Tools, Tips, and Resources for Marketplace Agents and Brokers
Transcript

Slide	Text
1.1	Welcome to Tools, Tips, and Resources for Marketplace Agents and Brokers. This Computer-based training (or CBT) will provide information that is relevant for agents and brokers who are registered to assist consumers with enrollment in Individual Marketplace qualified health plans (or QHPs) through the Health Insurance Marketplace beginning November 1, 2018. Please click the next button to continue.
1.2	Before we begin, please note the following keyboard commands are available to use throughout the CBT. You should click: • "P" to pause the CBT, • "R" to resume the CBT, • "K" to review the keyboard shortcuts shown on this screen, • "O" to move back to the previous slide, • "N" to move to the next slide, and • "M" to mute and turn off the audio. Please note, selecting "M" will only turn the audio off on the current slide. Audio will resume upon the replay of the current slide or progressing to the next slide. Please click the screen content to activate the keyboard shortcuts when visiting each section.
1.3	The information that is presented 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 formal statutes, regulations, and policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it is presented. Links to certain source documents will be provided throughout the CBT. We encourage learners to refer to the applicable statutes, regulations, and other interpretive materials to have the complete and current information about the requirements that apply to them. This document generally is not intended for use in the State-based Marketplaces (or SBMs), but some of the material may be relevant if you are in a state with an SBM that is utilizing HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources page at (http://go.cms.gov/CCIIOAB) and Marketplace.CMS.gov web page to learn more. Unless otherwise indicated, the general references to 'Marketplace' in this presentation only includes Federally-facilitated Marketplaces (or FFMs) and State-based Marketplaces on the Federal Platform (or SBM-FPs).
1.4	Displayed on your screen are the topics this CBT will cover, please take a moment to review this information. Please click the next button to begin the training.
1.5	We will begin with a new tool available to you called the Marketplace Registration Tracker.

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1.6	If your NPN does not appear on the Registration Completion List (or RCL) for plan year 2019, go to the new Marketplace Registration Tracker to check your Marketplace registration status. Enter your NPN and ZIP code. The information is updated once daily by 5:00 PM Eastern Time.
1.7	With this new tool you can: • See the details of the Marketplace training and registration steps you have completed. • Explore courses you are eligible for based on whether you are a new or returning agent or broker and the status of Agreements you must sign. • Confirm CMS' validation of the NPN you provide in your Marketplace Learning Management System (or MLMS) profile. Please note this tracker is not a replacement for the RCL.
1.8	Now we will review how you can use the Help On Demand tool.
1.9	Help On Demand is a real-time consumer assistance referral system that connects consumers seeking enrollment assistance 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 licensed agents and brokers who have completed Marketplace registration and training for Plan Year 2019 and signed the applicable agreements with the Centers for Medicare & Medicaid Services are eligible to participate in Help On Demand. CMS has partnered with BigWave Systems to offer this tool, which was designed with agents and brokers in mind. We are excited for you to learn how to use Help On Demand to serve consumers.

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1.10	You may be wondering how Help On Demand works, so now we will explore how exactly this tool can work for you. Help On Demand harnesses the speed of today's mobile technology to quickly connect consumers with Marketplace-registered agents and brokers. The process begins when a consumer requests assistance by selecting the Help On Demand link on HealthCare.gov. Once this selection is made, the consumer is transferred seamlessly behind a secure firewall to the Help On Demand website powered by BigWave Systems to enter his or her contact information, preferred language, zip code, city, and state. After the consumer enters his or her contact information, Help On Demand matches the consumer with an agent or broker who is available, speaks the consumer's language, and is licensed in the consumer's state. If more than one agent or broker meets this criteria, Help On Demand directs the referral to the agent or broker who is geographically closest to the consumer. That agent or broker receives a notification from Help On Demand via email and either text message or app notification and has 15 minutes to accept or reject the referral before it is reassigned to the next agent or broker in the queue. The agent or broker who accepts the referral then contacts the consumer to answer questions and provide enrollment assistance.
1.11	The Help On Demand system was first available for consumers in the fall of 2017. Approximately 5,300 agents and brokers participated during the last Open Enrollment period. CMS improved this tool based on feedback from those users.
1.12	Before registering to participate in Help On Demand, you must: • Complete Marketplace registration and training for Plan Year 2019. • You must ensure you have an active state license and health line of authority for the state or states where you plan to sell coverage. • You must confirm your NPN on the Agent and Broker FFM RCL at https://data.healthcare.gov/ffm_ab_registration_lists.
1.13	If you actively participated in Help On Demand during Plan Year 2018, you may not be required to retake Help On Demand training. If you consistently responded to consumer requests within 15 minutes, your account is active and will remain active as long as you complete Plan Year 2019 Marketplace registration and training with CMS. If you did not quickly accept referrals, you will be notified by email of your requirement to retake Help On Demand training.

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1.14	After you have successfully completed Help On Demand training, you must register with Help On Demand, which is powered by BigWave Systems. • BigWave Systems will send you an email invitation from noreply@bigwavesystems.com to the email address listed in your MLMS profile. This email will contain a unique link that you can use to activate your Help On Demand account. • The link expires after 48 hours. • If you do not receive an email invitation after completing the Help On Demand training, check your spam folder to make sure it was not filtered by your email provider. • Select the link provided in the email to activate your account and follow the instructions to begin your registration. If for any reason you did not receive an email within 24 hours of completing this training, please contact the Agent/Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.
1.15	Once you receive access to Help On Demand, you will need to complete the registration page shown on this slide. The required fields include your first name, last name, phone number, phone provider, preferred contact method, email address, and zip code. Be sure to include your cell phone number, not a landline, since this number will be used to send text messages. Your email address will default to the email address provided in your MLMS profile. You can add a secondary email address when you complete your Help On Demand Profile. When setting up your username and password, remember, your password must be at least 8 characters, containing at least 1 letter and 1 number.
1.16	You are now ready to log into Help On Demand through the BigWave Systems website at www.bigwavesystems.com. To log in, use the username and password that you just created during the registration process.
1.17	Your Help On Demand profile settings are directly linked to your MLMS profile. In MLMS, you have the option of displaying your contact information for Find Local Help and Help On Demand in all states where you have a valid license (Options 1 and 2 in your screenshot). You can also choose to only display your information in your home state which is Option 3. However, if you choose Option 4, you will not be able to participate in Find Local Help or Help On Demand until you update your settings in the MLMS.

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1.18	In your profile, you have the option to update your State Preferences. This field will default to every state where you currently have a license and have a valid health line of authority. However, if you only want to receive referrals in certain states, update your State Preferences using the dropdown shown here by deselecting any states where you do not wish to receive referrals.
1.19	After completing your profile, you must set your availability for Help On Demand. This step is critical for both you and consumers. If you are not available, but the system thinks you are, a consumer's request will be sent to you and it will sit in your queue for 15 minutes before moving to the next agent or broker. Keeping your availability updated will improve the consumer's experience and ensure that they are getting the help they need. To update your availability settings, select the Availability Settings tab on the left-hand navigation panel. Help On Demand provides three different ways for you to set your availability: First, by selecting standard hours of availability for each day of the week; Second, by allowing you to manually override your schedule using the Today's Availability button; and third by setting extended or indefinite absences for your time out of the office.
1.20	Consumers can request assistance from a Marketplace-registered agent or broker using the Help On Demand tool available on HealthCare.gov. Consumers will be redirected from HealthCare.gov to the Help On Demand landing page, where they will be asked to enter their name, contact information, location, language, and preferred contact method. After hitting Submit, they will receive a pop-up notification that an agent or broker will contact them shortly.

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1.21	**Receive a Referral** After you register, you are eligible to receive referrals from consumers seeking assistance via Help On Demand. Depending on your preferred contact method, you will receive a text, email, and/or app notification when you are matched with a consumer. You only have 15 minutes to respond, so act fast. **Accepting or Rejecting a Referral** Log into the BigWave Systems App or desktop site to accept or reject the referral. Accept the referral in order to help enroll the consumer in coverage. Reject the referral if you are unavailable to help. This allows the consumer to be matched with another available agent or broker. You will not be penalized for rejecting a referral. **Connecting with the consumer** Reach out to the consumer within 30 minutes to offer help with the eligibility and enrollment process. Update the referral's status in Help On Demand with the following: Delayed - if you left a message and are waiting to connect. Referral Completed - If eligibility and enrollment in a Marketplace Qualified Health Plan or referred to a state Medicaid agency where applicable. Not a Good Referral – If it's the wrong number or the consumer is not interested.
1.22	• When you receive a referral notification, it is important that you respond as quickly as possible -- even if you are not available. • If you cannot provide assistance to the consumer, you should quickly reject the referral in the BigWave System app. • Rejecting referral sends the consumer to the next agent or broker in the queue. This allows other available agents or brokers in the area to accept referrals and connect with consumers in need of immediate assistance. • You will not be penalized for rejecting a referral!
1.23	It is extremely important that you remember to update the consumer's status. Displayed on your screen are definitions to the available consumer statuses in Help On Demand. Your Help On Demand account may be deactivated if you do not consistently update your consumers' referral status.

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1.24	When you receive a referral notification, you must accept or reject within 15 minutes. You will not be penalized for rejecting a referral. Rejecting the referral immediately sends the consumer to the next agent or broker in the queue. This allows another available agent or broker in the area to accept the referral and ensures the consumers can quickly get the help they need. It is important that you respond to notifications as soon as possible, so we recommend that you select “Email and Text” or “Email and App Notification” as your preferred contact method on your Help On Demand profile. Receiving notifications via “Email Only” can cause delays and lost referrals.
1.25	If a consumer does not respond to your initial phone call or email, CMS encourages you to make three attempts to connect with that consumer. However, we understand that sometimes the consumer cannot be reached or may have provided incorrect contact information. In that instance, you should update the referral status in Help On Demand to “Not a Good Referral.” Following these best practices will not only help you make the most of your participation in Help On Demand but will ensure that consumers are quickly matched with an agent or broker who can help enroll them in coverage.
1.26	For additional Help On Demand Resources please visit the Agents and Brokers Resources Webpage to review the Help On Demand Resources.
1.27	Next, we are going to show you how you can ensure consumers locate you through Find Local Help featured on Healthcare.gov.
1.28	The Find Local Help tool is designed to help consumers find agents and brokers who will assist them with their application for coverage in the Marketplace. To use the Find Local Help tool to find help in their area, consumers simply search by city and state or ZIP code to review a list of local organizations (or assisters) and/or individuals (or agents and brokers) who can help them apply, pick a plan, and enroll.
1.29	After entering their city and state or ZIP code, consumers see a list of results with contact information, and can click on More details to see office hours, and types of help offered, such as non-English language support, Medicaid or Children’s Health Insurance Program, and SHOP. Please note: Special services and language or interpretive services only apply to assisters. The information for each result is displayed as a contact card, which can be downloaded on a mobile device or computer and printed.

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1.30	First time users, please see the definitions of agents/brokers and assisters displayed as a drop-down resource. Consumers can filter the results page by coverage type and whether they seek help from an agent and broker or assister.
1.31	The service badge has been updated so that every agent and broker has a badge reflecting the number of years of service he or she has been active in the FFM. Prior to this year, the service badge would only show if an agent or broker had four years of experience and above.
1.32	The Find Local Help tool page has been redesigned this year to utilize the CMS design that is more aesthetically pleasing for consumers. Individuals can also now filter agents and brokers by their minimum years of service. Additionally, individuals can search for specific agent and brokers by entering their first or last name.
1.33	If you want to appear on the Find Local Help tool, you first have to identify yourself as an agent or broker for the Individual Marketplace, SHOP, or both in your MLMS profile.
1.34	You must then select one of the following options: • "I would like all of my contact information 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." To only appear on state searches and be seen toward the end of the search results listings in your home-state (or ZIP code), select the following option: • "I would like my contact information, except my street address, displayed for all states where I have a valid health license."
1.35	We will now review where to insert your NPN on HealthCare.gov.
1.36	Through the HealthCare.gov application screens, consumers will be able to indicate if a professional, such as an agent or broker, Navigator, certified application counselor, or assister, has helped them complete the application.
1.37	New for plan year 2019 Open Enrollment is a streamlined (or shorter) HealthCare.gov Application Help screen, which gives consumers the ability to list multiple entities or individuals who provide assistance. Only consumers should remove or update this information on their HealthCare.gov application. If a non-agent or broker has previously helped a consumer and the application allows for more than one entry point, do not remove the information without the consumer's consent.
1.38	While consumers will now be able to indicate if multiple professionals assisted them when using the streamlined HealthCare.gov application, they can still only identify one agent or broker.

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1.39	When using the full HealthCare.gov application, the consumer will only be able to indicate if one professional provided assistance.
1.40	Next, let's review Consumer Decision Support Features Available at HealthCare.gov.
1.41	To get estimates on HealthCare.gov without logging in, a consumer can select Get Coverage from the HealthCare.gov home page, and then select See Plans & Prices. To use this tool, the consumer will need to answer some general questions about their household to receive a plan price.
1.42	When you access Plans and Prices, you are able to see an estimate of what the consumer may be eligible for, including whether the consumer is eligible for APTC. It's really important to keep in mind- this is the only way to preview plans and pricing. This is not applying for Marketplace coverage. In order to apply for Marketplace coverage, you have to work with the consumer to complete an eligibility application.
1.43	After selecting 'Continue,' you will see the plans that are available and calculate some of the yearly costs. The consumer will see examples about the expected medical care needs, and they will be able to select Low, Medium or High, based on what they anticipate. Then the consumer returns to the plan results, and he or she will see an estimated yearly costs for each plan based on the level of utilization chosen.
1.44	Consumers can also see what doctors and prescription drugs are covered for various plans.
1.45	The consumer will be able to toggle back and forth to determine again what doctors and providers and drugs are covered. After searching for that specific doctor or facility, the consumer must confirm the name of the drug before they're able to get the results.
1.46	Plan results include the number of plans available in high-level details for each plan including the plan name, plan category, premium amount and deductible amount, and the associated out-of-pocket maximum costs. Filters are available that allow you and the consumer to filter by category, company cost and more.
1.47	Using the Compare Plans feature, that consumer is able to see side-by-side various elements to compare the plans and their premium costs, deductible amounts and out-of-pocket costs.
1.48	Once the consumer finds a plan that best suits his or her needs, the tool will redirect the consumer to create an account and/or log in to HealthCare.gov to enroll in the plan.
1.49	Moving on, we will review Special Enrollment Periods (or SEPs) and Plan Category Restrictions.

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1.50	Special Enrollment Periods or (SEPs) provide an opportunity to individuals who experience certain qualifying events to enroll in or change their healthcare coverage outside of the annual Open Enrollment period. SEP qualifying events fall into six categories: Loss of qualifying healthcare coverage; Change in household size; Change in primary place of living; Change in eligibility for Marketplace coverage or help paying for coverage; Enrollment or plan error; and in other situations. SEP eligibility may depend on the consumer's prior coverage status, or the submission of documents to confirm eligibility. SEP guidance is available for Agents and Brokers at the Marketplace Outreach and Education website.
1.51	What is a Plan Category? • Health plans sold in the Marketplace are divided into four categories: Bronze, Silver, Gold and Platinum. They range from Bronze plans which have lower premiums and higher out-of-pocket costs to Platinum plans with higher premiums and lower out-of-pocket costs. • We have provided a link on HealthCare.gov for you to learn more about Plan Categories. When do restrictions apply to Plan Categories that consumers can choose from? • Beginning in early 2019, Marketplace consumers may have a restricted range of plan categories to choose from, instead of all four categories, during their SEP window. This impacts the consumer when they currently have a Marketplace plan, when they Experience certain SEP-qualifying life events and when they want to change from their current plan.
1.52	Who is subject to a Plan Category restriction? • Consumers and their dependents who qualify for certain SEPs and are already enrolled in Marketplace coverage. Newly household members whose family is already enrolled in Marketplace coverage, and who want to enroll in the same plan with their family. Which SEPs are subject to Plan Category restrictions? • Most common SEP types, like loss of qualifying coverage, change in primary place of living, or change in household size. For most SEP types subject to restriction, existing enrollees will generally only be able to choose from plans within the same plan category as the current plan. For example, someone who is already enrolled in a Bronze plan and wants to change plans, will only view and choose Bronze category plans.

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1.53	What about existing enrollees who become newly eligible for Cost-Sharing Reductions (CSRs)? • Marketplace enrollees who become newly eligible for CSRs and who aren't already enrolled in a Silver plan can change to a Silver plan, so they can use their CSR, and we've provided you the link for more information. What about existing enrollees who gain dependents due to marriage, birth, adoption, foster care, or court order? • To enroll in coverage together, existing enrollees must add any new household members to their current plan and generally can't change plans. Alternately, consumers can choose to place the new dependent in their own group and enroll the new household member in any plan for the remainder of the year. What if an existing enrollee can't add new household members to their current plan? If a plan's Business Rules prevent an existing enrollee from adding a new household member, the family can enroll together in a different plan in the same category. If no other plans are available in this category, the family can enroll together in a category that's one level up or one level down.
1.54	Which SEPs are not subject to Plan Category restrictions? • Some SEPs, like those due to misrepresentation or plan display error, and gaining or maintaining status as a member of a federally recognized tribe or Alaska Native Claim Settlement Act Corporation shareholder, or other very rare situations. This does not limit consumers' ability to choose a new plan during a SEP window, if they want a different one. What about consumers newly enrolling in Marketplace coverage? • Consumers newly enrolling in Marketplace coverage are not limited in the plans they can choose to enroll in. However, these consumers may still have to submit documents confirming information about their eligibility for a SEP. On this screen, we provide you links to information about confirming Special Enrollments and Enrollment Pre-Verification.

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1.55	During Open Enrollment, consumers can newly enroll in Marketplace coverage or renew their Marketplace coverage and choose their existing plan or a new plan for the next year. SEPs provide an opportunity to newly enroll in or change coverage outside of Open Enrollment. **However,** starting in early 2019, most existing Marketplace enrollees who qualify for an SEP will not be able to change to a different plan category if they do not want to keep their current plan. You can help consumers understand that their plan choices after Open Enrollment will likely be limited in the year, even if they qualify for an SEP and want to change plans. You can encourage them to choose a plan that will meet their needs and their family's needs until the next Open Enrollment period. Here's a tip, use this HealthCare.gov page to help consumers understand the plan categories and choose the coverage that is best for them.
1.56	Please take a moment to review an example of a current enrollee who qualifies for an SEP with limited plan choices.
1.57	Please take a moment to review an example of a current enrollee who adds a new dependent through an SEP with limited plan choices.
1.58	Please take a moment to review an example of a current enrollee qualifying for an SEP with limited ability to change plans.
1.59	Please take a moment to review an example of a current enrollee in different plans qualifying for an SEP where their ability to change plans is limited.
1.60	Now for future reference, we will review help desk and call center supports available to you.
1.61	On this screen is information on the help desks and call centers that you, as an agent or broker, can consult.
1.62	Additional Help desk and call center support is continued on this screen.
1.63	Now we will move on to Agent and Broker Resources and key reminders for Plan Year 2019.
1.64	The Agent and Broker Frequently Asked Questions (or FAQ) webpage provides answers to commonly asked questions about working in the Marketplace, selling SHOP coverage, and helping your clients enroll and to maintain their coverage. FAQs are organized by category and can also be searched by typing keywords or parts of your question in the search bar. Please note, most FAQs also include additional resources to help you when assisting your clients.
1.65	On this screen you will find additional Agent and Broker resources. Please take time to review these resources.
1.66	Please review these additional resources available to agents and brokers.
1.67	Please review the acronyms used in this CBT.
1.68	This concludes the Tools, Tips, and Resources for Marketplace Agents and Brokers CBT. Please click "Home" to repeat the CBT or click "Exit" if you are finished.