Assisting Clients with Transitions To and From Employer-sponsored Coverage

March 29, 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 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).

This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

Webinar Agenda

- Loss of Employer-sponsored Coverage and Transition to Marketplace Coverage
- Transition from Marketplace Coverage to New Offer of Employer-sponsored Coverage
- Determining if an Employer's Coverage Offer is Affordable and Meets Minimum Value
- How to End Marketplace Coverage when Transitioning to Employer-sponsored Coverage
- Other Marketplace Updates
- Questions and Answers

Assisting Clients with Transitions To and From Employer-sponsored Coverage

Loss of Employer-sponsored Coverage and Transition to Marketplace Coverage

Scenario: Consumer is Losing Employer-sponsored Coverage

Your client, Terri, is transitioning from a full-time job with an employer that offered health coverage, to a part-time job with an employer that does not offer health coverage. She calls you to discuss her options for obtaining new health coverage that she can afford.

What are Terri's options to obtain new health coverage?

A. Claim a health coverage exemption
B. Enroll in a plan through the Health Insurance Marketplace
C. Sign up for Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage

Scenario: Consumer is Losing Employer-sponsored Coverage Answer

Your client, Terri, is transitioning from a full-time job with an employer that offered health coverage, to a part-time job with an employer that does not offer health coverage. She calls you to discuss her options for obtaining new health coverage that she can afford.

What are Terri's options to obtain new health coverage?

A. Claim a health coverage exemption
B. **Enroll in a plan through the Health Insurance Marketplace** ✔
C. **Sign up for Consolidated Omnibus Budget Reconciliation Act (COBRA) coverage** ✔

Scenario: Consumer is Losing Employer-sponsored Coverage Answer (Continued)

- Unless Terri qualifies for one, she cannot claim an exemption from the requirement to have health insurance, and choosing to NOT have health insurance coverage that qualifies as minimum essential coverage means she may have to pay the entire cost of all medical care received.
- Terri can qualify for a special enrollment period (SEP) to enroll in Marketplace health coverage, if she is otherwise eligible to enroll through the Marketplace. 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.
- Terri may also be able to keep her previous employer's health coverage for a limited time (usually 18 months) through COBRA continuation coverage. However, she may have to pay the full premium herself, plus a 2% administrative fee.

Scenario: Consumer is Losing Employer-sponsored Coverage

- Using the See Plans and Prices tool at HealthCare.gov, you can help Terri compare her COBRA coverage offer with Marketplace options, and determine whether the Marketplace may have better and more affordable options for Terri than COBRA.
- You can help Terri shop among several plan options to find one that best meets her budget and health care needs, and help her apply to determine if she is eligible for financial help through the Marketplace.
- Terri's Marketplace coverage can start the first day of the month after she loses her employer-sponsored coverage.

Scenario: Consumer is Losing Employer-sponsored Coverage

- Loss of minimum essential coverage is an SEP qualifying event that is subject to the SEP Pre-Enrollment Verification (SEPV) process.
- Because she is a new Marketplace applicant, Terri **must submit documents** that **confirm her SEP eligibility** within 30 days of plan selection before the Marketplace will finalize her enrollment. She can then make the first payment and start using her Marketplace coverage.
- You should encourage Terri to pay attention to deadlines and the notices that the Marketplace sends, and to submit the requested documentation as soon as possible. The Marketplace will "pend" Terri's plan selection until the SEP verification issue is resolved.

TIP: The list of documents Terri can submit to confirm her loss of coverage is available at https://www.healthcare.gov/help/prove-coverage-loss/.

Assisting Clients with Transitions To and From Employer-sponsored Coverage

Transition from Marketplace Coverage to New Offer of Employer-sponsored Coverage

Scenario: Consumer Receives an Offer of Employer-sponsored Coverage

Samson and his wife, Carolyn, are enrolled in a 2018 Marketplace health plan and are receiving advance payments of the premium tax credit (APTC) to help lower the cost of their coverage.

Two months after their Marketplace coverage started (on March 5, 2018), Samson started managing a coffee shop, with an annual salary of $37,000. The coffee shop offers health coverage to full-time employees and their dependents after a 90-day waiting period. Samson and his family will become eligible for coverage through Samson's employer-sponsored plan starting June 3, 2018.

After the waiting period ends, Samson and his wife have 30 days to enroll in the employer plan. If they miss this deadline, they will have to wait until the employer plan's annual open enrollment period, unless they qualify for an SEP before that.

Scenario: Consumer Receives an Offer of Employer-sponsored Coverage
Question 1

Does the Marketplace need to know about Samson’s new job?

A. Yes

B. No

Scenario: Consumer Receives an Offer of Employer-sponsored Coverage
Question 1: Answer

Does the Marketplace need to know about Samson's new job?

A. **Yes**

B. No

- Because APTC is being paid on his behalf, if Samson's income changes because of his new job, he must report this to the Marketplace.
- Once Samson and Carolyn become eligible for coverage under Samson's employer-sponsored plan, Samson must also report this to the Marketplace.

Scenario: Consumer Receives an Offer of Employer-sponsored Coverage Question 2

Can Samson and Carolyn stay enrolled in their plan through the Marketplace?

A. Yes

B. No

Scenario: Consumer Receives an Offer of Employer-sponsored Coverage Question 2: Answer

Can Samson and Carolyn stay enrolled in their plan through the Marketplace?

A. **Yes**

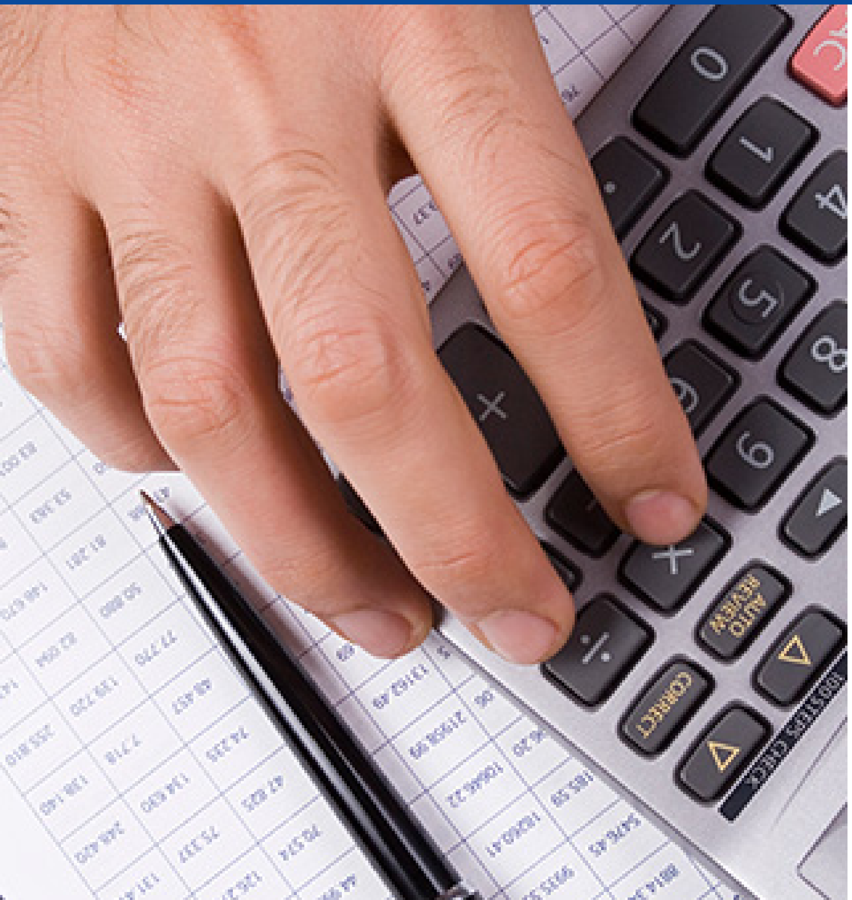
B. No

- During the 90-day waiting period, the Marketplace considers Samson and Carolyn to be ineligible for employer-sponsored coverage and they do not have an "offer" of other minimum essential coverage. During the waiting period, Samson and Carolyn **can remain enrolled** in their Marketplace plan **with financial assistance**, if otherwise eligible.
- Once the waiting period is over, Samson and Carolyn can stay enrolled in their Marketplace plan, but if Samson's offer of employer-sponsored coverage is **affordable** and meets the **minimum value standard**, they will be ineligible for Marketplace financial assistance and will have to pay the full premium for a plan purchased through the Marketplace.

Employer-sponsored Coverage: Impact on Eligibility for Marketplace Financial Assistance

- Even if Samson misses his opportunity to enroll (or chose not to enroll) in his employer's plan, starting June 3, 2018 (i.e., after the employer's 90-day waiting period ends) he must still indicate that he is eligible for employer-sponsored coverage on his Marketplace application.
- The Marketplace will consider Samson "eligible" for employer-sponsored coverage starting June 3, 2018.

Assisting Clients with Transitions To and From Employer-sponsored Coverage



Determining if an Employer's Coverage Offer is Affordable and Meets Minimum Value

Employer-sponsored Coverage: The Affordability Test

Employer coverage is considered "affordable" if the employee's share of the annual premium for the lowest cost plan offered for employee-only coverage is no greater than 9.56% of the employee's annual household income.

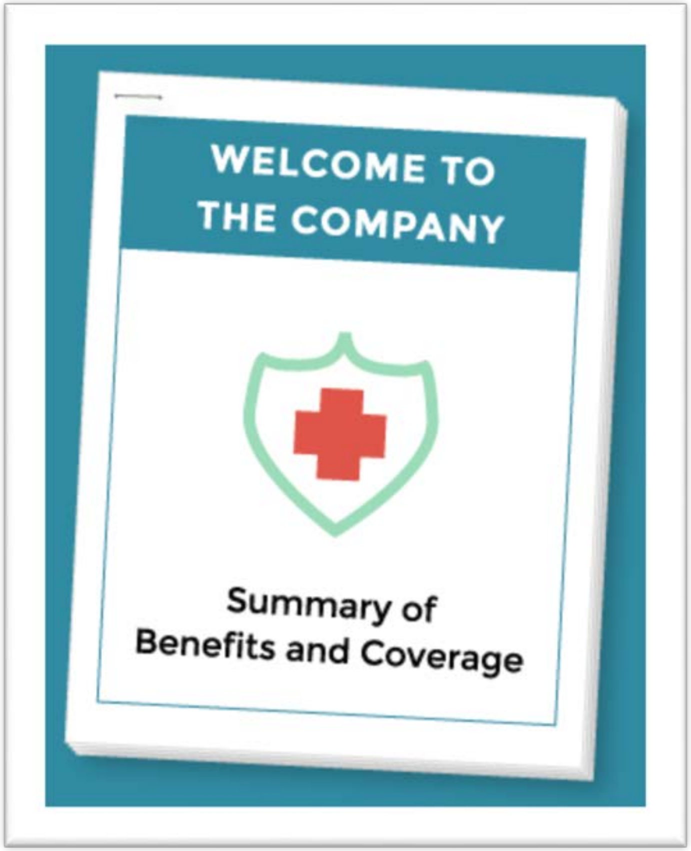
Example

Samson's annual household income is $37,000. To be affordable, Samson's share of the lowest cost employer-sponsored plan covering Samson only (not his wife) cannot be more than 9.56% of Samson's annual household income, or $3,585 in annual premiums (approximately $299 per month).

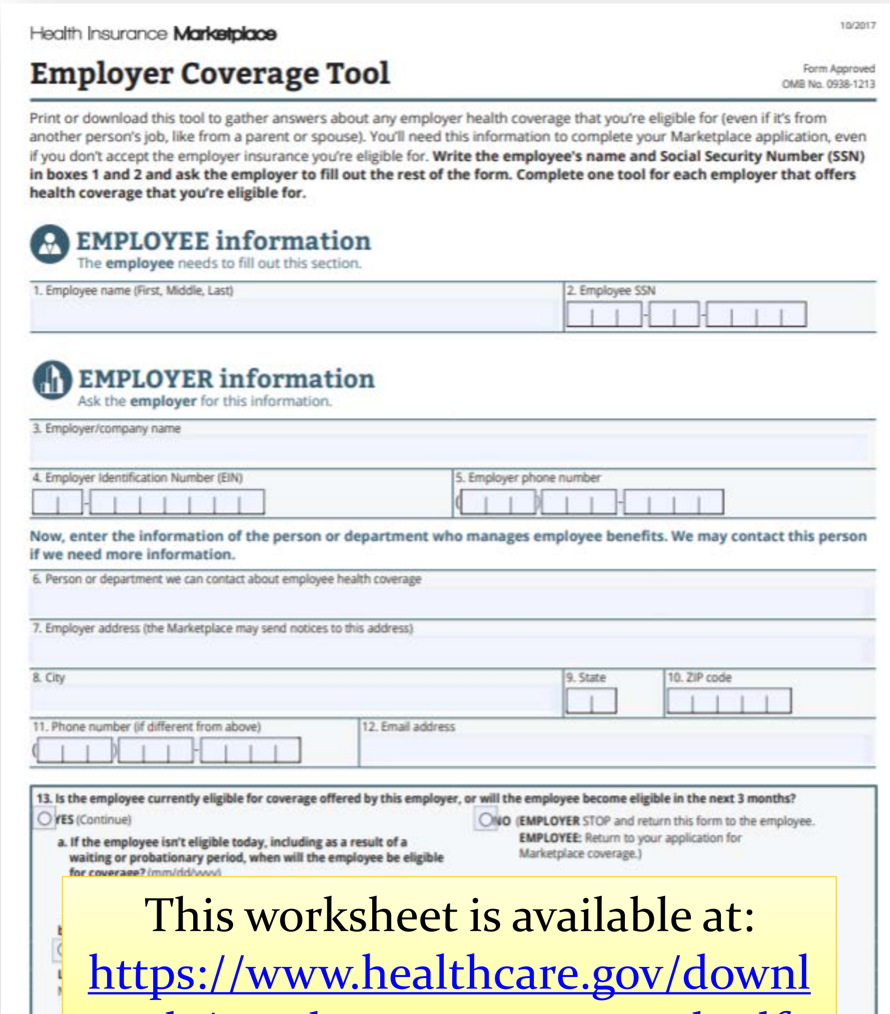
NOTE: The affordability test only considers the cost of the employee-only coverage; the cost of family coverage is not considered for the affordability test. However, if the coverage is considered "affordable" to the employee, then the employee's other family members would also be considered to have an offer of "affordable" coverage for the purpose of determining eligibility for Marketplace financial assistance.

Employer-sponsored Coverage: The Minimum Value Test

- Next, you can help Samson determine whether his employer's plan meets the "minimum value" (MV) standard.
- Employer coverage meets the MV standard if it is designed to pay at least 60% of the total cost of benefits under the plan for a standard population, and its benefits include coverage of physician and inpatient hospital services.
- The plan's Summary of Benefits Coverage will indicate whether the coverage meets MV requirements.



Resource: The Employer Coverage Tool



Health Insurance **Marketplace**

10/2017

Employer Coverage Tool

Form Approved
OMB No. 0938-1213

Print or download this tool to gather answers about any employer health coverage that you're eligible for (even if it's from another person's job, like from a parent or spouse). You'll need this information to complete your Marketplace application, even if you don't accept the employer insurance you're eligible for. **Write the employee's name and Social Security Number (SSN) in boxes 1 and 2 and ask the employer to fill out the rest of the form. Complete one tool for each employer that offers health coverage that you're eligible for.**

EMPLOYEE information
The **employee** needs to fill out this section.

1. Employee name (First, Middle, Last)
2. Employee SSN

EMPLOYER information
Ask the **employer** for this information.

3. Employer/company name
4. Employer Identification Number (EIN)
5. Employer phone number

Now, enter the information of the person or department who manages employee benefits. We may contact this person if we need more information.

6. Person or department we can contact about employee health coverage
7. Employer address (the Marketplace may send notices to this address)
8. City
9. State
10. ZIP code
11. Phone number (if different from above)
12. Email address

13. Is the employee currently eligible for coverage offered by this employer, or will the employee become eligible in the next 3 months?

YES (Continue)

a. If the employee isn't eligible today, including as a result of a waiting or probationary period, when will the employee be eligible for coverage? (mm/dd/yyyy)

NO (**EMPLOYER** STOP and return this form to the employee. **EMPLOYEE:** Return to your application for Marketplace coverage.)

This worksheet is available at: https://www.healthcare.gov/downloads/employer-coverage-tool.pdf.

- To determine whether their offer of employer-sponsored coverage is affordable and meets the MV standard, employees should ask their employers to fill out the "Employer Coverage Tool."
- Employees can also use this tool themselves to collect the information the Marketplace needs to assess their offer of employer-sponsored coverage.
- Consumers will need to provide the Marketplace with their employer's name, Employer Identification Number (EIN), phone number, and address. The EIN is displayed on consumers' W-2, or consumers can ask their employer to provide it to them.

If Employer-sponsored Coverage is Affordable and Meets MV Standard

Option 1: Enroll in Employer-sponsored Coverage

Considerations

- Do the plan's network and prescription drug formulary include Samson's and Carolyn's preferred providers and medications?
- How do out-of-pocket expenses (e.g., deductibles, copayments, and coinsurance) compare to the Marketplace plan in which they are enrolled?
- Who will enroll in coverage? Just Samson, or both Samson and Carolyn?
- How will the total annual premium costs differ?
- If Samson and Carolyn want to sign up for Samson's employer-sponsored coverage as soon as they become eligible, they must sign up during the window of time his employer grants newly eligible employees to sign up.

Option 2: Remain in Current Marketplace Plan

NOTE: Under this option, Samson and Carolyn will NOT receive financial assistance through the Marketplace.

Considerations

- Are Samson and Carolyn satisfied with their current coverage?
- Will they be able to afford the same plan without receiving financial assistance through the Marketplace?
- If Samson and Carolyn reject their offer of employer-sponsored coverage, they should make sure to update their Marketplace application to reflect any changes in their information (i.e., changes in income, eligibility for employer-sponsored coverage).

If Employer-sponsored Coverage is Not Affordable or Does Not Meet MV Standard

Option 1: Enroll in Employer-sponsored Coverage

Considerations

• Does the employer's coverage provide additional benefits or coverage (e.g., preferred providers, larger network, wellness incentives) that are not available through Samson's and Carolyn's Marketplace plan?

• What will their out-of-pocket expenses (e.g., deductibles, copayments, and coinsurance) be?

• Are there lower-cost premiums available through the Marketplace?

Option 2: Remain in Current Marketplace Plan

NOTE: Under this option, Samson and Carolyn MAY continue to receive financial assistance through the Marketplace, if otherwise eligible.

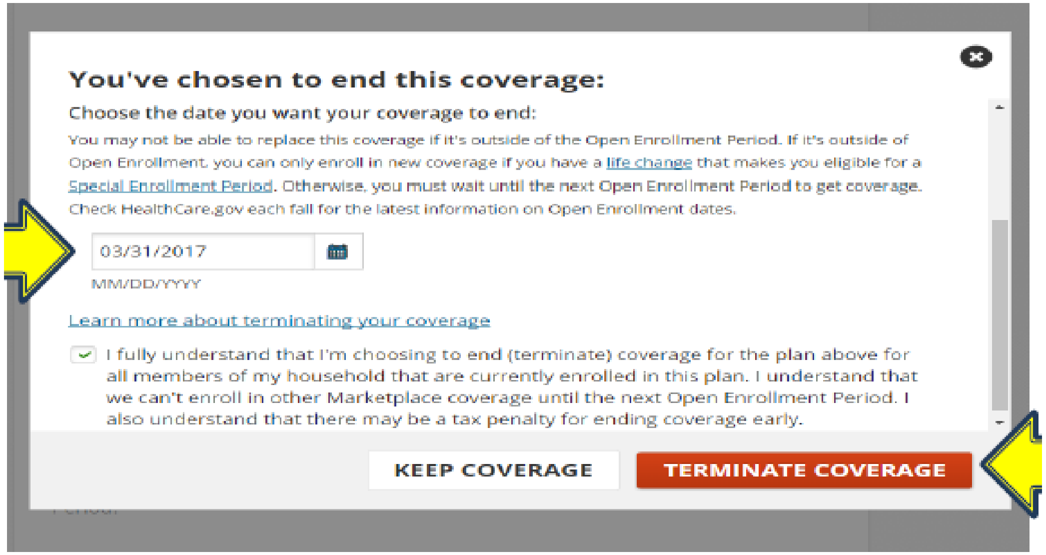
Considerations

• Are Samson and Carolyn satisfied with their current coverage?

• Samson and Carolyn may continue to be eligible for financial assistance through the Marketplace depending on how much their household income changes. How would this affect the price of their premiums?

• Samson should report any change in income to the Marketplace in order to receive adjusted amounts of financial assistance through the Marketplace, or he may end up owing money to the government when he files his federal income taxes.

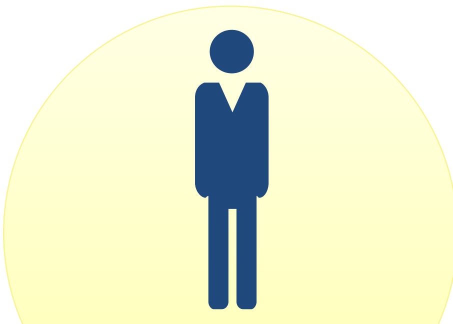
Assisting Clients with Transitions To and From Employer-sponsored Coverage



How to End Marketplace Coverage when Transitioning to Employer-sponsored Coverage

How to End Marketplace Coverage

The instructions for ending Marketplace coverage vary depending on who is ending coverage.



Just the Household Contact

Everyone on the Marketplace Plan

Some of the People on the Marketplace Plan

IMPORTANT: Consumers should not end their Marketplace coverage until they know for sure when their new employer-sponsored coverage starts. Once a consumer ends Marketplace coverage, he or she cannot re-enroll until the next annual Open Enrollment period (unless he or she qualifies for an SEP*).

*For information on SEP qualifying events, see https://marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf.

How to End Marketplace Coverage: Just the Household Contact

- The household contact is usually the person who created the Marketplace account, and may have filled out the application to buy the Marketplace plan for his or her spouse or dependents.
- You must call the Marketplace Call Center (1-800-318-2596) to:
  - Terminate for the household contact;
  - Change the household contact; and
  - Remove the household contact from the plan if others in the household are staying on the plan.
- **Do not try to change or remove the household contact online** unless the consumer is ending coverage for everyone on the plan. This action must be done by phone so the Marketplace can make sure others remain enrolled in the plan.

How to End Marketplace Coverage: Everyone on the Marketplace Plan

- Termination can take effect as soon as **14 days** from the day the consumer terminates coverage. Consumers **must pay premiums for this final two-week period of coverage.**
- Consumers can also set the Marketplace coverage end date to a day more than 14 days in the future.

*Also applies if the consumer is the only one covered on the plan

How to End Marketplace Coverage: Everyone on the Marketplace Plan (Continued)

To terminate via HealthCare.gov, the consumer must:

1. Log in to his or her Marketplace account and click “Start a new application or update an existing one.”
2. Click on the his or her name in the top right of the screen and select “My applications & coverage” then select the consumer’s application under “Your existing applications.”
3. Under the “My Plans & Programs” menu, select the red “End (Terminate) All Coverage” button and select the coverage end date (as soon as 14 days from current date).

Everyone* on the Marketplace Plan

*Also applies if the consumer is the only one covered on the plan

For detailed steps and screenshots of this process, see https://marketplace.cms.gov/technical-assistance-resources/consumer-options-to-terminate-plans.pdf.

How to End Marketplace Coverage: Some of the People on the Marketplace Plan (Excluding the Household Contact)

*Excluding the Household Contact

- In most cases, coverage for these individuals will end immediately.* The best way to ensure the consumer receives the desired coverage end date is by requesting the change via the Marketplace Call Center.
  - Note if one of the members to be removed is the Household Contact, you *must* call the Marketplace Call Center.

*Marketplace regulations require issuers to terminate coverage within 14 days of the notice, and issuers can refuse immediate termination of an enrollee's coverage.

- The status of the family member(s) whose Marketplace coverage is being terminated needs to be changed to nonapplicant (i.e., a household member who does not need coverage) on the application.

How to End Marketplace Coverage: Some of the People on the Marketplace Plan (Excluding the Household Contact) (Continued)

Some* of the People on the Marketplace Plan

*Excluding the Household Contact

To terminate coverage via HealthCare.gov, the consumer must:

1. Log in to his or her Marketplace account and click "Start a new application or update an existing one."
2. Click on his or her name in the top right of the screen and select "My applications & coverage" then select the consumer's application under "Your existing applications."
3. Under the "Report a Life Change" menu, select "Report a change in my household's income, size, or other information."
4. Update the "Who Needs Coverage" information to indicate the household member(s) who want to keep Marketplace coverage and who should be removed from the Marketplace plan.
5. Complete the steps to select and confirm a plan for the people staying on a Marketplace plan.

For detailed steps and screenshots of this process, see https://marketplace.cms.gov/technical-assistance-resources/consumer-options-to-terminate-plans.pdf.

Tips for Helping Consumers End Marketplace Coverage

- Terminating coverage generally requires a 14-day notice.
- When ending coverage for some, but not all, family members or reporting changes to the consumer's household, the applicant will receive a new Eligibility Determination Notice.
- Deleting an application does not terminate the policy.

- Remind consumers to report changes to the Marketplace throughout the year.
- Call the Marketplace Call Center for help: 1-800-318-2596.

Assisting Clients with Transitions To and From Employer-sponsored Coverage

Other Marketplace Updates

Upcoming Activities

- The slides from this webinar are already available on the Registration for Technical Assistance Portal (REGTAP) at www.REGTAP.info and will be available on the [Resources for Agents and Brokers webpage]() in the coming days.
- Watch your email for invitations to upcoming webinars.

Upcoming Assister Webinar*
April 13, 2:00-3:30 PM ET
Agents/Brokers Welcome!

Failure to Reconcile Advance Payments of the Premium Tax Credit (APTC)

Upcoming Agent/Broker Webinar*
April 26, 2:00-3:00 PM ET

2018 Small Business Health Options Program Approach

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

General Resources: New Search Tool

Based on your feedback, CMS has recently redesigned the General Resources page to include a new search tool that makes it easier for you to find the information you are looking for.

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) Marketplace.

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 participating in the SHOP Marketplace and assist them and their employees through the SHOP Marketplace application and enrollment process.

Some states have set up their own State-based individual and small business Marketplaces, while the Federal Government runs the Health Insurance Marketplace and SHOP Marketplaces located on HealthCare.gov 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. Agents

Resources for Agents and Brokers

- Resources for Agents and Brokers in the Health Insurance Marketplaces
- General Resources
- Plan Year 2018 Open Enrollment
- Plan Year 2018 Registration and Training
- SHOP Marketplace
- Web-brokers in the Health Insurance Marketplace

QUICK LINKS:

- NPN Validation FAQs
- Agent/Broker Newsletters
- Agent/Broker Help Desks
- Registration Completion List

General Resources: New Search Tool (Continued)

Now you can quickly search through over 100 resources by filtering on:

- Date uploaded
- Title
- Keywords
- Topic name
- Type of resource

General Resources

This page contains a dynamic list of resources that provide helpful information for agents and brokers as well as web-brokers who enroll consumers in the Health Insurance Marketplace and small employers in Small Business Health Options Program (SHOP) health insurance. This list includes guidance, regulations, newsletters, previous webinar slides, quick reference guides, and more.

Search the list below for a topic or by keyword to find resources that are relevant to your questions. Click here to return to the Agent and Broker Landing Page.

Show entries: 10 ▼

Filter On:

Date	Topic	Title	Type of Resource
2018-02	FFE Web-broker List	Public 2018 FFE Web Broker Entity List	General Resources
2018-02	COBRA/QSEHRA	COBRA Overview and QSEHRA Assistance	Webinar Slides
2018-02	Special Enrollment Period	Special Enrollment Periods: An Overview for Marketplace Agents and Brokers	Webinar Slides
2018-01	News for Agents and Brokers	News for Agents and Brokers – January 17, 2018	Newsletter

General Resources: New Search Tool (Continued)

To search by ***topic name***, type the topic of the resource you are looking for (such as “Help On Demand”) in the **Filter On** search bar.

General Resources

This page contains a dynamic list of resources that provide helpful information for agents and brokers as well as web-brokers who enroll consumers in the Health Insurance Marketplace and small employers in Small Business Health Options Program (SHOP) health insurance. This list includes guidance, regulations, newsletters, previous webinar slides, quick reference guides, and more.

Search the list below for a topic or by keyword to find resources that are relevant to your questions. Click here to return to the Agent and Broker Landing Page.

Show entries: 10

Filter On: Help On Demand

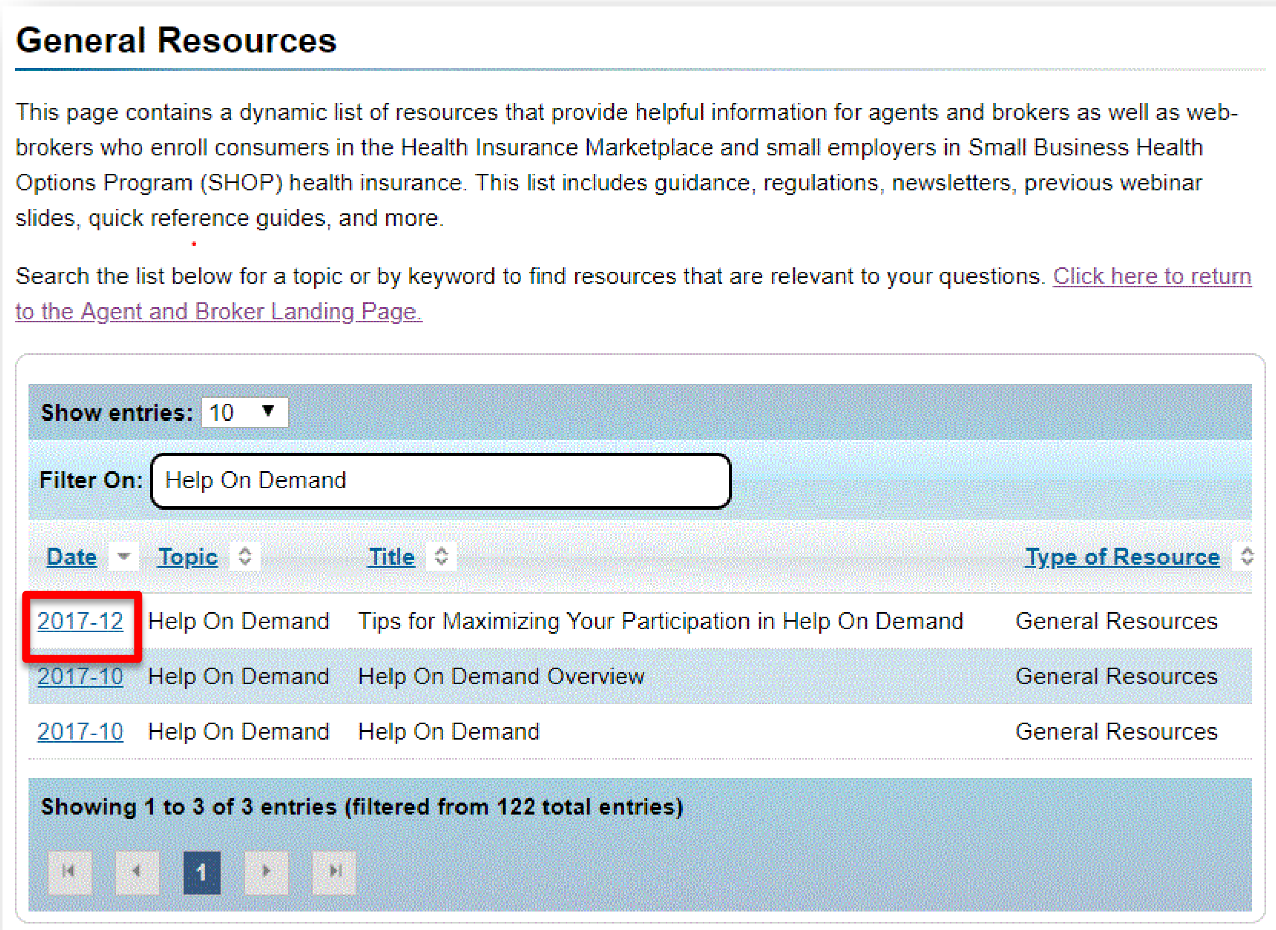
Date	Topic	Title	Type of Resource
2017-12	Help On Demand	Tips for Maximizing Your Participation in Help On Demand	General Resources
2017-10	Help On Demand	Help On Demand Overview	General Resources
2017-10	Help On Demand	Help On Demand	General Resources

Showing 1 to 3 of 3 entries (filtered from 122 total entries)

1

General Resources: New Search Tool (Continued)

To view or download a resource, click on its date.



General Resources

This page contains a dynamic list of resources that provide helpful information for agents and brokers as well as web-brokers who enroll consumers in the Health Insurance Marketplace and small employers in Small Business Health Options Program (SHOP) health insurance. This list includes guidance, regulations, newsletters, previous webinar slides, quick reference guides, and more.

Search the list below for a topic or by keyword to find resources that are relevant to your questions. Click here to return to the Agent and Broker Landing Page.

Show entries: 10

Filter On: Help On Demand

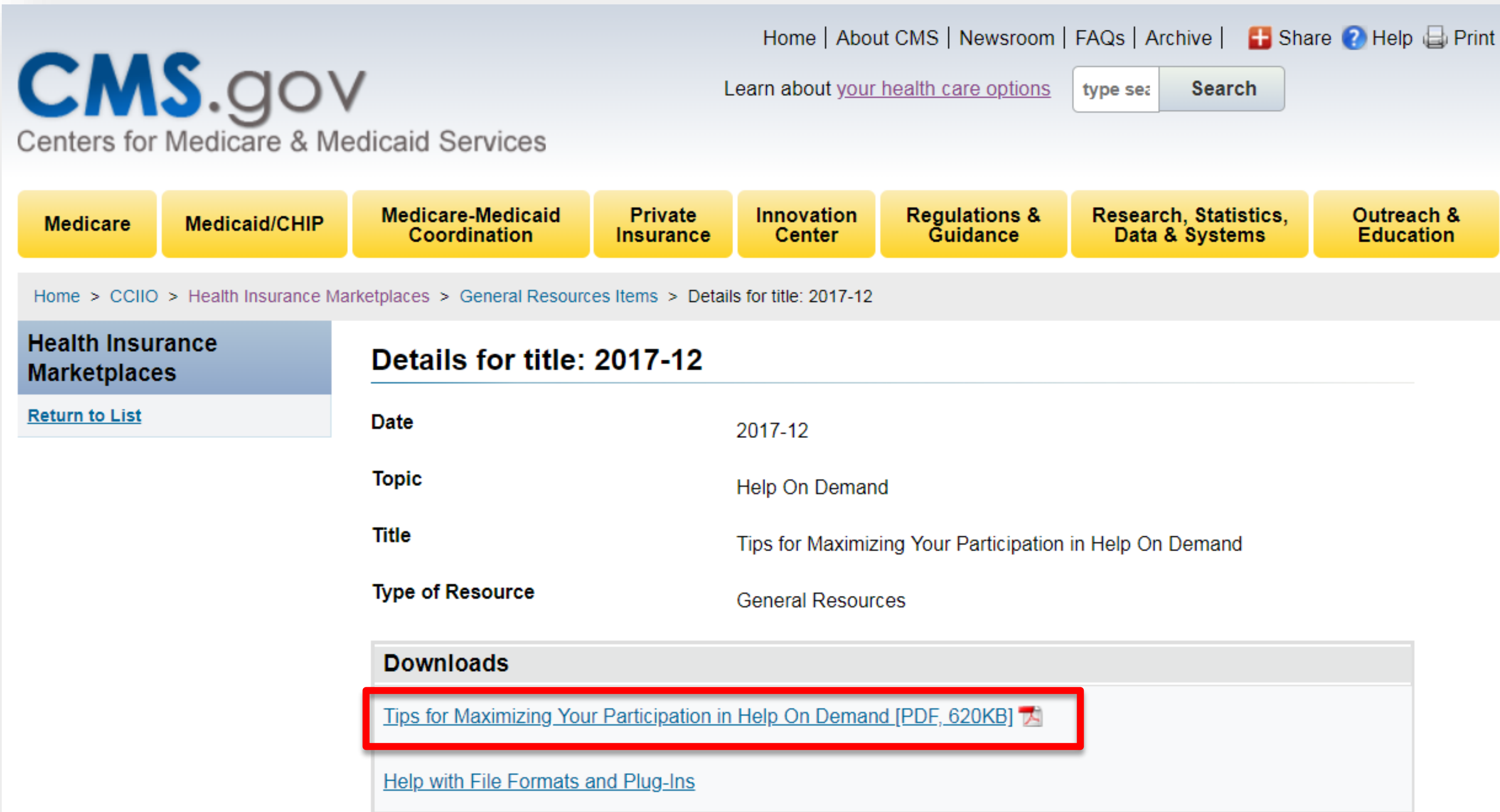
Date	Topic	Title	Type of Resource
2017-12	Help On Demand	Tips for Maximizing Your Participation in Help On Demand	General Resources
2017-10	Help On Demand	Help On Demand Overview	General Resources
2017-10	Help On Demand	Help On Demand	General Resources

Showing 1 to 3 of 3 entries (filtered from 122 total entries)

1

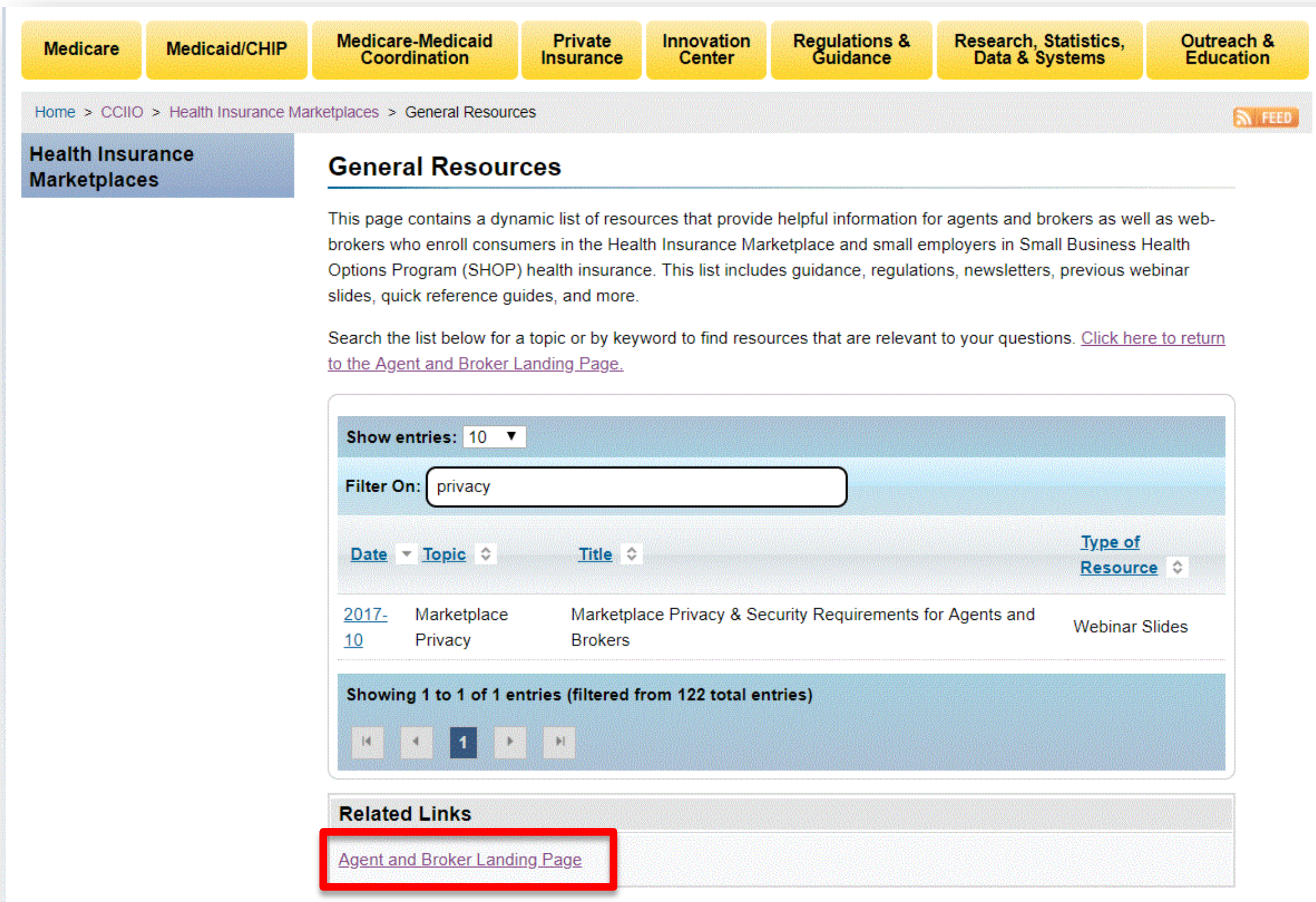
General Resources: New Search Tool (Continued)

You will then be directed to a new page with resource details and a link to download.



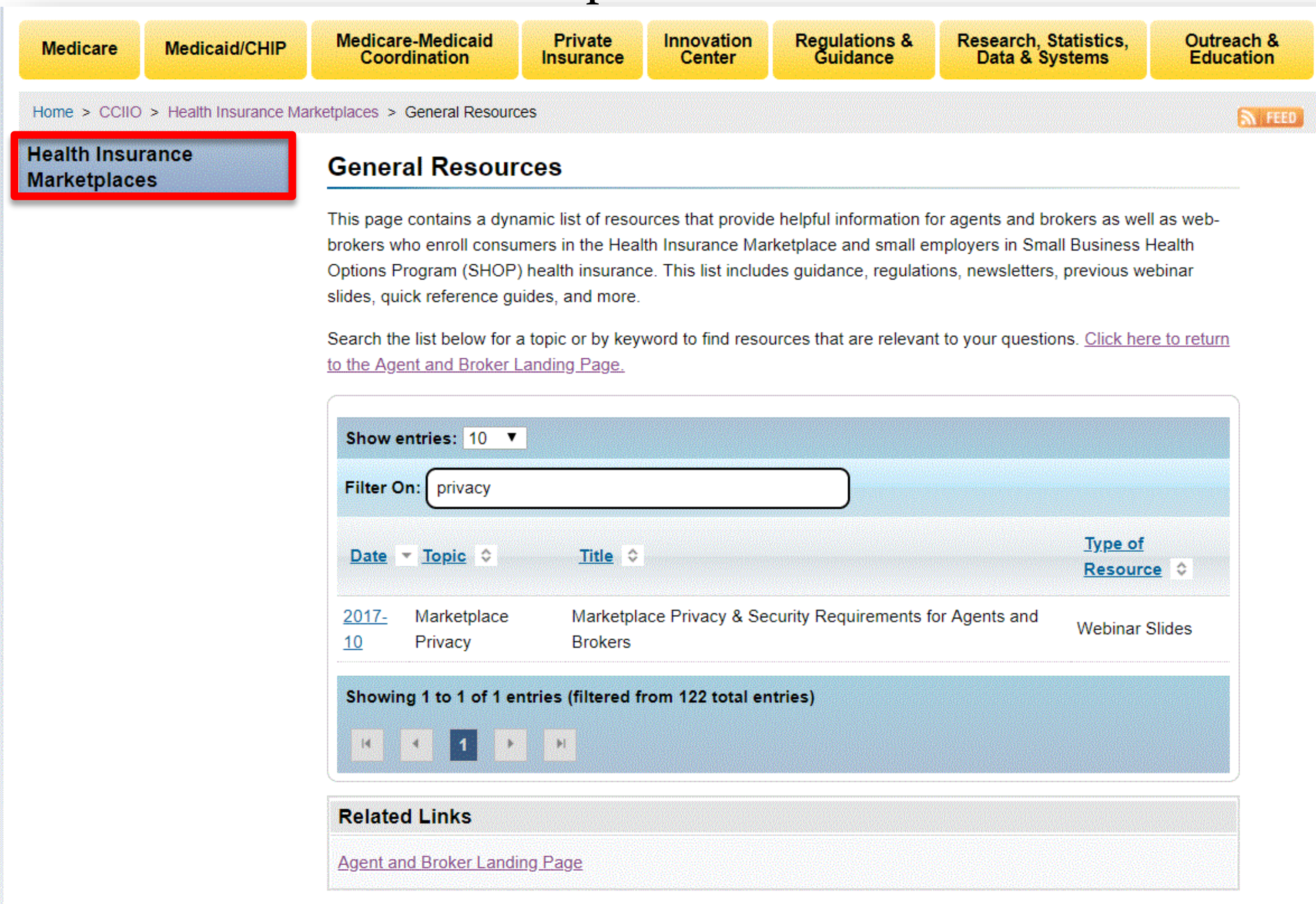
General Resources: New Search Tool (Continued)

To return to the Agents and Brokers Resources webpage home page at any time, click the “Agent and Broker Landing Page” link at the bottom of the “General Resources” page.



General Resources: New Search Tool (Continued)

To go to the Health Insurance Marketplaces home page at any time, click the "Health Insurance Marketplaces" button on the left sidebar.



Agent and Broker Resources

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

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	https://data.healthcare.gov/ffm_ab_registration_lists
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	https://localhelp.healthcare.gov/
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	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Help-On-Demand.pdf
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	www.nipr.com/PacNpnSearch.htm

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.	• Assist consumers with HealthCare.gov account password resets • SEPs not available on the consumer application • Individual Marketplace eligibility and enrollment issues	Mon–Sun 24 hours/day
Agent/Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	• 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 and Help On Demand issues	Mon–Fri 8:00 AM–6:00 PM ET
Agent/Broker Training and Registration Email Help Desk	MLMSHelpDesk@cms.hhs.gov	• Technical or system-specific issues related to the agent/broker training and registration system (i.e., the MLMS) • User-specific questions about maneuvering in the MLMS site, or accessing training and exams	Mon–Fri 8:00 AM–5:30 PM ET
Marketplace Service Desk	855-CMS-1515 855-267-1515 CMS_FEPS@cms.hhs.gov	• CMS Enterprise Portal password resets and account lockouts • Login issues on the Direct Enrollment agent/broker landing page • Other CMS Enterprise Portal account issues or error messages • 501 Downstream Error message on HealthCare.gov website issues • General registration and training questions (not related to a specific training platform)	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
EIN	Employer Identification Number
FFM	Federally-facilitated Marketplace
MLMS	Marketplace Learning Management System
MV	Minimum Value
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	SEP Pre-Enrollment Verification

Questions?

For questions/comments about agent/broker participation in the FFM:
FFMProducer-AssisterHelpDesk@cms.hhs.gov

For questions/comments on the MLMS: MLMSHelpDesk@cms.hhs.gov

For questions on CMS Enterprise Portal account issues, password resets, and general enrollment and eligibility policy: Marketplace Service Desk 855-267-1515, available Monday–Friday, 8:00 AM–8:00 PM ET.

For questions/comments about specific consumers: Direct Agent/Broker Partner Line 1-855-788-6275, available 24 hours a day, 7 days a week
Note: Agents and brokers will be prompted to enter a valid NPN to validate their FFM registration completion for the current plan year.

For questions/comments about the FF-SHOP:
1-800-706-7893 (TTY: 711) available Monday–Friday, 9:00 AM–5:00 PM ET

For questions/comments about web-broker direct enrollment participation in the FFM:
DirectEnrollment@cms.hhs.gov