



# Special Enrollment Periods: An Overview for Marketplace Agents and Brokers



*February 15, 2018*

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

*This document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>) and [Marketplace.CMS.gov](http://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 (SBM-FPs).*

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# Webinar Agenda

- Overview of Special Enrollment Period (SEP) Qualifying Events and Coverage Effective Dates
- SEP Pre-Enrollment Verification (SEPV) Overview and Scenarios
- How to Record Your National Producer Number (NPN) on an SEP Application
- Other Marketplace Updates
- Questions and Answers

# Special Enrollment Periods: An Overview for Marketplace Agents and Brokers



*Overview of  
Special  
Enrollment  
Period (SEP)  
Qualifying  
Events and  
Coverage  
Effective Dates*

# Qualifying for an SEP

- Consumers may qualify for an SEP to enroll in or change plans outside of the Open Enrollment period if they experience a qualifying event in one of six categories.
- In most cases, consumers have 60 days from the date of the qualifying event to enroll in coverage.
- If the consumer is enrolling in Marketplace coverage for the first time, he or she may need to submit documents to prove SEP eligibility.
- Consumers who are members of a federally recognized Indian tribe or Alaska Native Claims Settlement Act Corporation shareholders can sign up for or change plans once per month throughout the year.

## ***SEP Qualifying Events***

- Loss of qualifying health coverage
- Change in household size
- Change in primary place of living (referred to as “move SEP”)
- Change in eligibility for Marketplace coverage or help paying for coverage
- Enrollment or plan error
- Other situations and exceptional circumstances

# Explanation of Coverage Effective Dates for SEP Enrollments

- Coverage in a Marketplace qualified health plan (QHP) under an SEP can start based on when the consumer selects a QHP and the type of SEP that the consumer qualifies for.
- Regular coverage effective dates for QHP enrollments are:
  - The first day of the month following plan selection if selection took place between the 1st and 15th day of any month; or
  - The first day of the second month following plan selection if selection took place between the 16th and the last day of any month.
- For SEPs with accelerated prospective coverage effective dates, coverage is effective the first day of the following month if a plan is selected at any point during the month.
- For SEPs with retroactive coverage effective dates, coverage is effective on a date in the past, based on the qualifying event date.

# SEP Coverage Effective Dates by Qualifying Event

SEP Qualifying Event	Situation	Plan Selection Date	Coverage Effective Date
Loss of qualifying health coverage	Past loss of qualifying health coverage (up to 60 days in the past)	Any day of the month	First day of the month after plan selection
	Future loss of qualifying health coverage (up to 60 days in the future)	Any day of the month	First day of the month after plan selection, following prior coverage end date
	Gaining a dependent through marriage	Any day of the month within 60 days after date of marriage	First day of the month after plan selection
Changes in household size	Gaining or becoming a dependent due to birth, adoption, or placement for adoption or foster care, or due to a child support or other court order	Any day of the month within 60 days after date of qualifying event	Retroactive to day the child was born, adopted, or placed for adoption or foster care, or date that the court order took effect

# SEP Coverage Effective Dates by Qualifying Event (Continued)

SEP Qualifying Event	Plan Selection Date	Coverage Effective Date
	Between the 1st and 15th day of the month	First day of the month following plan selection
Change in primary place of living	Between the 16th and last day of the month	First day of the second month following plan selection
Change in eligibility for Marketplace coverage or help paying for coverage	Between the 1st and 15th day of the month	First day of the month following plan selection
	Between the 16th and last day of the month	First day of the second month following plan selection
	Between the 1st and 15th day of the month	First day of the month following plan selection
Enrollment or plan error*	Between the 16th and last day of the month	First day of the second month following plan selection
Other situations	Effective dates appropriate to circumstances	

\*In some cases, qualified individuals can elect retroactive coverage so that their coverage takes effect back to the he or she would have gotten coverage, absent the error.



# Events That Do Not Trigger an SEP

- Voluntarily dropping other coverage (unless a consumer voluntarily leaves a job and loses employer-sponsored coverage or employer contribution to coverage)
- Being terminated from other coverage for not paying premiums or for fraud
- Divorce or death of a family member without a resulting loss of coverage
- Moving solely for medical treatment or vacation
- Changing from one legally present status to another (e.g., becoming a U.S. citizen when previously a lawfully present individual)
- Qualifying events that happened more than 60 days prior

# Special Enrollment Periods: An Overview for Marketplace Agents and Brokers



***Send your documents***

***to confirm your Special Enrollment Period***

***SEPV Overview***

# What is SEP Pre-Enrollment Verification (SEPV)?

- **New applicants** (those who are not already enrolled in Marketplace coverage) who attest to certain types of SEP qualifying events are subject to the SEPV process.
- Eligible consumers **must submit documents** that confirm their SEP eligibility before the Marketplace finalizes their enrollment and they can make their first payment and start using their Marketplace coverage.
- Existing Marketplace enrollees who attest to SEP qualifying events are not subject to SEPV.

## *SEP Qualifying Events Subject to SEPV*

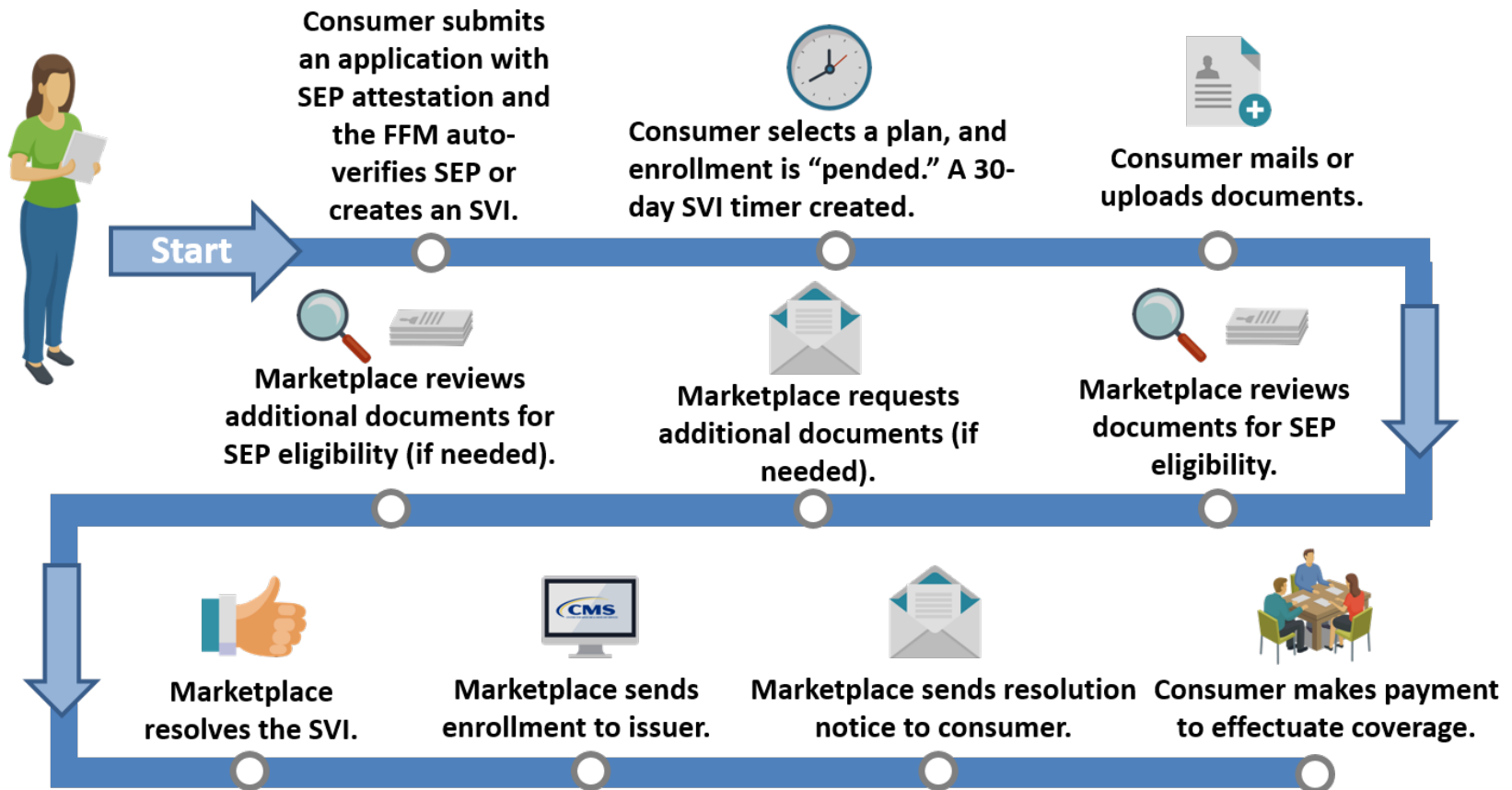
- Loss of minimum essential coverage
- Permanent move
- Marriage
- Gaining or becoming a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order
- Denial of coverage through Medicaid or the Children's Health Insurance Program (CHIP)

# What is an SEP Verification Issue (SVI)?



- An SVI is created when new applicants qualify for an SEP that is subject to SEPV.
  - Consumers need to submit documentation to the Marketplace to confirm their SEP eligibility **within 30 days** of plan selection.
  - The consumer's plan selection is “pended” (on hold) until the SVI is resolved.
- 
- Only one SVI is generated per application, regardless of the number of consumers attesting to an SEP qualifying event (e.g., if multiple household members lose coverage, only one household member must submit documents to confirm this loss).
  - Consumers subject to SEPV will receive multiple notices to update them on documentation requirements and status of the SVI.

# SVI Resolution Process



# Consumers Subject to SEPV Will Receive Multiple Notices to Update Status

- Eligibility Determination Notice (EDN): Explains the consumer's eligibility for health coverage, financial assistance, and SEP, if applicable. It explains the requirement to resolve an SVI and/or data matching issues, including acceptable documents and deadlines.
- Pended Plan Selection notice (PPS): Informs consumer that the deadline to submit documents is 30 days after plan selection. It includes a list of next steps and a list of acceptable documents that the consumer can submit to resolve the SVI.
- SVI notices
  - SVI Insufficient Document: Explains why the Marketplace cannot resolve an SVI with the submitted documents and asks for additional documentation.
  - SVI Warning: Sent with 20 days left on the SVI clock after selecting a plan. It reminds consumer to submit documents to resolve the SVI.
  - SVI Reminder: Sent with 20 days left in the SEP window. It reminds consumers to select a plan and submit documents to resolve the SVI.
  - SVI Clock Extension: Informs consumer of additional time to resolve the SVI.

Review sample SVI notices to consumers at  
<https://marketplace.cms.gov/applications-and-forms/notices.html>.

# Sliding Coverage Effective Date

- Once the SVI is resolved, the consumer will be enrolled in coverage, but the coverage will be effective based on the SEP type and date of plan selection (see slides 5-7).
- The consumer must pay the applicable premium before he or she can begin using coverage.
- If a consumer's coverage effective date passes before the SVI is resolved, the coverage effective date will be retroactive.
- Most SVIs are resolved promptly. However, if SVI resolution takes long enough that the consumer would have to pay 2 or more months of retroactive premium to effectuate coverage, the consumer may call the Marketplace Call Center within 30 days of receiving a resolution notice and request a later coverage effective date. The new coverage effective date may be no more than one month later than the original effective date.



# Special Enrollment Periods: An Overview for Marketplace Agents and Brokers



*SEPV Scenarios*



# Marriage Scenario: Consumer Submits Documentation to Resolve SVI



Alex and Lisa got married on June 9 and submitted a Marketplace application on June 15. They receive an Eligibility Determination Notice that requests documentation to resolve an SVI. To qualify for an SEP due to marriage, Alex and Lisa must demonstrate not only that they got married, but also that at least one of them had minimum essential coverage or lived in a foreign country or U.S. territory for one or more of the 60 days preceding the date of marriage.\* On July 12, Alex uploads a copy of their marriage license and a letter from his insurance company showing his prior health coverage.

Have Alex and Lisa satisfied all the requirements to resolve the SVI and begin using new coverage?

- A. Yes. They provided the Marketplace with documentation to prove their marriage and prior coverage.
- B. No. They did not resolve the SVI within 30 days of the date of marriage, so their SEP is cancelled.
- C. No. They still need to select a plan within 60 days of the date of marriage and make the first payment directly to the health insurance company.

# Marriage Scenario: Consumer Submits Documentation to Resolve SVI

## Answer



Alex and Lisa got married on June 9 and submitted a Marketplace application on June 15. They receive an Eligibility Determination Notice that requests documentation to resolve an SVI. To qualify for an SEP due to marriage, Alex and Lisa must demonstrate not only that they got married, but also that at least one of them had minimum essential coverage or lived in a foreign country or U.S. territory for one or more of the 60 days preceding the date of marriage.\* On July 12, Alex uploads a copy of their marriage license and a letter from his insurance company showing his prior health coverage.

Have Alex and Lisa satisfied all the requirements to resolve the SVI and begin using new coverage?

- A. Yes. They provided the Marketplace with documentation to prove their marriage and prior coverage.
- B. No. They did not resolve the SVI within 30 days of the date of marriage, so their SEP is cancelled.



**C. No. They still need to select a plan within 60 days of the date of marriage and make the first payment directly to the health insurance company.**

# Marriage Scenario: Consumer Submits Documentation to Resolve SVI

## Answer (Continued)

- This scenario illustrates that it is possible to submit documentation to resolve an SVI by following the instructions in the EDN but still not be enrolled under an SEP. Alex and Lisa did not select a QHP to complete their Marketplace enrollment.
- Remember that in most cases, consumers have **60 days from the date of the qualifying event** to select a plan and enroll in coverage. If an SVI is resolved without a plan selection before the close of the 60-day SEP window, consumers will receive an SVI resolution notice instructing them to select a plan before the close of their 60 day SEP window.
- If the consumer's 60-day SEP window runs out without plan selection, he or she **cannot enroll until the next Open Enrollment period** or until he or she has another life change. The SVI is closed and any submitted documents in the SVI review queue will not be reviewed.
- If the consumer selects a plan within the 60-day SEP window before resolving the SVI, then the 30-day SVI clock will be triggered and the Marketplace will “pend” the plan selection until the SVI is resolved.

# Marriage Scenario: Consumer Submits Documentation to Resolve SVI

## Answer (Continued)

- CMS encourages consumers to pick a plan when they submit their application as to not miss their 60-day SEP window.
- The Marketplace can resolve an SVI without the consumer first making a plan selection, but consumers must still select a plan within the 60-day SEP window.
- Consumers who resolve their SVI within their SEP window without selecting a plan will receive an SVI resolution notice instructing them to select a plan before the end of their 60-day SEP window.

# Permanent Move Scenario: Consumer Submits Insufficient Documentation



Jacob recently moved from Maryland to Virginia due to a new job. His new job does not offer health coverage, so he submits a Marketplace application and picks a new health plan for him and his family. He calls you because he received a “Pended Plan Selection” notice from the Marketplace and is confused. You explain to Jacob that to qualify for an SEP due to permanent move, he has to submit documents to demonstrate a change in primary place of living AND that he had minimum essential coverage for at least one of the 60 days before he moved.\* After talking with you, Jacob uploads a copy of his lease agreement to the Marketplace.

What else must Jacob do to resolve his SVI and begin using his new coverage?

- A. Jacob must provide the Marketplace with documentation to prove he had prior qualifying health coverage before the SVI deadline of 30 days after plan selection.
- B. Jacob must wait for the Marketplace to confirm he has resolved his SVI.
- C. Jacob must make his first payment directly to the health insurance company.
- D. Nothing. Jacob has fulfilled the SEPV requirements by picking an QHP and uploading his lease.

\*If Jacob is an AI/AN, or if he moved from a foreign country or a U.S. territory, the prior coverage requirement does not apply.

# Permanent Move Scenario: Consumer Submits Insufficient Documentation Answer



Jacob recently moved from Maryland to Virginia due to a new job. His new job does not offer health coverage, so he submits a Marketplace application and picks a new health plan for him and his family. He calls you because he received a “Pended Plan Selection” notice from the Marketplace and is confused. You explain to Jacob that to qualify for an SEP due to permanent move, he has to submit documents to demonstrate a change in primary place of living AND that he had minimum essential coverage for at least one of the 60 days before he moved.\* After talking with you, Jacob uploads a copy of his lease agreement to the Marketplace.

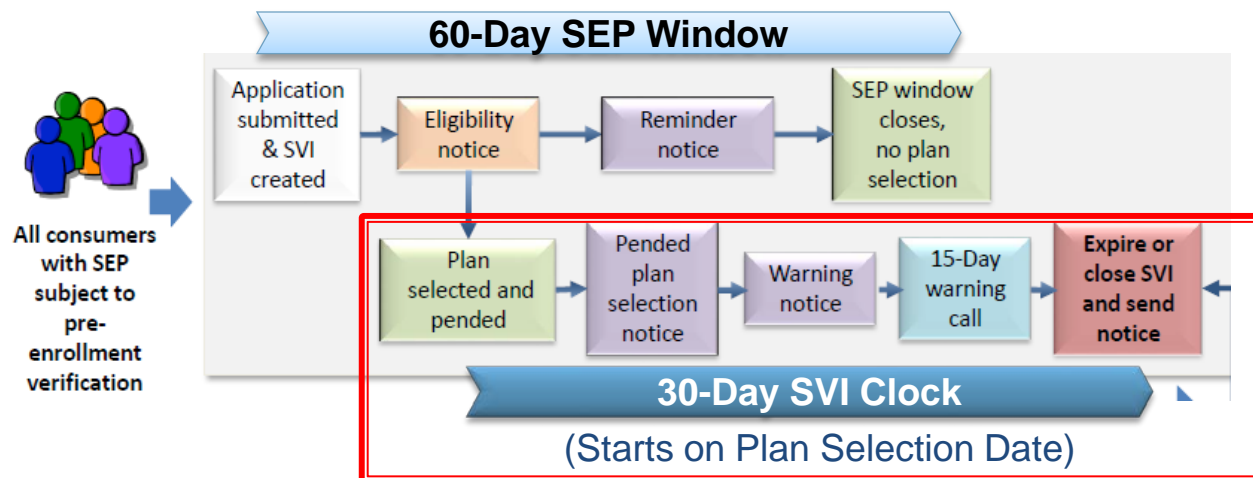
What else must Jacob do to resolve his SVI and begin using his new coverage?

- ✓ **A. Jacob must provide the Marketplace with documentation to prove he had prior qualifying health coverage before the SVI deadline of 30 days after plan selection.**
- ✓ **B. Jacob must wait for the Marketplace to confirm he has resolved his SVI.**
- ✓ **C. Jacob must make his first payment directly to the health insurance company.**
- D. Nothing. Jacob has fulfilled the SEP requirements by picking an QHP and uploading his lease.



# Permanent Move Scenario: Consumer Submits Insufficient Documentation Answer (Continued)

- Consumers must submit all documentation required to resolve an SVI within 30 days of plan selection. The Marketplace “pends” the plan selection until the SVI is resolved.
- If Jacob does not submit additional documentation that proves he had prior qualifying health coverage before the 30-day SVI clock expires, the Marketplace will send him an expiration notice and cancel the pended plan selection.
- If he does not resolve the SVI, Jacob will lose the opportunity to enroll in Marketplace coverage for this SEP type. He will have to wait until the next Open Enrollment period or until he has another life change.



# Loss of Coverage Scenario: Consumer with Immediate Medical Needs

Your client, Marta, is losing her COBRA coverage on June 30. She meets with you on June 28 and you help her apply for Marketplace coverage, select a plan, and upload a copy of her COBRA expiration letter to the Marketplace to confirm her eligibility for an SEP.

Although Marta has requested a coverage effective date of July 1, she cannot start using her coverage until the Marketplace confirms her SEP eligibility, sends the enrollment to her selected QHP issuer, and Marta pays the required premium.

Marta expresses concern because she needs to refill a prescription on July 3 and her SVI may not be resolved by then.



What should you advise Marta to do?

- A. Wait to refill her prescription until the Marketplace confirms that her coverage is active.
- B. Fill the prescription when she needs it and pay for it out of pocket.
- C. Call the Marketplace Call Center repeatedly to request an update on the status of her SEP approval.



# Loss of Coverage Scenario: Consumer with Immediate Medical Needs

## Answer

Your client, Marta, is losing her COBRA coverage on June 30. She meets with you on June 28 and you help her apply for Marketplace coverage, select a plan, and upload a copy of her COBRA expiration letter to the Marketplace to confirm her eligibility for an SEP.

Although Marta has requested a coverage effective date of July 1, she cannot start using her coverage until the Marketplace confirms her SEP eligibility, sends the enrollment to her selected QHP issuer, and Marta pays the required premium.

Marta expresses concern because she needs to refill a prescription on July 3 and her SVI may not be resolved by then.



What should you advise Marta to do?

A. Wait to refill her prescription until the Marketplace confirms that her coverage is active.

✔ **B. Fill the prescription when she needs it and pay for it out of pocket.**

C. Call the Marketplace Call Center repeatedly to request an update on the status of her SEP approval.

# Loss of Coverage Scenario: Consumer with Immediate Medical Needs

## Answer (Continued)



- When Marta's SVI is resolved, her coverage effective date will be retroactive to July 1. She will owe a premium for the retroactive period.
- Once she can access her coverage, Marta should follow her issuer's process to submit a claim and be reimbursed for the prescription she filled while she was waiting for the SVI resolution.
- The Marketplace will promptly review consumers' documents as they are received, and update consumers on their status online and/or by paper notice, depending on the consumer's communication preference.

To avoid this situation, you should encourage any clients who know that they will lose qualifying coverage to apply for Marketplace coverage and submit documents up to 60 days ahead of time, which may reduce the likelihood that they will need to wait until after their start date to access their coverage.

# Loss of Coverage Scenario: Consumer Does Not Qualify for SEP

You meet with a potential client, Daniel, who contacted you to discuss his health coverage options. Daniel explains that he was enrolled in a Marketplace QHP earlier this year, but when he reported a change in income due to a job promotion, he became ineligible for APTC. Daniel terminated his coverage once his issuer billed him for the full monthly premium amount, which he felt he could not afford.



However, now Daniel is facing significant costs for medical care and wants to re-enroll.

You explain to Daniel that since he voluntarily dropped other coverage, he does not qualify for an SEP. Daniel insists and asks you to help him complete a Marketplace application, attest to SEP eligibility, and create any needed documents or explanations to demonstrate why he is eligible for an SEP.

# Loss of Coverage Scenario: Consumer Does Not Qualify for SEP (Continued)

How should you respond to Daniel's request?

- A. Agree to help him so you earn a commission on the enrollment; you may also be able to establish a long-term relationship to help Daniel with his future insurance needs.
- B. Warn Daniel that he must submit documentation to the Marketplace to confirm his eligibility for an SEP, and by submitting false documentation, he would be submitting a fraudulent application, making him subject to significant penalties for misrepresentation.
- C. Advise Daniel that if you assist him to fraudulently claim SEP eligibility, the Marketplace could terminate your participation and make you pay a fine.
- D. Refuse to assist Daniel.



# Loss of Coverage Scenario: Consumer Does Not Qualify for SEP

## Answer

How should you respond to Daniel's request?

A. Agree to help him so you earn a commission on the enrollment; you may also be able to establish a long-term relationship to help Daniel with his future insurance needs.



✓ B. Warn Daniel that he must submit documentation to the Marketplace to confirm his eligibility for an SEP, and by submitting false

documentation, he would be submitting a fraudulent application, making him subject to significant penalties for misrepresentation.

✓ C. Advise Daniel that if you assist him to fraudulently claim SEP eligibility, the Marketplace could terminate your participation and make you pay a fine.

✓ D. Refuse to assist Daniel.



# Loss of Coverage Scenario: Consumer Does Not Qualify for SEP

## Answer (Continued)



- The FFM standards regarding program integrity for SEPs are very clear. Encouraging, convincing, or knowingly assisting a consumer to abuse the special enrollment process by facilitating an SEP enrollment based on false attestations, false documents, or other false information would be a violation of these standards.
- If you assisted Daniel in this scenario, you would be subject to civil money penalties for failure to provide correct information to the Marketplace and/or knowing and willful provision of false or fraudulent information (as described in §155.285) and would face suspension or termination of your Marketplace Agreement(s) with CMS.

# Summary Tips for Assisting Your Clients to Resolve SVIs

- Encourage consumers to pay attention to deadlines and the notices that the Marketplace sends, and to submit the requested information as soon as possible.
- Encourage consumers to make digital copies and upload the requested documents through their HealthCare.gov accounts.
- Emphasize that if the consumer does not make a plan selection and/or send the requested documentation by the applicable deadline, he or she will lose the opportunity to enroll in Marketplace coverage for the SEP type and will have to wait until the next Open Enrollment period or another life change.
- Remind consumers that they may request an up to 1 month later coverage effective date if they would have to pay 2 or more months of retroactive premium to effectuate coverage.
- You must comply with the FFM standard to provide the Marketplace with correct information under section 1411(b) of the Affordable Care Act (per §155.220(j)(2)).

# SEP Resources

Resource	Link
<b>Understanding SEPs</b>	<a href="https://marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf">https://marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf</a>
<b>When the Marketplace Needs Documents to Confirm an SEP</b>	<a href="https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/">https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/</a>
<b>5 Things Assistors, Agents, and Brokers Should Know About SVIs</b>	<a href="https://marketplace.cms.gov/technical-assistance-resources/5-things-about-svi.pdf">https://marketplace.cms.gov/technical-assistance-resources/5-things-about-svi.pdf</a>
<b>SEPV Overview Webinars</b>	<a href="https://marketplace.cms.gov/technical-assistance-resources/sep-preenrollment-verification-overview.pdf">https://marketplace.cms.gov/technical-assistance-resources/sep-preenrollment-verification-overview.pdf</a> and <a href="https://marketplace.cms.gov/technical-assistance-resources/sepv-phase-2-overview.pdf">https://marketplace.cms.gov/technical-assistance-resources/sepv-phase-2-overview.pdf</a>
<b>Sample SVI Notices to Consumers</b>	<a href="https://marketplace.cms.gov/applications-and-forms/notices.html">https://marketplace.cms.gov/applications-and-forms/notices.html</a>



# SEP Resources (Continued)

Resource	Link
How to upload documents	<a href="https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents/">https://www.healthcare.gov/tips-and-troubleshooting/uploading-documents/</a>
Acceptable Documents	<a href="https://www.healthcare.gov/help/prove-coverage-loss/">https://www.healthcare.gov/help/prove-coverage-loss/</a> <a href="https://www.healthcare.gov/help/prove-move/">https://www.healthcare.gov/help/prove-move/</a> <a href="https://www.healthcare.gov/help/prove-change-for-child/">https://www.healthcare.gov/help/prove-change-for-child/</a> <a href="https://www.healthcare.gov/help/prove-marriage/">https://www.healthcare.gov/help/prove-marriage/</a> <a href="https://www.healthcare.gov/help/confirm-medicaid-chip-denial/">https://www.healthcare.gov/help/confirm-medicaid-chip-denial/</a>

# Special Enrollment Periods: An Overview for Marketplace Agents and Brokers

## *How to Record your NPN on SEP Enrollments*

### 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

# Record Your NPN When Assisting with an SEP Enrollment

- Be sure to record (or have your client record) your National Producer Number (NPN) when completing the eligibility portion of your clients' Marketplace SEP applications so QHP issuers can identify you as the assisting agent or broker.
- Even if the issuer does not compensate for SEP enrollments, your NPN will persist on the application and be pre-populated when your client actively or passively re-enrolls during the next Open Enrollment period. The issuer may then pay commissions, in accordance with state law and applicable contractual requirements, for the coverage renewal.

# Recording NPN: New Marketplace Enrollees Using the Marketplace Pathway

**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

**OR**

**SAVE & CONTINUE**

- If using the Long Application, the consumer should enter your FFM User ID and NPN when prompted to indicate that you provided assistance.
- If the consumer is using the Streamlined Application, the consumer should check the “Another person is helping me” box to enter your NPN.
- Note that if the consumer does not enter your correct NPN, you may not receive credit for the enrollment.

☒ Another person is helping me complete my application. ⓘ

First name  Middle  Last name  Suffix

Select type  Organization name  ID number

# Recording NPN: New Marketplace Enrollees Using the Direct Enrollment Pathway

- In the Direct Enrollment Pathway, your name and NPN are electronically transmitted to the issuer when the consumer's enrollment is submitted in accordance with how the Direct Enrollment account was set up by the respective issuer or web-broker.
- As a best practice, you should also manually enter your name and NPN on your client's application when using the Direct Enrollment Pathway, using the same screens and fields as described on the previous slide.

# Recording NPN: Existing Marketplace Enrollees

- Direct your client to log in to his or her existing HealthCare.gov account and select the “Report a Life Change” option to update the client’s eligibility information.
- Manually enter your name and NPN on your client’s application, using the same screens and fields as described on Slide 35.
- If your client worked with a different agent or broker previously, the application may contain the previous agent’s or broker’s NPN. You or your client should update all information that is pre-populated (e.g., the agent's or broker's name and NPN) as may be appropriate.

2018 application for Individuals & Families (ID#: 144883330)

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

MY COVERAGE

**My plans & programs**  
Blue Cross and Blue Shield of NC  
Blue Value 6650 (limited network, HSA eligible)  
Carol and Carolina  
Status: Initial Enrollment

# Recording NPN: Marketplace Call Center

- Certain complex consumer situations may require you and your client to seek support from the Marketplace Call Center to complete an SEP enrollment.
- You may conduct a three-way, toll-free call with your client and the Marketplace Call Center (1-800-318-2596 or TTY: 1-855-889-4325).
- During this call, your client must instruct the Marketplace Call Center to include your full name and NPN on the SEP enrollment transaction.
- Marketplace Call Center representatives will not add or remove an agent's or broker's NPN from an application unless requested by the consumer.



# Special Enrollment Periods: An Overview for Marketplace Agents and Brokers



*Other Marketplace Updates*



COMING SOON

# Agent/Broker Feedback Request

- To identify future improvements to the Marketplace agent and broker program, we are conducting a feedback questionnaire on a variety of topics, including the annual training/registration requirement, ongoing webinars and technical assistance, email messaging, and Call Center support.
- Check your email for an invitation and a link to complete the questionnaire.



# Upcoming Activities

- The slides from this webinar will be available on REGTAP at [www.REGTAP.info](http://www.REGTAP.info) and on the [Resources for Agents and Brokers webpage](#) in the coming days.
- Watch your email for invitations to upcoming webinars.

***Upcoming Assister Webinar\****  
***February 16, 2:00-3:00 PM ET***  
***Agents/Brokers Welcome!***

Marketplace Eligibility  
Appeals Process

**TOMORROW**

***Upcoming Agent/Broker  
Webinar\****  
***March 15, 2:00-3:00 PM ET***

Review of Resources, Help Desks,  
and Call Centers for Marketplace  
Agents and Brokers

\*Webinar dates and topics are subject to change. CMS will share current webinar information via email.

# Questions and Answers



Enter your questions in the webinar Q&A panel located to the right of the presentation screen.

# Webinar Session Survey

- CMS welcomes your feedback regarding this webinar and values any suggestions that will allow us to enhance this experience for you.
- Following the call, we will redirect you to a survey to provide additional comments and feedback.
- Please take time to complete the survey and provide CMS with feedback.



# Agent and Broker Resources

Resource	Description	Link
Agents and Brokers Resources webpage	Primary outlet for information about participating in the Health Insurance Marketplace	<a href="http://go.cms.gov/CCIIOAB">http://go.cms.gov/CCIIOAB</a>
HealthCare.gov	Official site of the Health Insurance Marketplace used for researching health coverage choices, eligibility, and enrollment	<a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a>
Marketplace information source for Agents and Brokers	Provides additional technical assistance resources about Marketplace eligibility, financial assistance, enrollment, and more	<a href="https://marketplace.cms.gov">https://marketplace.cms.gov</a>
Plan Year 2018 Marketplace Registration and Training for Agents and Brokers	Describes the process and requirements for completing annual Marketplace registration and training for agents and brokers	<a href="https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Plan-Year-2018-Registration-and-Training.html">https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Plan-Year-2018-Registration-and-Training.html</a>

# Agent and Broker Resources (Continued)

Resource	Description	Link
Registration Completion List	Public list of agents and brokers who have completed Marketplace registration; used by issuers to verify your eligibility for compensation for assisting with consumer enrollments	<a href="https://data.healthcare.gov/ffm_ab_registration_lists">https://data.healthcare.gov/ffm_ab_registration_lists</a>
Find Local Help	Tool available on HealthCare.gov that enables consumers to search for a local, Marketplace-registered agent or broker with a valid health line of authority to assist with FFM enrollment	<a href="https://localhelp.healthcare.gov/">https://localhelp.healthcare.gov/</a>
Help On Demand	A service that connects consumers seeking assistance with Marketplace-registered, state-licensed agents and brokers in their area who can assist with Marketplace enrollment when the consumer is available	<a href="https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Help-On-Demand.pdf">https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Help-On-Demand.pdf</a>
Agent and Broker National Producer Numbers (NPNs)	Provides a search function to determine the correct NPN to enter in your Marketplace Learning Management System (MLMS) profile and on Marketplace applications	<a href="http://www.nipr.com/PacNpnSearch.htm">www.nipr.com/PacNpnSearch.htm</a>

# Most Frequently Used Agent/Broker Marketplace Help Desks and Call Centers

Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Direct Agent/ Broker Partner Line	855-788-6275 Note: Enter your NPN to access this line.	<ul style="list-style-type: none"> <li>Assist consumers with HealthCare.gov account password resets</li> <li>SEPs not available on the consumer application</li> <li>Individual Marketplace eligibility and enrollment issues</li> </ul>	Mon–Sun 24 hours/day
Agent/Broker Email Help Desk	<a href="mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov">FFMProducer-AssisterHelpDesk@cms.hhs.gov</a>	<ul style="list-style-type: none"> <li>General enrollment and compensation questions</li> <li>Manual identity proofing/Experian issues</li> <li>Escalated general registration and training questions (not related to a specific training platform)</li> <li>Agent/Broker Registration Completion List issues</li> <li>Find Local Help and Help On Demand issues</li> </ul>	Mon–Fri 8:00 AM–6:00 PM ET
Agent/Broker Training and Registration Email Help Desk	<a href="mailto:MLMSHelpDesk@cms.hhs.gov">MLMSHelpDesk@cms.hhs.gov</a>	<ul style="list-style-type: none"> <li>Technical or system-specific issues related to the agent/broker training and registration system (i.e., the MLMS)</li> <li>User-specific questions about maneuvering in the MLMS site, or accessing training and exams</li> </ul>	Mon–Fri 8:00 AM–5:30 PM ET
Marketplace Service Desk	855-CMS-1515 855-267-1515 <a href="mailto:CMS_FEPS@cms.hhs.gov">CMS_FEPS@cms.hhs.gov</a>	<ul style="list-style-type: none"> <li>CMS Enterprise Portal password resets and account lockouts</li> <li>Login issues on the Direct Enrollment agent/broker landing page</li> <li>Other CMS Enterprise Portal account issues or error messages</li> <li>501 Downstream Error message on HealthCare.gov website issues</li> <li>General registration and training questions (not related to a specific training platform)</li> </ul>	Mon-Fri 8:00 AM–8:00 PM ET

For a full list of Agent/Broker Help Desks and Call Centers, see <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Agent-Broker-Help-Desks.pdf>.



# Acronym Definitions

Acronym	Definition
APTC	Advance Payments of the Premium Tax Credit
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
COBRA	Consolidated Omnibus Budget Reconciliation Act
EDN	Eligibility Determination Notice
FFM	Federally-facilitated Marketplace
MLMS	Marketplace Learning Management System
NPN	National Producer Number
REGTAP	Registration for Technical Assistance Portal
SBM	State-based Marketplace
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period
SEPV	Special Enrollment Period Verification
SVI	SEP Verification Issue

# Closing Remarks

