



Helping Consumers Report Changes to the Marketplace



March 19, 2020

*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

- Reporting Life Changes
- Reporting Changes to Eligible Household Members
- Making Mid-Year Additions of Dental Coverage
- Changing To or From Employer-Sponsored Coverage
- Changing from Marketplace to Medicare coverage
- General Resources and Other Marketplace Updates
- Questions and Answers

Helping Consumers Report Changes to the Marketplace

How & why to **report life changes**

Reporting Life Changes

Why Report a Life Change?

Consumers with Marketplace coverage must report life changes because:

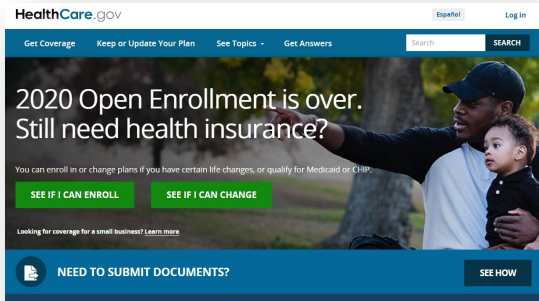
- Life changes can make a difference in the kind of coverage for which they qualify.
 - They may be eligible for a Special Enrollment Period (SEP) to change their Marketplace plan outside of Open Enrollment.
 - They may be determined or assessed as eligible for Medicaid or the Children's Health Insurance Program (CHIP).
- Life changes can also make a difference in the amount of advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) a consumer is eligible for and may impact the amount of premiums the consumer pays.

When to Report a Life Change

- A consumer should report a life change to the Marketplace as soon as possible.
- Regulations require consumers to report changes affecting eligibility information on their application **within 30 days of the change.**
- If these changes qualify consumers for an SEP to make changes to their coverage, in most cases, they have **60 days** from the life event to make changes.

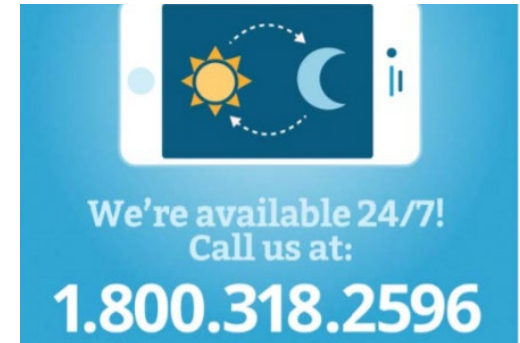


How to Report a Life Change



Direct Enrollment (Classic DE) or Enhanced Direct Enrollment (EDE):

Some Classic DE partners and all EDE partners allow you to initiate changes on behalf of your clients on their websites.



Consumers can contact the **Marketplace Call Center**. TTY users should call 1-855-889-4325.**

Consumers can log in to their Marketplace account at **HealthCare.gov**, select their submitted application, and then select “Report a life change.”*

**Remember: You may not log in as the consumer, using the consumer’s ID and password, when assisting consumers using the Marketplace Pathway.*

*** Remember: You can hold a 3-way call with your client and the Marketplace Call Center, or your client can provide your name and National Producer Number (NPN) to the Call Center to authorize you to speak on your client’s behalf.*

NPN Retention

- When a consumer that you previously assisted uses any of these methods to update his or her application during the year, your NPN stays with the application unless the consumer actively removes or changes it.
 - Resubmitting the application AND re-selecting the plan in Plan Compare is critical to ensure that CMS sends your NPN to the issuer on an 834 enrollment transaction.
 - If your Classic DE partner does not support the submission of a life change that does not qualify for an SEP, your client should use HealthCare.gov to report the change and add your NPN to his or her application.
- Marketplace Call Center representatives will not remove your NPN from an application or change the agent or broker of record on an application unless requested by the consumer.
- Even if there is a previous authorization/NPN record, instruct your client to **always provide your name and NPN** if a Marketplace Call Center representative asks if anyone helped him or her.

After a Consumer Reports a Life Change

After consumers report changes to the Marketplace, they will receive a new eligibility notice that explains:

- Whether they qualify for an SEP that allows them to make a change to their coverage.
- Whether they are eligible for a different amount of financial assistance based on their new income, household size, or other changed information.
- Whether they are eligible for a different kind of coverage, such as Medicaid or CHIP.

Steps to Report a Life Change on HealthCare.gov

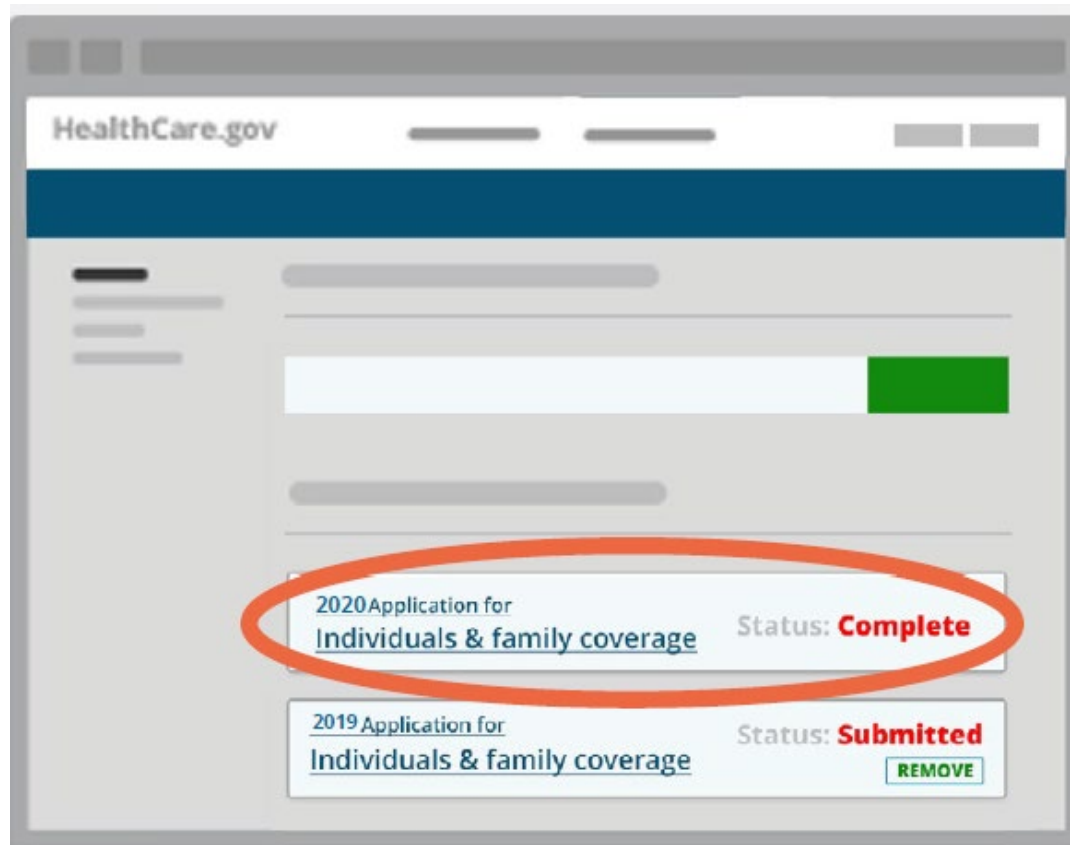
To report a life change, consumers should take the following steps to update their application online.

1. Log into their HealthCare.gov account.
2. Choose the application they want to update.
3. Select “Report a life change” on the left-hand menu.
4. Read through the list of changes and click “Report a life change” to get started.
5. Select the kind of change they want to report.
6. Navigate through their application and report any changes to their income, household members, address, new health coverage offers, and other information.
7. Submit the application.
8. Review eligibility results.

Step 1: Log in to HealthCare.gov Account

Step 2: Choose the Application to Update

Be sure to choose the **completed** application under **Your Existing Applications**.



Steps 3 and 4: Select “Report a life change”

After reviewing the examples and instructions, select “Report a Life Change” at the bottom of the screen.

○ My plans & programs
○ My plan profile
○ Eligibility & appeals
○ Applications details
○ **Report a life change**
○ Communication preferences
○ Exemptions
○ Tax forms

Report a life change

Some changes may qualify you or your dependents for a Special Enrollment Period.

What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

Important: If you're enrolled in Pennsylvania Medical Assistance (MA) (Medicaid) or Pennsylvania Children's Health Insurance Program (CHIP) coverage, be sure to report life changes to your state Medicaid or CHIP agency before you report these changes to the Marketplace.

[Learn more about reporting these changes, including what to do if someone on your application has Marketplace coverage](#)

Examples of changes to report:

- Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a Marketplace plan.
- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send your updates to your plan or your state.

REPORT A LIFE CHANGE

Step 5: Select the Kind of Change to Report

• Someone's enrolled in Medicaid or CHIP at the same time they're enrolled in a

Have you had any changes like these?

- You had family changes, like a new baby or a divorce
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You moved to a different state

Important: Check your income information frequently. Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

Choose an option below to continue

Important: Select at least 1 item(s)

Report a change in my household's income, size, address, or other information

Change the way we send information to you, like by email or paper copies

Report a move to a new state

CANCEL **CONTINUE**

Step 6: Navigate Through The Application

Carefully read the Privacy & Use Of Your Information statements, select the check boxes to agree, and select Save & Continue.

GET STARTED

- 1 Privacy policy
- 2 Contact information
- 3 Help applying for coverage
- 4 Help paying for coverage
- 5 Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

Privacy policy

Privacy & use of your information

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our electronic databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof.

We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

Important: As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

[Learn more about your data](#)

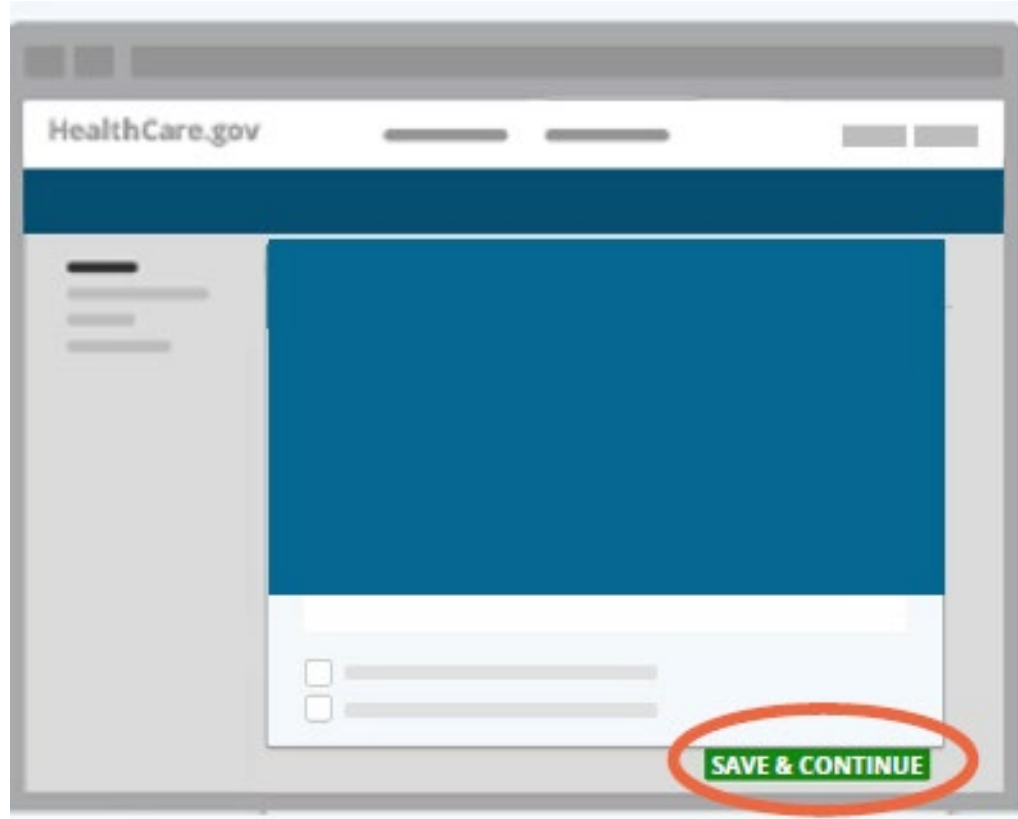
[Privacy Act Statement](#)

- I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.
- I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a [Special Enrollment Period](#), if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

SAVE & CONTINUE

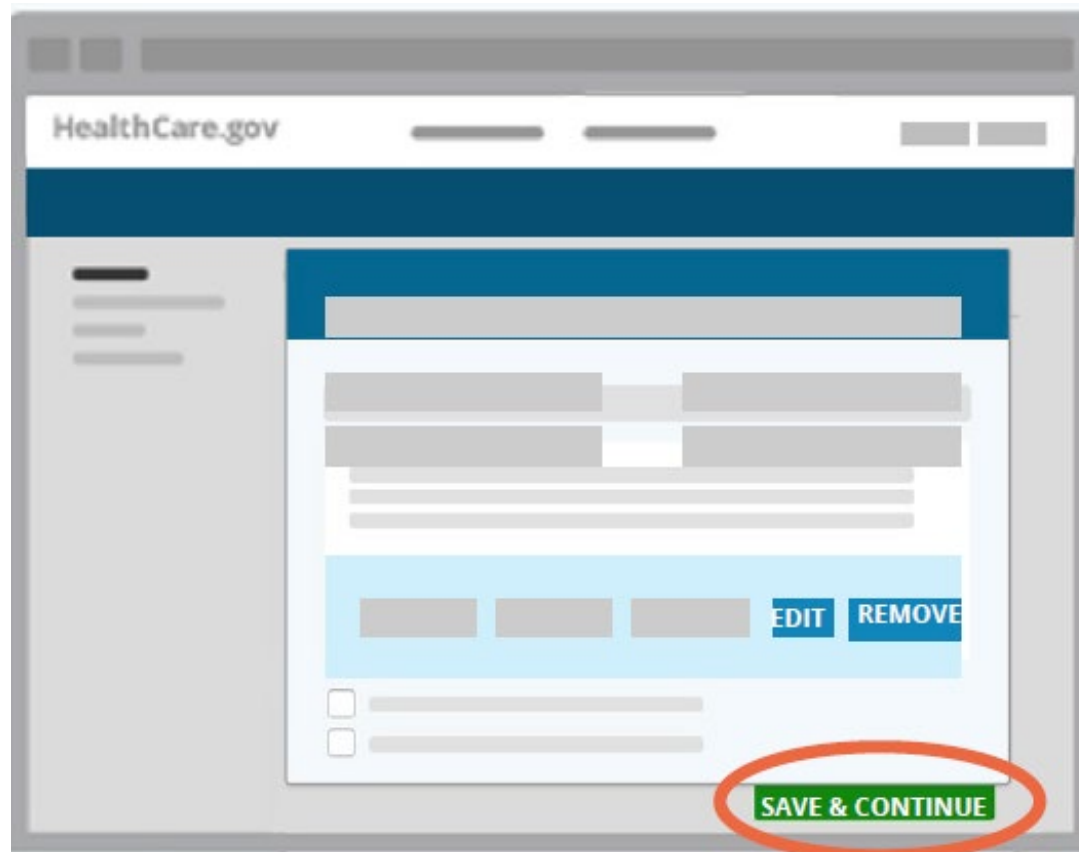
Step 6: Navigate Through The Application (Continued)

Navigate through the application until reaching the section that needs updating (e.g., income, household members, address, new health coverage offers). Press **Save & Continue** at the bottom of each screen to get there.



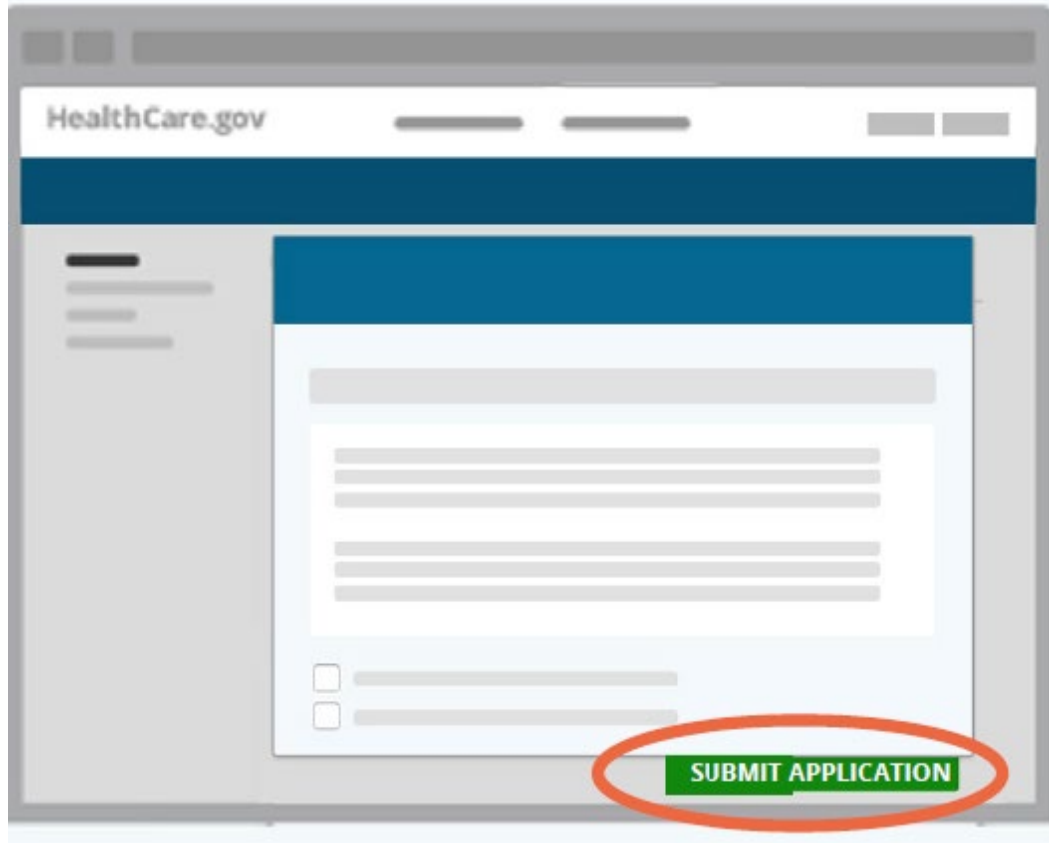
Step 6: Navigate Through The Application (Continued)

Change the answers, as needed, by clicking **Edit** or **Remove**, or by using the drop-downs. Verify the changes show correctly. Then, click **Save & Continue**.



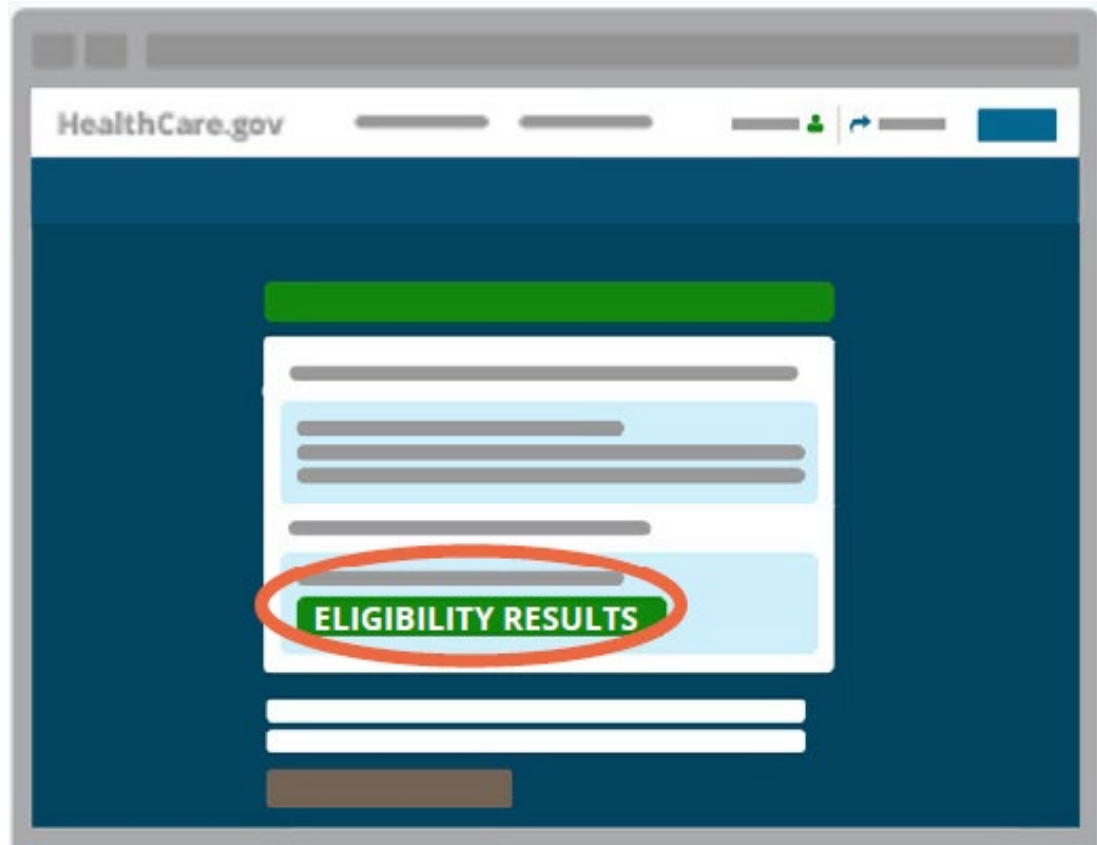
Step 7: Submit the Application

Once the consumer has gone through the entire application and reported the changes, click **Submit Application** for a new eligibility notice.



Step 8: Review Eligibility Results

Review, download, and save the updated **eligibility results**. New plans and prices may be available to the consumer.



Helping Consumers Report Changes to the Marketplace



*Reporting
Changes to
Eligible Household
Members*

How Household Composition Impacts Eligibility for Marketplace Financial Assistance

- For purposes of financial assistance, the Marketplace generally considers a consumer's household to include the consumer, his or her spouse if married or domestic partner, and the consumer's tax dependents.
- The consumer's eligibility for APTC/CSRs is generally based on the income of all household members, even those who are not applying for coverage.
- Therefore it is important that consumers update their Marketplace application with household changes as soon as possible, as it may impact their coverage or financial assistance.
 - **If a consumer loses a household member who does not have income:** The consumer may qualify for **less financial assistance**. If the consumer does not report the change, he or she might have to repay some or all of the APTC paid on his or her behalf when filing federal income taxes.
 - **If the consumer gains a household member who does not have income:** The consumer may qualify for **more financial assistance**, which could lower his or her monthly premium. The consumer could also qualify for Medicaid/CHIP.

Add a Household Member Who Needs Coverage

- Complete Steps 1-5 as described in the previous section and navigate to the Family and Household Composition section of the application.
- Select the **Add a person who needs coverage** button.



HealthCare.gov john Menu

[← Back](#)

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ John Edit

Add a person who needs coverage

Save & continue

Application ID: 12251013

Add a Household Member Who Needs Coverage (Continued)

- Enter the household member's name, date of birth, and gender.
- Choose from the drop down list to select the individual's relationship to the primary policy holder.
- Select **Save & continue.**

HealthCare.gov John Menu

+ Back

Add a person who needs health coverage

First name
Jane

Middle name
Optional

Last name

Suffix
Optional

Date of birth
For example: 3/4/2018
Month / Day / Year

Sex
 Female
 Male

How is this person related to John?
This person is John's...

Save & continue

- Spouse
- Daughter/son (including adopted children)
- Stepchild
- Sibling (including half & step siblings)
- Domestic partner
- Child of domestic partner (including adopted & step children)
- Grandchild
- Niece/nephew
- Parent (including adoptive parents)
- Stepparent
- Grandparent
- First cousin
- Mother-in-law/father-in-law
- Sister-in-law/brother-in-law
- Parent's domestic partner
- Daughter-in-law/son-in-law
- Aunt/uncle
- Other relative
- Unrelated

Add a Household Member Who Needs Coverage (Continued)

- The new household member will appear in the list of individuals who need coverage.
- Repeat as needed to add more household members.

HealthCare.gov John Menu

[← Back](#)

Who needs health coverage?

[Learn more about who not to include.](#)

Needs coverage

[Learn more about editing or removing someone.](#)

✓ John	Edit
✓ jane	Edit Remove

[Add a person who needs coverage](#)

[Save & continue](#)

Application ID: 12251013

Add a Household Member Who Needs Coverage (Continued)

- The Marketplace application will ask the consumer to select each individual's relationship to other household members.
- Consumers have many different relationship options to choose from, depending on their situation.

How is this person related to John?
This person is John's...

Niece/nephew

Choose the statement that best describes the legal relationship between John and Susan, if any apply.
Optional.
[Learn more about legal relationships.](#)

John is Susan's court-appointed guardian

How is this person related to Jane?
This person is Jane's...

Niece/nephew

Choose the statement that best describes the legal relationship between Jane and Susan, if any apply.
Optional.
[Learn more about legal relationships.](#)

How This

<input type="checkbox"/>	Jane is Susan's foster child
<input type="checkbox"/>	Susan is Jane's foster child
<input type="checkbox"/>	Jane is Susan's collateral dependent
<input type="checkbox"/>	Susan is Jane's collateral dependent
<input type="checkbox"/>	Jane is Susan's sponsored dependent
<input type="checkbox"/>	Susan is Jane's sponsored dependent
<input type="checkbox"/>	Jane is Susan's ward
<input checked="" type="checkbox"/>	Susan is Jane's ward
<input type="checkbox"/>	Jane is Susan's guardian
<input type="checkbox"/>	Susan is Jane's guardian
<input checked="" type="checkbox"/>	Jane is Susan's court-appointed guardian
<input type="checkbox"/>	Susan is Jane's court-appointed guardian
<input type="checkbox"/>	Jane is Susan's former spouse
<input type="checkbox"/>	None of these relationships

Add a Household Member Who Needs Coverage (Continued)

- Navigate through the application questions that follow.
- The Marketplace application will ask about the household members' marital status and tax relationships, as applicable.
- This information is used to determine eligibility for Medicaid/CHIP or APTC/CSRs.



HealthCare.gov

[← Back](#)

Marital status

[Learn more about marital status.](#)

What's John's marital status?

Single

Married to

[Save & continue](#)



HealthCare.gov

[← Back](#)

Tax relationships

Now, tell us about the household's federal income tax returns. We'll use this information to see who's eligible for savings, like premium tax credits.

John's tax relationships

Will John file a 2019 joint federal income tax return with Jane?

[Learn more about joint tax filing.](#)

Yes

No

Will John and Jane claim any dependents on their 2019 federal tax return?

[Learn more about dependents.](#)

Yes

No

[Save & continue](#)

Remove a Household Member

When the consumer is reporting a life change to remove a household member or update their status if that household member is no longer seeking coverage, the consumer should select **Remove a person** from the HealthCare.gov application update screen.

Application ID: 155330959

Update your 2020 application

Because you've had a life change, like a change in household size or income, you need to update your application with the new information.

See below for the information we have about the people on your application. Then, check the box next to the type of change you need to make. You can check more than one box.

Full Name	Date of birth	Social Security Number (SSN)	Relationship	Sex	Applying
Aunt Jones	01/01/1980		Self	Female	Yes
Grandma Jones	01/01/1957			Female	Yes
Child Jones	01/01/2010			Female	No

Update a person's information or add a new person

Remove a person

Update income or other information

[UPDATE MY APPLICATION](#)

Remove a Household Member (continued)

To remove a household member or update their status if they are no longer seeking coverage, select **Remove** next to the name of the household member the consumer wishes to remove from the list.

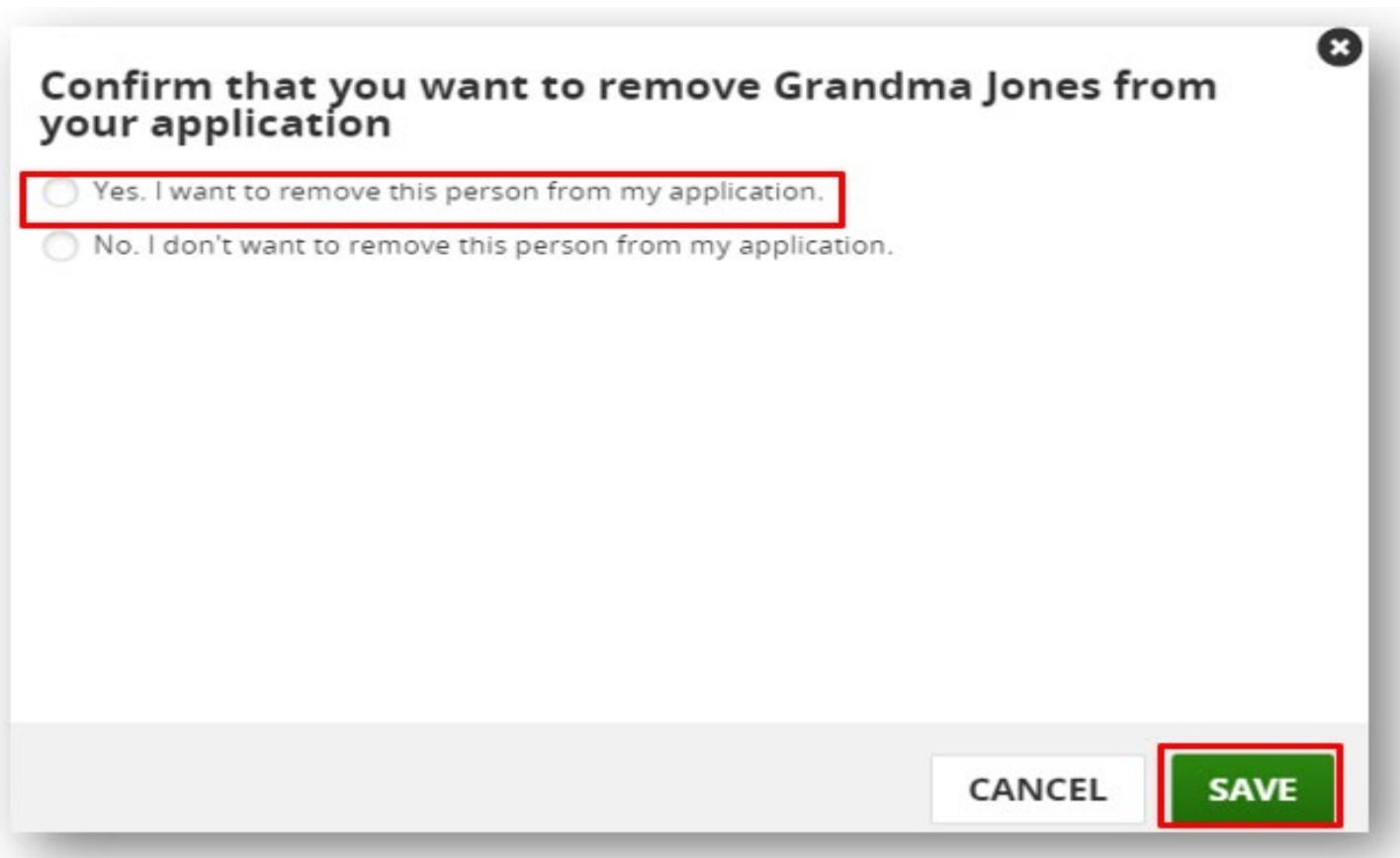
The screenshot shows a web interface for adding household members. At the top, it says "You're applying for health coverage for these people". Below this, there is a instruction: "Select 'ADD A PERSON' below to add each member of your household who's applying for health coverage." There are two entries listed:

- Aunt Jones**: Includes an "EDIT" button and a "REMOVE" button.
- Grandma Jones**: Includes an "EDIT" button and a "REMOVE" button. The "REMOVE" button is highlighted with a red rectangle.

Below the entries, there is a "Date of birth" field for Grandma Jones with the value "01/01/1957" and a "Relationship to Aunt Jones" field with the value "Parent". At the bottom left, there is a "+ ADD A PERSON" button. At the bottom right, there is a "SAVE & CONTINUE" button.

Remove a Household Member (Continued)

The consumer should confirm the removal of the selected household member and select **Save**.



A confirmation dialog box with a close button (X) in the top right corner. The title is "Confirm that you want to remove Grandma Jones from your application". There are two radio button options: "Yes. I want to remove this person from my application." and "No. I don't want to remove this person from my application.". At the bottom, there are two buttons: "CANCEL" and "SAVE".

Confirm that you want to remove Grandma Jones from your application

Yes. I want to remove this person from my application.

No. I don't want to remove this person from my application.

CANCEL SAVE

For More Information

Review the [Streamlined Marketplace Application Walkthrough for Family and Household Composition](#) video for a detailed walkthrough of these steps and other scenarios, including:

- Adding a non-applicant tax dependent child;
- Adding an applicant claimed as a tax dependent by someone who is not seeking coverage; and
- Married couple filing separately.

Streamlined Marketplace Application Walkthrough

Family and Household Composition

Agent and Broker Video Learning Center

Helping Consumers Report Changes to the Marketplace

Making Mid-year Additions of Dental Coverage

Marketplace Dental Coverage

A blue-tinted photograph of dental equipment. In the foreground, there are two dental X-ray films showing teeth. In the background, a dental mirror and a dental probe are visible, resting on a light-colored surface.

Confirming Health Plan Selection, Then Choosing Dental Plans

- If the reported change qualifies a consumer for an SEP to make a change to his or her coverage, the consumer generally may choose his or her current health plan and current dental plan, or choose another plan (subject to other policy restrictions on changing plans).
- Consumers select their health plan(s) first and then go onto the dental plan selection flow.

Health Plan Name New plan - Not rated ⓘ

\$688.26
Monthly premium
Including a \$0.00 tax credit

Deductible ⓘ **Out-of-pocket maximum ⓘ**

\$8,150 **\$8,150**
Individual total Individual total

Estimated total yearly costs ⓘ
[Add](#)

Copayments / Coinsurance ⓘ

Emergency room care No charge after deductible	Generic drugs No charge after deductible	Primary doctor No charge after deductible	Specialist doctor No charge after deductible
--	--	---	--

Plan features

- ✗ Adult Dental
- ✓ Child Dental

[Add Your Medical Providers](#)
Add your medical providers and we'll show you which plans cover them.

[Add Your Prescription Drugs](#)
Add your prescription drugs and we'll show you which plans cover them.

Adult dental benefit not included

[Go back to browse plans](#) [Select this plan](#)

Choosing Dental Plan Enrollment Groups

- Before seeing the list of dental plans, consumers have the option to review how their household members are grouped together for enrolling in a plan and can regroup if desired to choose plans together or separately. This step is skipped when there is only one person enrolling in coverage. (Households with more than one person are also given the option to choose enrollment groups for health plans.)
- For consumers that are currently enrolled in a dental plan, the plan is highlighted for the group.

Dental plan groups for your household

Based on your application, we put your household members into the groups below. You can choose one dental plan for everyone, a separate plan for each person, or some other grouping.

- To get started with current groups: select **View plans** for a group to get started.
- To change groups: select **Change groups**, make the changes, then **View plans** for the new groups.
- To remove people from dental coverage: select **Change groups**, then select **Remove from dental**.

You'll select a plan for each group one at a time.

Group: 1 [Dental Plan Name](#)

Patrick Barnes (Age 59)

[View Plans](#)

[Change Groups](#)

Dental Plan List: Available Dental Plans

After clicking on “View Plans,” a list of available dental plans is displayed. Once consumers locate their desired dental plan, they can click on “Enroll.”

The screenshot shows a dental plan card with the following details:

- Monthly premium:** \$10.85
- Guaranteed Rate:** ✓
- Buttons:** Plan Details (blue), Enroll (green), Compare (blue with checkbox), Add Your Medical Providers (blue, dashed border)
- Plan Name:** Dental Plan Name
- See Plan Brochure:** (link)
- Deductible:** ⓘ
- Out-of-pocket maximum:** ⓘ (Applies to child essential health benefits only)
- Medical Providers:** Add your medical providers and we'll show you which plans cover them

Confirming Dental Plan Selection

- After selecting **Enroll** on a dental plan, consumers will confirm that is the plan they want to select.
- Consumers can also go back and choose a different plan.

Dental plan selection

Patrick Barnes (Age 59)

Dental Plan Name

\$10.85 Monthly premium	Humana Humana Dental Smart Choice - Lite PPO National provider network Plan ID: 82120TN0630006
See Plan Brochure Deductible ⓘ	See Plan Brochure Out-of-pocket maximum ⓘ (Applies to child essential health benefits only)

[Add Your Medical Providers](#)
Add your medical providers and we'll show you which plans cover them

[Go back to browse plans](#) [Select this plan](#)

Final Review of All Plans Selected

Consumers see one final confirmation step with all health plans and all dental plans selected together before finalizing their plan selection and coverage updates.

Confirm your plan choices

You've chosen the plans below. If everything is correct, **confirm plan choices** to continue.

Health plan for Patrick Ba Change

\$688.26
Monthly premium
Including a \$0.00 tax credit

Health Plan Name

Bronze | EPO | National provider network | Plan ID: 14002TN0400011

- ✘ Adult Dental
- ✔ Child Dental

Dental plan for Patrick Ba Change

\$10.85
Monthly premium

Dental Plan Name

PPO | National provider network | Plan ID: 82120TN0630006

- ✔ Adult Dental
- ✔ Child Dental

Confirm plan choices

Plan Selection Confirmation & Reminders

After consumers confirm all their plan selections and submit them, consumers see a final screen showing their selected plans, premiums, and information on paying their premiums with the insurance company(s).

You're almost done

To activate your new coverage and be fully enrolled, you must pay your first premium by your plan's due date.

[Read these important reminders](#) if you've already paid or want to pay later.

Dental plan for Patrick Barnes

Dental Plan Name

\$10.85

Amount due

To avoid cancellation, you must pay your first month's premium by the estimated effective date of 01/01/2020. (Contact plan if you're in a Special Enrollment Period.)

Your plan will contact you in the next few days with details about how to pay. You can also visit your plan online to make your payment now (if your plan accepts online payment), or call .

[Pay For Dental Plan Now](#)

Health plan for Patrick Barnes

Health Plan Name

\$688.26

Amount due

To avoid cancellation, you must pay your first month's premium by the estimated effective date of 01/01/2020. (Contact plan if you're in a Special Enrollment Period.)

Your plan will contact you in the next few days with details about how to pay. You can also visit your plan online to make your payment now (if your plan accepts online payment), or call .

If you've already paid or want to pay later, **continue to read some important reminders about your coverage.**

[Read Important Reminders](#)

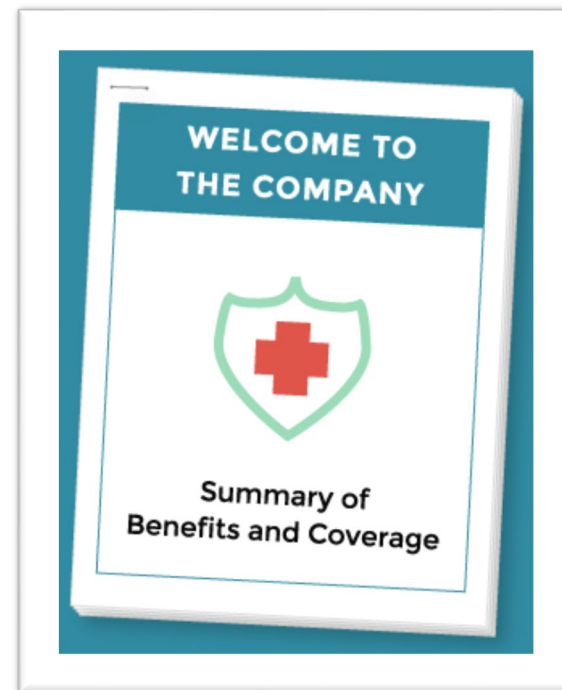
Helping Consumers Report Changes to the Marketplace



Changing To or From Employer-Sponsored Coverage

Reporting Changes to Employer-Sponsored Coverage

- Consumers who lose employer-sponsored coverage, even if they voluntarily quit or got fired, qualify for an SEP due to loss of minimum essential health coverage.
- Consumers who receive an offer of employer-sponsored coverage must report this to the Marketplace.
 - If the offer of employer-sponsored coverage is **affordable** and meets the **minimum value standard**, the consumer will be ineligible for Marketplace financial assistance and will have to pay the full premium for a plan purchased through the Marketplace.
- Please review [Assisting Clients with Transitions To and From Employer-Sponsored Coverage](#) for detailed information on these transitions and how to determine if an employer's coverage offer is affordable and meets minimum value.



Helping Consumers Report Changes to the Marketplace



*Changing From
Marketplace to
Medicare
Coverage*

Medicare Coverage: Impact on Eligibility for Marketplace Financial Assistance

- A consumer who is considered eligible for or enrolled in Medicare Part A does not qualify for financial assistance for a Marketplace qualified health plan (QHP). The consumer may be able to enroll in or remain enrolled in a Marketplace QHP, but will have to pay the full premium for it.
- Consumers can generally maintain enrollment in a Marketplace plan after their Medicare coverage starts through the end of the plan year, and may be able to renew their coverage under certain circumstances. However, once their Part A coverage starts and if they are identified through the Medicare periodic data matching process, any APTC or CSRs they receive through the Marketplace will stop or their Marketplace QHP will end if they provided written consent for the Marketplace to end their coverage if also found enrolled in Medicare.
- If the consumer continues to receive APTC for a Marketplace plan after he or she has Medicare, the consumer might have to repay some or all of the APTC paid on his or her behalf for months of overlapping coverage when filing their federal income taxes.

Please review [Assisting Clients with Transitions from Marketplace to Medicare Coverage](#) for detailed information on how to terminate Marketplace coverage due to Medicare eligibility.

Helping Consumers Report Changes to the Marketplace



**Stay up-to-date
with the
Marketplace**

*General
Resources and
Other
Marketplace
Updates*

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/CCIIOAB> in the coming days.
- Watch your email for invitations to upcoming events to **enhance your knowledge** of Marketplace policies and learn **how you can continue to assist consumers** throughout the plan year.

Upcoming Events*

Mark your calendars for these dates and times.

Thursday, April 23 18 2-3 PM ET

Agent & Broker Webinar: Complex Cases: Navigating Eligibility for SEPs and Resolving SEP Verification Issues and Data Matching Issues

Thursday, April 30 2-2:30 PM ET

Agent & Broker Office Hours

**Final topics will be announced prior to each session.*

Overview of the Resources for Agents and Brokers Webpage

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

CMS.gov
Centers for Medicare & Medicaid Services

Home > Programs and Initiatives > Health Insurance Marketplaces > Resources for Agents and Brokers in the Health Insurance Marketplaces

CCIIO

The Center for Consumer Information & Insurance Oversight

Resources for Agents and Brokers in the Health Insurance Marketplaces

Welcome

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

Background

To the extent permitted by states, licensed agents and brokers may assist consumers determine their eligibility for insurance affordability programs, including advance payments of the premium tax credit and cost-sharing reductions, and enroll them in qualified health plans (QHPs).

Agents and brokers play a crucial role in educating consumers about the Health Insurance Marketplace, both during annual Open Enrollment and throughout the coverage year. Agents and brokers may also help employers understand their options for enrolling in SHOP coverage and assist them and their employees through the SHOP application and enrollment process.

Some states have set up their own State-based individual and small business Marketplaces, while the federal government runs the Individual Marketplace 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 agents and brokers have an active state license that is approved for a health-related line of authority, regardless of whether the Marketplace is operated by the state or federal government.

Agents and brokers who wish to assist consumers in the Individual Marketplace on HealthCare.gov and/or SHOP must complete registration and required training on an

Resources for Agents and Brokers

- [Resources for Agents and Brokers in the Health Insurance Marketplaces](#)
- [General Resources](#)
- [Plan Year 2020 Open Enrollment](#)
- [Plan Year 2020 Registration and Training](#)
- [SHOP](#)
- [Web-brokers in the Health Insurance Marketplace](#)
- [Help On Demand](#)
- [Video Learning Center](#)

QUICK LINKS:

General Resources: Dynamic List

Resources for Agents and Brokers in the Health Insurance Marketplaces

Welcome

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Background

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

Agents and brokers provide information throughout the coverage period to help consumers understand their options and their employees' options.

Some states have set up their own state-based individual and small business Marketplaces, while the federal government runs the Individual Marketplace 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

[Resources for Agents and Brokers in the Health Insurance Marketplaces](#)

[General Resources](#)

[Plan Year 2019 Open Enrollment](#)

[Plan Year 2019 Registration and Training](#)

[SHOP](#)

[Web-brokers Insurance Marketplace](#)

[Help On Demand](#)

QUICK LINKS

[Partner Direct Brokers](#)

[Agent/Broker](#)

[Agent/Broker](#)

The General Resources link takes you to a search tool that makes it easy to find the information you are looking for.

You can quickly search resources by filtering on:

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

Show entries: 10

Filter On:

Date	Topic	Title	Type of Resource
2019-04	Form 1095-A	Form 1095-A: Questions and Answers for Agents, Brokers and Assistants	Tip Sheet
2019-04	FTR	Working With Enrollees Impacted by the Failure to File and Reconcile Recheck Process	Tip Sheet
2019-03	Financial Assistance	Agents and Brokers Help Your Clients Understand Eligibility for Financial Assistance	Tip Sheet
2019-03	NPN	How to Instruct Consumers to Insert Your NPN on Marketplace Applications	Tip Sheet
2018-07	Plan Year 2019 Registration and Training	Guide to Plan Year 2019 Marketplace Registration and Training for New Agents and Brokers	Tip Sheet
2018-07	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)

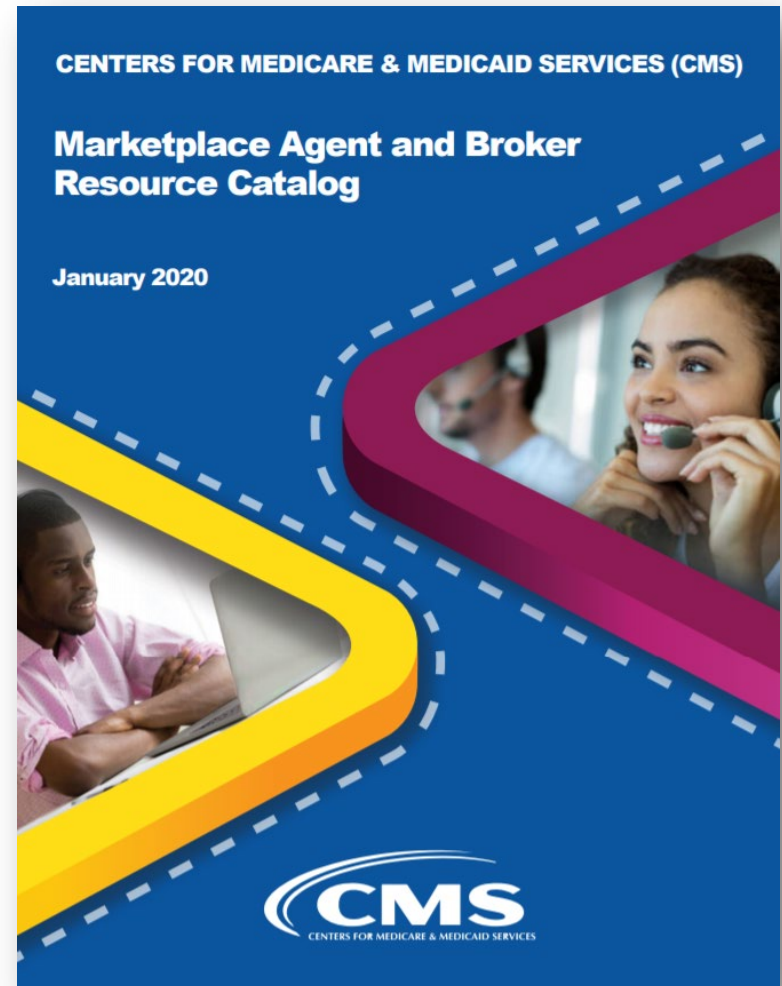
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Recently Posted Resources Available on the Resources for Agents and Brokers Webpage

Resource	Date
January Marketplace Agent and Broker Resource Catalog (https://www.cms.gov/files/document/january-marketplace-agent-broker-resource-catalog.pdf)	January 2020
APTC and CSR Basics Webinar Slides (https://marketplace.cms.gov/technical-assistance-resources/aptc-csr-basics.pdf)	January 2020
Income Eligibility Using Modified Adjusted Gross Income (MAGI) Rules Webinar Slides (https://marketplace.cms.gov/technical-assistance-resources/income-eligibility-using-magi-rules.pdf)	January 2020
Marketplace Learning Management System Language Selection Tip Sheet (https://www.cms.gov/files/document/marketplace-learning-management-system-language-selection.pdf)	December 2019
Individual Coverage HRAs and the Marketplace Webinar Slides (https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Individual-Coverage-Health-Reimbursement-Arrangements-and-the-Marketplace.pdf)	November 2019
Help On Demand Webinar Slides (https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Help-On-Demand-Marketplace-Updates.pdf)	November 2019

Agent and Broker Resource Catalog

- The [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 periodically, as new resources become available.



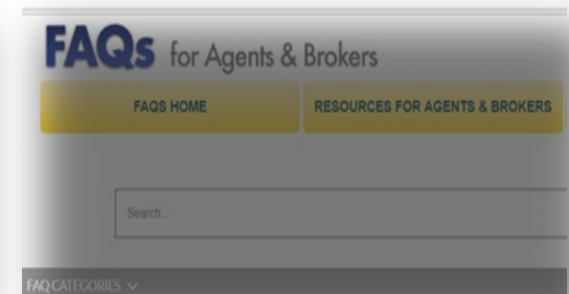
Other Agent and Broker Resources



The [Agent and Broker Video Learning Center](#) provides short technical assistance videos and includes complete walkthroughs of each section of the Marketplace application with various consumer scenarios.



Check out the self-paced **Agent and Broker Learning On Demand** video series by visiting the [CMS YouTube channel](#) and click on “Playlists” to find the series.



The [Agent and Broker Frequently Asked Questions](#) webpage provides answers to commonly asked questions about working in the Marketplace and helping your clients enroll in and maintain their coverage.

Agent and Broker Resources

Resource	Link
Agents and Brokers Resources webpage	http://go.cms.gov/CCIOAB
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/CCIO/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, Help Desks, and Call Centers is available from the Agents and Brokers Resources webpage (<http://go.cms.gov/CCIOAB>) 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 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
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	<p>Specific consumer application questions related to:</p> <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

Acronym Definitions

Acronym	Definition
APTC	Advance Payments of the Premium Tax Credit
CCIIO	Center for Consumer Information and Insurance Oversight
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSRs	Cost-sharing Reductions
DE	Direct Enrollment
FFM	Federally-facilitated Marketplace
EDE	Enhanced Direct Enrollment
IRS	Internal Revenue Service
MLMS	Marketplace Learning Management System
NPN	National Producer Number
PTC	Premium Tax Credit
QHP	Qualified Health Plan
REGTAP	Registration for Technical Assistance Portal
SADP	Stand Alone Dental Plan
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period