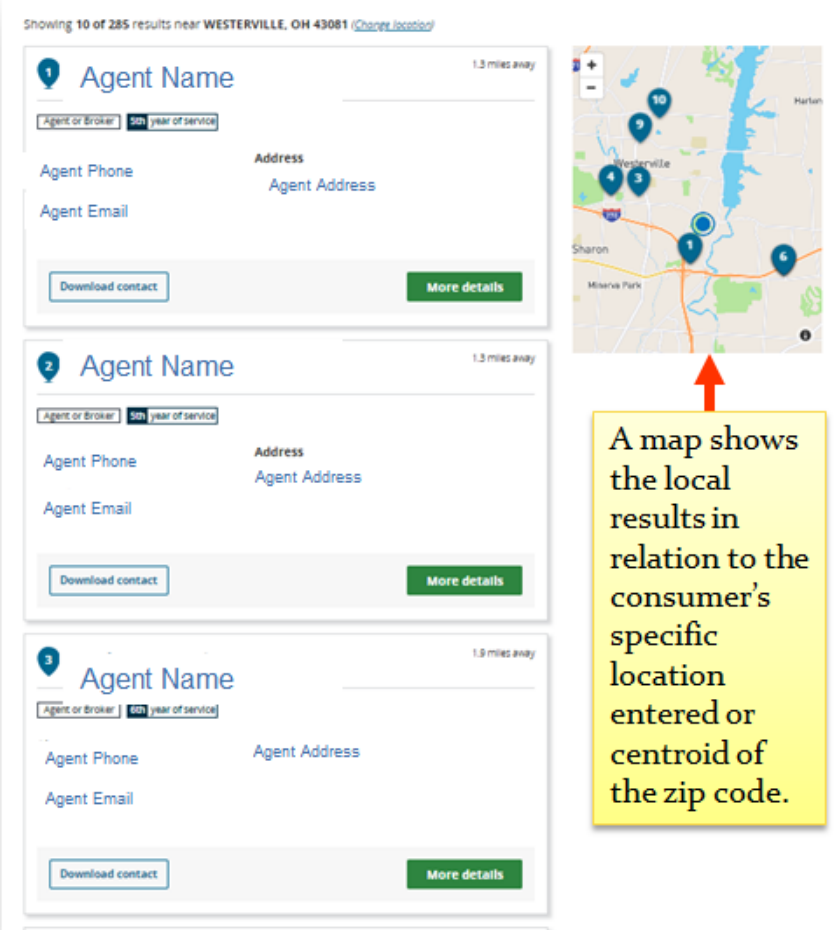
I would like all my contact information displayed but only for my home state.

I don't want my contact information displayed and do not want to participate in Find Local Help or Help On Demand.

- In the MLMS, you have the option of displaying your contact information for Find Local Help in **all HealthCare.gov states where you have a valid license (options 1 and 2 above)**.
- You can also choose to display your information for your **home state only (option 3 above)**.
- **If you choose option 4 above, you will NOT be able to participate in Find Local Help until you update your settings in the MLMS.**

Find Local Help Search Results

- After entering their city and state or ZIP code, consumers are presented with a list of results with contact information.
- Consumers can select the “**More details**” button for office hours, and types of help offered, such as non-English language support, Medicaid or Children’s Health Insurance Program, and SHOP.



Showing 10 of 285 results near WESTERVILLE, OH 43081 ([Change location](#))

1 Agent Name 1.3 miles away
Agent or Broker 5th year of service
Agent Phone Address
Agent Email Agent Address
[Download contact](#) [More details](#)

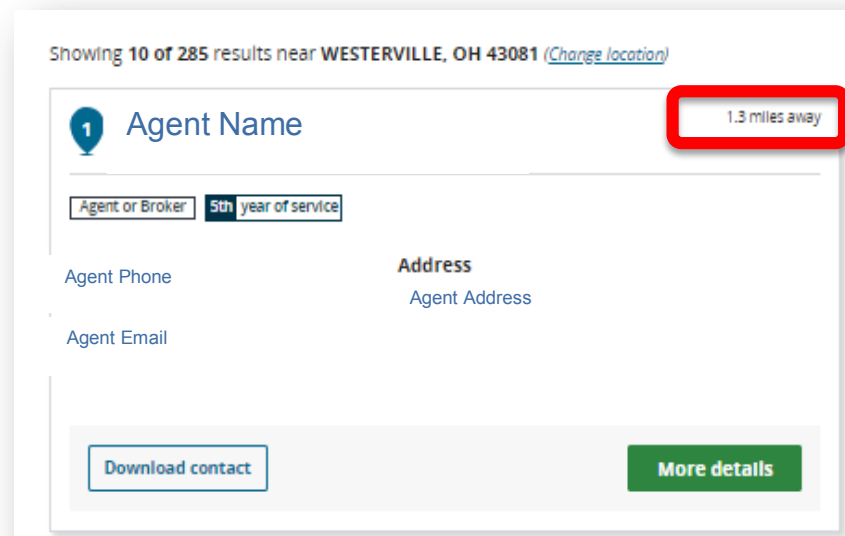
2 Agent Name 1.3 miles away
Agent or Broker 5th year of service
Agent Phone Address
Agent Email Agent Address
[Download contact](#) [More details](#)

3 Agent Name 1.9 miles away
Agent or Broker 5th year of service
Agent Phone Address
Agent Email Agent Address
[Download contact](#) [More details](#)

A map shows the local results in relation to the consumer's specific location entered or centroid of the zip code.

Find Local Help Search Results (Continued)

- The default for display of search results is in order of distance to the centroid of the zip code, if you have elected to display all of your contact information.
- The distance is indicated by the label on the top right corner of the listing.



Showing 10 of 285 results near WESTERVILLE, OH 43081 ([Change location](#))

1 Agent Name 1.3 miles away

Agent or Broker 5th year of service

Agent Phone Address
Agent Address

Agent Email

Download contact More details

Helping Consumers Apply and Enroll in Marketplace Coverage



*Reminder of
the Circle of
Champions
Qualification
Requirements*

What is the Marketplace Circle of Champions?

- The Marketplace Circle of Champions is an annual recognition program for Marketplace-registered agents and brokers who assist with at least 20 active enrollments in Marketplace coverage during Open Enrollment.
- There are three Circle of Champions recognition levels for agents and brokers.



Circle of Champions
Agents and brokers who complete 20-99 active enrollments



Elite Circle of Champions
Agents and brokers who complete 100-499 active enrollments



Elite Plus Circle of Champions
Agents and brokers who complete 500+ active enrollments

How do I qualify for the Circle of Champions?

- To qualify for the Circle of Champions, you must have assisted with at least 20 active new enrollments and/or re-enrollments in Marketplace coverage during Open Enrollment.
- An enrollment is considered “active” when the agent or broker helps:
 - A new enrollee apply for and enroll in Marketplace coverage, or
 - An existing enrollee review his or her application, make updates, and select a plan.
- Enrollments through HealthCare.gov and approved partner websites via the DE and EDE Pathways count toward qualification for the Circle of Champions.
- For enrollments to count, your clients must include your National Producer Number (NPN) on their Marketplace application.
- Enrollments are counted by individual and not groups (e.g., if you help enroll a family of four, you receive credit for four enrollments).
- Prior year, special enrollment period, and auto re-enrollments DO NOT count toward Circle of Champions eligibility.

What do I receive for joining the Circle of Champions?

- If you achieve Circle of Champion status at any of the three levels, you will receive a recognition package with the following materials:
 - Appreciation letter from CMS
 - Personalized certificate of recognition
 - Commemorative digital badge
 - Digital and social media toolkit
- Recognition materials can be used to promote your accomplishment among your peers and within your community.
- Recognition materials are electronically delivered by email to Circle of Champions qualifiers regularly throughout Open Enrollment and are not sent via postal mail.
- All recognition materials are digital and can be downloaded from links in the email.

Helping Consumers Apply and Enroll in Marketplace Coverage

*Other
Marketplace
Updates*



Mark Your Calendars for Upcoming Office Hours

Office Hours



CMS will host a series of open-forum office hour sessions for agents and brokers during the Open Enrollment period to offer you real-time access to CMS experts who can answer your questions.

Upcoming Office Hours*

Mark your calendars for these dates and times.

Wednesday 11/6 3-4 PM ET

Thursday 11/14 2-3 PM ET

Saturday 11/16 11:30 AM-12:30 PM ET

Thursday 11/21 2-3 PM ET

Monday 11/25 2:30-3:30 PM ET

Thursday 12/5 2-3 PM ET

Saturday 12/7 11:30 AM-12:30 PM ET

Thursday 12/12 2-3 PM ET

**All times are Eastern Time.*



Make Sure Clients Enter Your NPN in the HealthCare.gov Application

HealthCare.gov

← Back

Application help

Is a professional helping you complete your application?
If a family member or friend is helping you, select "No."
[Learn about professionals who can help with your application.](#)

Yes
 No

Which type of professional is helping you?
Select all that apply.

Navigator
 Certified application counselor
 Agent or Broker
 Other assister

Tell us about the agent or broker.

First name

Middle initial
Optional

Last name

Suffix
Optional

National Producer Number (NPN)

Save and continue

When you assist consumers using HealthCare.gov, the **Application Help section is where they will enter your name and NPN to indicate you helped them.**

The consumer should complete all applicable fields.

Consumers can list multiple entities or individuals who provide assistance (e.g., an agent or broker and a Navigator).

Do not forget to ask your clients to include your NPN. This is a critical step in completing the application in order for you to receive compensation for the enrollment.

Review [this resource](#) for more information.

Make Sure Clients Enter Your NPN in the HealthCare.gov Application (Continued)

Application ID: 107244483

GET STARTED

- ✓ Privacy policy
- ✓ Contact information
- 3 Help applying for coverage**
- 4 Help paying for coverage
- 5 Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

Help applying for coverage

Tell us if you're getting help from one of these people

Navigator

Certified application counselor

Non-Navigator assistance personnel

Agent or broker

None of these people

First name Middle optional Last name Suffix optional

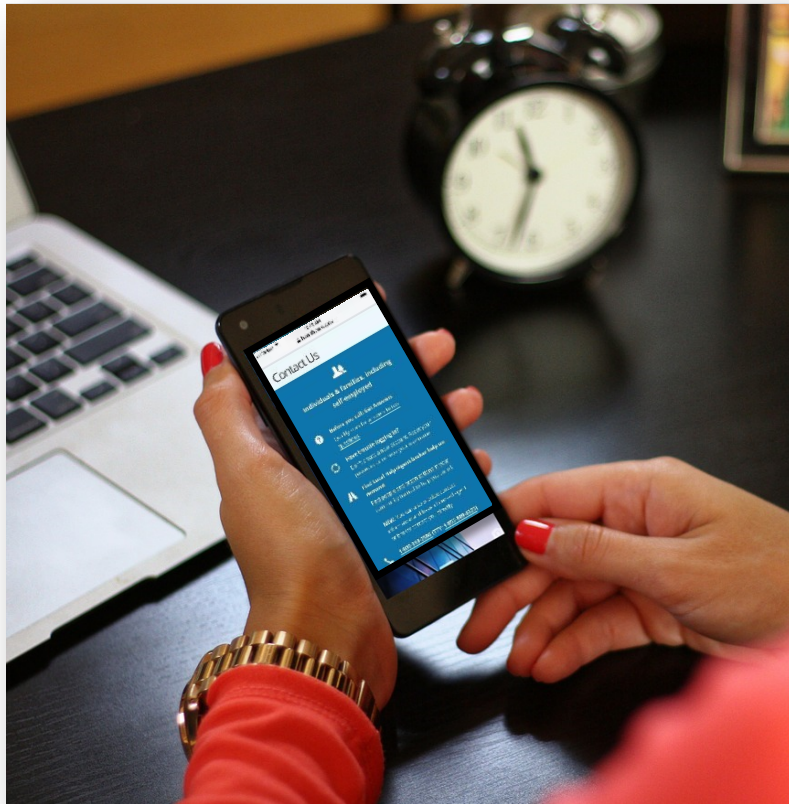
Organization name optional ID number optional

FFM User ID optional NPN number

SAVE & CONTINUE

- In limited scenarios, a small number of consumers may experience a different application flow and will see a screen with the heading “Help applying for coverage” and the instruction to “Tell us if you’re getting help from one of these people.”
- The consumer should select “Agent or Broker” and proceed to enter your name and NPN in the applicable fields.

NPN Retention: Instructing Clients Who Interact with the Marketplace Call Center



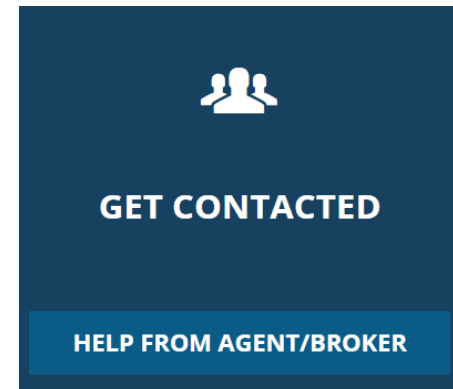
- When a consumer that you previously assisted uses the Marketplace Call Center to update his or her application, your NPN stays with the application unless the consumer actively requests that the Marketplace Call Center representative change the agent or broker of record on the application.
- Even if there is a previous authorization/NPN record, **instruct your client to always provide your name and NPN** to any Marketplace Call Center representative who asks if anyone helped him or her.

Get Connected to Consumers Through Help On Demand

- Help On Demand is a real-time consumer assistance referral system provided by a third-party service that connects individuals on HealthCare.gov with Marketplace-registered, licensed agents and brokers in their area who can provide immediate assistance with Marketplace plan selection and enrollment.
- Only agents and brokers who have completed Marketplace training and registration are eligible to participate in Help On Demand.
- Complete the required, self-paced Help On Demand training at <http://training-help-on-demand.ardx.us/>.
- For more information regarding this service and how to participate, visit the [Help On Demand Resources Page](#), which is accessible via the “Help On Demand” link under “Resources” on the right side of the Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>).



HealthCare.gov



Consumers can request assistance from a Marketplace-registered agent or broker using the Help On Demand tool by selecting “Get Contacted” on www.HealthCare.gov.

2020 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows

Every year, CMS establishes scheduled maintenance windows that provide periods of time when CMS and its partners can make updates or resolve issues. Maintenance will only occur within these windows when deemed necessary to provide consumers with a better shopping experience. Consumer access to HealthCare.gov may be limited or restricted when this maintenance is required.

- The purpose in scheduling these times is to minimize any consumer disruption. Like other IT systems, these scheduled maintenance windows are how we update and improve our systems to run optimally and are the normal course of business.
- In order to allow agents, brokers, assisters, and states to plan in advance of Open Enrollment, we are sharing the maximum potential windows of scheduled maintenance on HealthCare.gov for the upcoming Open Enrollment period. Similar to the last two years, this information is being provided in advance of Open Enrollment to accommodate requests from agents, brokers, assisters, and states.

2020 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows (Continued)

- **It is important to note that these times are the maximum scheduled potential windows when consumer access may be limited if maintenance is needed.**
- As it has been in the past, CMS anticipates the actual maintenance periods will be shorter while we work to minimize disruption for consumers. Last year, while HealthCare.gov had set a total of 60 hours as the maximum potential period of scheduled maintenance during Open Enrollment, only 34.5 hours was used.
- Potential/maximum scheduled HealthCare.gov maintenance windows for this upcoming Open Enrollment period are:
 - Friday, November 1, 2019, early morning to make final preparations ahead of the start of the Open Enrollment period to ensure the website runs smoothly for consumers.
 - Sundays, 12:00 AM to 12:00 PM (maximum time allotted), except on December 15, 2019

2020 Open Enrollment Period HealthCare.gov

Scheduled Maintenance Windows (Continued)

- This year's scheduled maintenance windows are similar to last year.
- Please note that due to a natural change in the calendar, this year's Open Enrollment period contains one more Sunday than last year's Open Enrollment period.
 - As a result, there is one additional potential maintenance window scheduled for this year compared to previous years.
- CMS plans to continue working with agents, brokers, assisters, and states to ensure they have the information necessary to plan for Open Enrollment.

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.nipr.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.

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 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	FFMProducer-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

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.gov Contact the insurance company for most questions about SHOP plans, such as applications, enrollment, renewal, or changing or updating coverage. 	Monday-Sunday 24 hours/day
Marketplace Appeals Center	1-855-231-1751 TTY users 1-855-739-2231	<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

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

Acronym Definitions

Acronym	Definition
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
DE	Direct Enrollment
FFM	Federally-facilitated Marketplace
EDE	Enhanced Direct Enrollment
MLMS	Marketplace Learning Management System
NPN	National Producer Number
QHP	Qualified Health Plan
REGTAP	Registration for Technical Assistance Portal
SBM-FP	State-based Marketplace on the Federal Platform