Individual Coverage Health Reimbursement Arrangements and the Marketplace

October 17, 2019

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

Disclaimer

The information provided in this presentation is intended only as a general, informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage learners to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

This document generally is not intended for use in the State-based Marketplaces that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB) and Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to "Marketplace" in the presentation only includes Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform.

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Webinar Agenda

- Introduction: Individual Coverage Health Reimbursement Arrangements (ICHRAs) and other types of Health Reimbursement Arrangements (HRAs)
- ICHRA Impact on Premium Tax Credit (PTC) Eligibility
- ICHRA Employer Notice
- Special Enrollment Period (SEP) for ICHRA-eligible Consumers
- ICHRA Consumer Scenarios
- General Resources and Other Marketplace Updates
- Questions and Answers

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Individual Coverage Health Reimbursement Arrangements and the Marketplace

Introduction: ICHRAs and Other Types of HRAs

Introduction: ICHRAs and Other Types of HRAs

In June 2019, the Departments of the Treasury, Labor, and Health & Human Services jointly published a final rule to expand the flexibility and use of HRAs and other account-based group health plans to provide Americans with additional options to obtain quality, affordable health care.

Resource: Health Reimbursement Arrangements and Other Account-Based Group Health Plans – Final Rule

What is an HRA?

- An **HRA** is a group health plan funded solely by employer contributions that reimburses an employee's medical care expenses up to a maximum dollar amount for a coverage period.*
- HRA reimbursements are excludable from the employee's income and wages for federal income tax and employment tax purposes.
- An employer may allow funds that remain in the HRA at the end of the year to carry over into future years.
- In addition to the employee, an HRA may also reimburse expenses incurred by the employee's spouse, dependents, and children who, as of the end of the taxable year, have not attained age 27 (dependents).

**Medical care expenses means expenses for medical care as defined under section 213(d) of the Internal Revenue Code.*

Resource: Health Reimbursement Arrangements – CMS.gov Resource Page

Individual Coverage HRA

- Because HRAs do not by themselves comply with certain Patient Protection and Affordable Care Act (PPACA) requirements,* employers could previously only offer an HRA to individuals who were also enrolled in another group health plan that did comply with these requirements, provided the HRA met certain other criteria. Employers may continue to offer these other types of HRAs that are integrated with other group health plan coverage.
- The June 2019 HRA Rule allows employers to instead meet PPACA requirements by offering an ICHRA that requires employees and any covered dependents to be enrolled in individual health insurance coverage; or Medicare Parts A and B, or Part C; in order to receive reimbursements for medical care expenses from the ICHRA. Reimbursements by the ICHRA may include premiums and cost sharing for individual health insurance coverage, and for Medicare.
- Employers may begin offering ICHRAs as of January 1, 2020.

** As an account-based group health plan to which an employer contributes a specific amount annually, resulting in a maximum amount being available to reimburse expenses, HRAs generally do not meet the ACA's prohibition on applying an annual dollar limit to essential health benefits and do not, in all cases, provide coverage for preventive services without cost-sharing for these services.*

Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)

- The 21st Century Cures Act permits small employers who do not offer group health plan coverage to any of their employees to provide a **QSEHRA** to their eligible employees to help employees pay for medical care expenses.
- An eligible employee can use a QSEHRA to reimburse medical care expenses for him or herself, as well as any covered dependents (if permitted by the employer).
- To receive reimbursements from a QSEHRA, an employee and any covered dependents must be enrolled in minimum essential coverage.
- Small employers can provide QSEHRAs for plan years beginning on or after January 1, 2017.

Resources:

- HealthCare.gov – What's a QSEHRA?
- IRS Notice 2017-67 – Qualified Small Employer Health Arrangements

Excepted Benefit HRAs (EBHRAs)

- The June 2019 Final HRA Rule also created another, limited kind of HRA that can be offered in addition to a traditional group health plan. These "Excepted Benefit HRAs" permit employers to reimburse additional medical care expenses (for example to help cover the cost of copays, deductibles, or other expenses not covered by the primary plan) even if the employee declines enrollment in the traditional group health plan.
- Excepted Benefit HRAs cannot be used to reimburse premiums for group or individual coverage or Medicare.

Resource: For more information on EBHRAs, see Question 11 of Frequently Asked Questions on New Health Coverage Options for Employers and Employees.

Cafeteria Plans and ICHRAs

- A cafeteria plan is a separate written plan maintained by an employer for employees that meets the specific requirements of section 125 of the Internal Revenue Code. It provides participants an opportunity to receive certain benefits on a pretax basis. Participants in a cafeteria plan must be permitted to choose among at least one taxable benefit (such as cash) and one qualified benefit.
- Employers may not allow salary reduction through a cafeteria plan to pay the portion of the Marketplace premiums not covered by an ICHRA; however, employers may allow salary reduction through a cafeteria plan to pay the portion of premiums not covered by an individual coverage HRA for coverage purchased outside the Marketplace.

Individual Coverage Health Reimbursement Arrangements and the Marketplace

ICHRAs: Impact on PTC

ICHRAs: Impact on PTC Eligibility

- A PTC is not allowed for an individual's Marketplace coverage if he/she is offered an ICHRA that is affordable. This applies to employees as well as spouses and dependents of employees to whom the offer extends.
- If the ICHRA is not affordable based on standards set forth in the final rule, a PTC is allowed if the employee offered the coverage "opts out" of the HRA and the other PTC requirements are met.
- A PTC is not allowed for an individual's Marketplace coverage if the individual chooses to be covered by an ICHRA, regardless of whether the HRA is affordable.

What Makes an ICHRA affordable?

For 2020, an ICHRA is considered affordable for an employee (and dependents, if applicable) if the monthly premium of the self-only lowest-cost silver plan (LCSP) in the employee's area, minus the monthly amount made available to the employee under the ICHRA, does not exceed 9.78%* of 1/12 of the employee's household income.

*This "required contribution percentage" is indexed annually.

Affordable HRA Example

Self-only LCSP monthly premium – monthly ICHRA amount

($500 - $200 = $300)

≤

Employee's household income for the tax year/ 12 * the required contribution percentage ($51,000/12 x 9.78% = $415.65)

ICHRAs vs. QSEHRAs

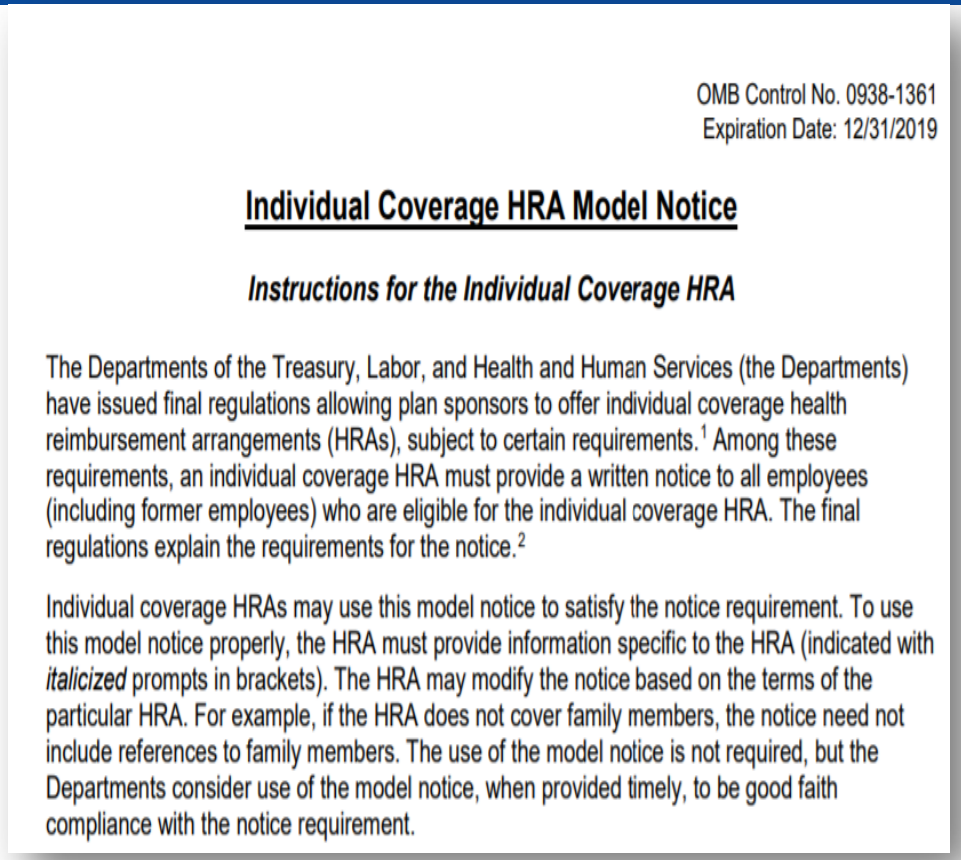
	ICHRAs	QSEHRAs
Employers can offer this HRA-type to reimburse employees for their medical care expenses/premiums	Yes, employers of all sizes may offer an ICHRA*	Yes, employers with fewer than 50 full-time employees may offer a QSEHRA*
Affordability determined using . . .	Employee's self-only LCSP	Employee's self-only second-lowest cost silver plan premium (SLCSP)
If coverage through the HRA is unaffordable . . .	Employee must "opt out" to be PTC-eligible, if they otherwise qualify for PTC	Employee must reduce monthly PTC by their monthly QSEHRA amount

*Employers offering an ICHRA generally cannot offer traditional group health plan coverage to employees in the same class; employers providing a QSEHRA cannot offer group health plan coverage to any employees.

Determining Affordability of an ICHRA

- By November 1, 2019, the Department of Health & Human Services (HHS) will provide resources to help individuals offered an ICHRA and using the Federal HealthCare.gov platform determine their eligibility for advance payments of the PTC (APTC) based on whether the ICHRA is considered affordable.
- HHS plans to provide information on HealthCare.gov to inform consumers with an offer of an ICHRA of the PTC implications.

Individual Coverage Health Reimbursement Arrangements and the Marketplace



OMB Control No. 0938-1361
Expiration Date: 12/31/2019

Individual Coverage HRA Model Notice

Instructions for the Individual Coverage HRA

The Departments of the Treasury, Labor, and Health and Human Services (the Departments) have issued final regulations allowing plan sponsors to offer individual coverage health reimbursement arrangements (HRAs), subject to certain requirements.[1] Among these requirements, an individual coverage HRA must provide a written notice to all employees (including former employees) who are eligible for the individual coverage HRA. The final regulations explain the requirements for the notice.[2]

Individual coverage HRAs may use this model notice to satisfy the notice requirement. To use this model notice properly, the HRA must provide information specific to the HRA (indicated with *italicized* prompts in brackets). The HRA may modify the notice based on the terms of the particular HRA. For example, if the HRA does not cover family members, the notice need not include references to family members. The use of the model notice is not required, but the Departments consider use of the model notice, when provided timely, to be good faith compliance with the notice requirement.

ICHRA Employer Notice

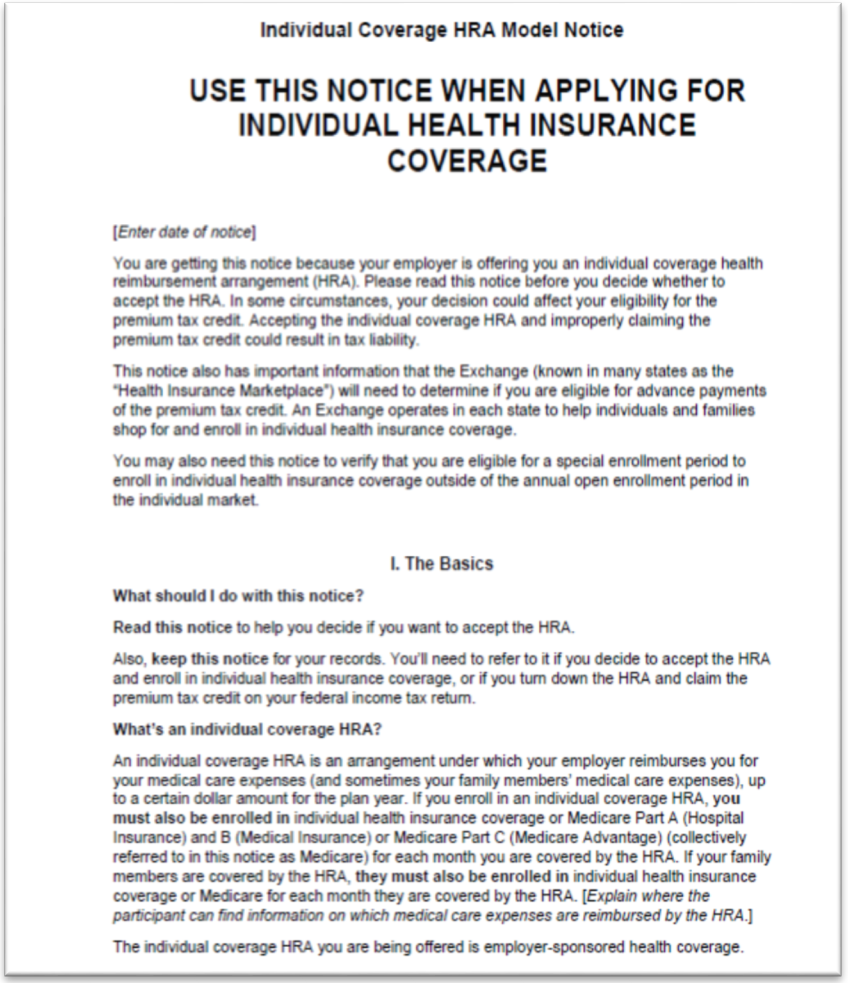
ICHRA Employer Notice

- An employee who is offered an ICHRA will generally get a written notice at least 90 days before the beginning of the ICHRA's plan year.
- However, employees who become eligible during the plan year, or later than 90 days before the start of the plan year (such as newly hired employees), will get their notice no later than the date on which their coverage under the ICHRA can begin.

ICHRA Employer Notice Requirements

The final rule requires this "employer notice" to include key information about the ICHRA, such as the dollar amount of the HRA offer, the date that coverage under the HRA may begin, and whether the offer extends to dependents (among other things).

Resource: For more information on the ICHRA employer notice, see the Individual Coverage HRA Model Notice.



Individual Coverage HRA Model Notice

USE THIS NOTICE WHEN APPLYING FOR INDIVIDUAL HEALTH INSURANCE COVERAGE

[*Enter date of notice*]

You are getting this notice because your employer is offering you an individual coverage health reimbursement arrangement (HRA). Please read this notice before you decide whether to accept the HRA. In some circumstances, your decision could affect your eligibility for the premium tax credit. Accepting the individual coverage HRA and improperly claiming the premium tax credit could result in tax liability.

This notice also has important information that the Exchange (known in many states as the "Health Insurance Marketplace") will need to determine if you are eligible for advance payments of the premium tax credit. An Exchange operates in each state to help individuals and families shop for and enroll in individual health insurance coverage.

You may also need this notice to verify that you are eligible for a special enrollment period to enroll in individual health insurance coverage outside of the annual open enrollment period in the individual market.

I. The Basics

What should I do with this notice?

Read this notice to help you decide if you want to accept the HRA.

Also, **keep this notice** for your records. You'll need to refer to it if you decide to accept the HRA and enroll in individual health insurance coverage, or if you turn down the HRA and claim the premium tax credit on your federal income tax return.

What's an individual coverage HRA?

An individual coverage HRA is an arrangement under which your employer reimburses you for your medical care expenses (and sometimes your family members' medical care expenses), up to a certain dollar amount for the plan year. If you enroll in an individual coverage HRA, **you must also be enrolled in** individual health insurance coverage or Medicare Part A (Hospital Insurance) and B (Medical Insurance) or Medicare Part C (Medicare Advantage) (collectively referred to in this notice as Medicare) for each month you are covered by the HRA. If your family members are covered by the HRA, **they must also be enrolled in** individual health insurance coverage or Medicare for each month they are covered by the HRA. [*Explain where the participant can find information on which medical care expenses are reimbursed by the HRA.*]

The individual coverage HRA you are being offered is employer-sponsored health coverage.

ICHRA Employer Notice Requirements (Continued)

The employer notice must also include (among other things):

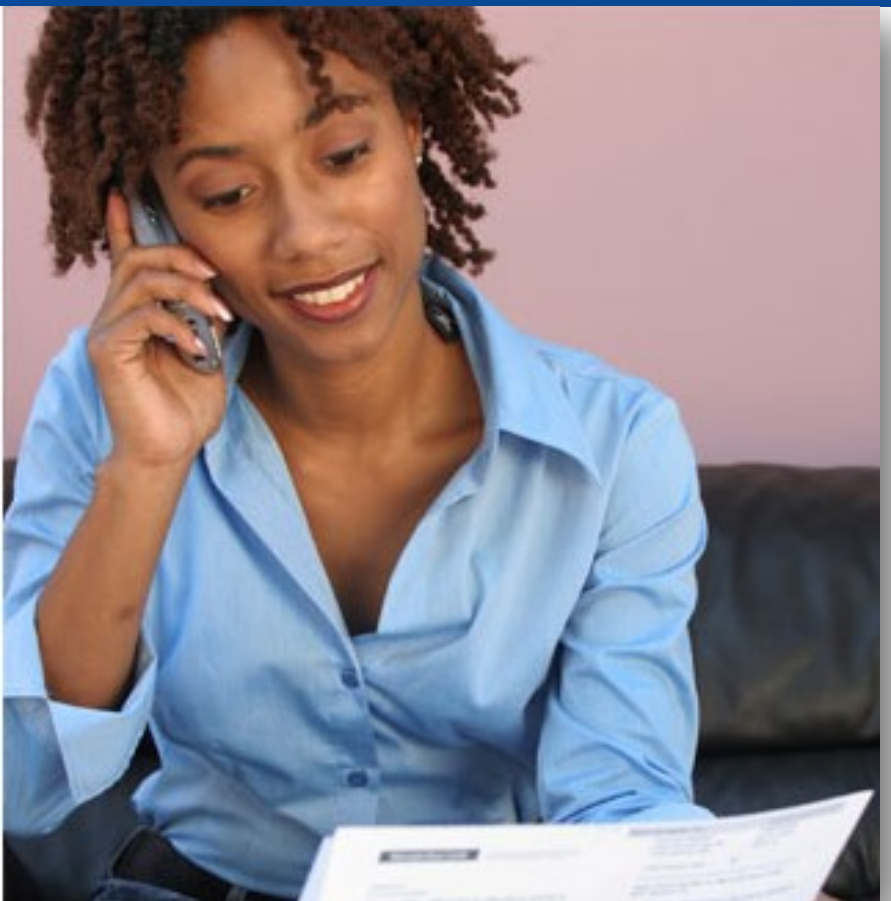
- Contact information (including a phone number) for an individual or a group of individuals who participants may contact in order to receive additional information regarding the ICHRA.
- A statement of availability of an SEP to enroll in or change individual health insurance coverage, through or outside of an Exchange, for the participant and any dependents who newly gain access to the ICHRA and are not already covered by the ICHRA.
- A statement that the ICHRA is not a QSEHRA.

Employer Notice: ICHRAs vs. QSEHRAs

Employers that provide QSEHRAs also must provide a notice: Section 9831(d)(4) of the Internal Revenue Code requires an eligible employer who provides a QSEHRA to its eligible employees to furnish a written notice to each eligible employee at least 90 days before the beginning of each plan year, or for an employee who is not eligible to participate at the beginning of the plan year, the date on which the employee is first eligible to participate in the QSEHRA.

Resource: For more information, see Section E "Written Notice Requirement in IRS Notice 2017-67.

Individual Coverage Health Reimbursement Arrangements and the Marketplace



ICHRA Individual Market SEP

Overview: ICHRA/QSEHRA SEP

- Employees and their dependents who newly gain access to an ICHRA or who are newly provided a QSEHRA may qualify for an SEP to enroll in individual coverage through or outside of the Marketplace.
- The **triggering event** is the first day on which coverage for the qualified individual, enrollee, or dependent under the ICHRA can take effect, or the first day on which coverage under the QSEHRA takes effect.

Enrolling through an ICHRA/QSEHRA SEP

- Generally, qualified individuals will need to apply for and enroll in individual health insurance coverage in time for it to take effect by the date that their ICHRA or QSEHRA starts.
- Employees with questions about their ICHRA or QSEHRA start date should check their employer notice, or contact their employer.
- Individuals whose ICHRA or QSEHRA starts on January 1st should enroll during the individual market annual Open Enrollment period (November 1 to December 15), so that their individual health insurance coverage start date coincides with the January 1 start date of their ICHRA or QSEHRA.

ICHRA/QSEHRA SEP Effective Dates

- If the individual selects an individual health insurance plan before the triggering event, his or her coverage will take effect on the first day of the month following the date of the triggering event or, if the triggering event is on the first day of a month, on the date of the triggering event.
- If the plan selection is made on or after the day of the triggering event, coverage will take effect on the first day of the month following plan selection.

ICHRA/QSEHRA SEP Enrollment and Verification in 2020

- The ICHRA/QSEHRA SEP will not be included in the HealthCare.gov application at the beginning of 2020, so individuals with ICHRA or QSEHRA offers in states that use the HealthCare.gov platform will need to contact the Marketplace Call Center to request the SEP.
- Individuals will verify their eligibility for the SEP by attesting that they were offered an ICHRA or QSEHRA and providing the HRA start date when they call the Marketplace Call Center.
- After calling the Marketplace Call Center, it will likely take a few days for the updated eligibility determination for the SEP to show on the application and in My Account.
- Individuals seeking the ICHRA/QSEHRA SEP after it is included in the application will need to submit documentation to confirm their SEP eligibility.

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Individual Coverage Health Reimbursement Arrangements and the Marketplace

ICHRA Consumer Scenarios

Scenario 1: Employee without dependents has an offer of an affordable ICHRA

- For 2020, Jane (single, no dependents) has estimated household income of $51,000.
- Jane's employer offers its employees an ICHRA starting on January 1, 2020 that reimburses $2,400 of medical care expenses for single employees with no children.
- The self-only monthly premium for the LCSP that is offered in the Marketplace for the rating area in which Jane resides is $500.
- Jane's required contribution is $300, which is lower than the product of the required contribution percentage and her household income divided by 12. Therefore, the ICHRA is affordable, and Jane is not eligible for APTC.
  - $500 - $200 = $300 (Jane's required contribution: self-only LCSP monthly premium – monthly ICHRA amount)
  - ($51,000 x .0978)/12= $415.65 (1/12 of the product of Jane's household income for the tax year and the required contribution percentage)
- Jane accepts her employer's ICHRA offer, and during Open Enrollment, she enrolls in individual health insurance coverage in order to meet her ICHRA's requirement to be enrolled in such coverage.

Scenario 2: Employee without dependents has an offer of an unaffordable ICHRA

- For 2020, Jane (single, no dependents) has estimated household income of $28,000.
- Jane's employer offers its employees an ICHRA starting on January 1, 2020 that reimburses $2,400 of medical care expenses for single employees with no children.
- The self-only monthly premium for the LCSP that is offered in the Marketplace for the rating area in which Jane resides is $500.
- Jane's required contribution is $300, which is higher than the product of the required contribution percentage and her household income, divided by 12. Therefore, Jane's ICHRA is unaffordable and she may be eligible for APTC.
  - $500 - $200 = $300 (Jane's required contribution: LCSP monthly premium – monthly ICHRA amount)
  - ($28,000 x .0978)/12 = $228.20 (1/12 of the product of Jane's household income for the tax year and the required contribution percentage)
- Jane opts out of her employer's ICHRA offer, and during Open Enrollment, she can enroll in a qualified health plan through the Exchange with APTC, if otherwise eligible. Next year, she should update her employer coverage information in her Marketplace application, especially if her employer makes changes to her coverage, such as increasing the amount offered through her ICHRA.

Scenario 3: Employee with dependents has an offer of an affordable ICHRA

- For 2020, Jane is married and has one child. Jane has an estimated household income of $28,000.
- Jane's employer offers its employees an ICHRA starting on January 1, 2020 that reimburses.
- $3,600 of medical care expenses for single employees with no children (the "self-only HRA amount") and $5,000 for employees with a spouse or children.
- The self-only monthly premium for the LCSP that is offered in the Marketplace for the rating area in which Jane resides is $500. Jane's required contribution is $200, which is lower than 1/12 of the product of the required contribution percentage and her household income. Therefore, Jane's ICHRA is affordable and she, her spouse, and child are not eligible for APTC.
  - $500 - $300 = $200 (Jane's required contribution: LCSP monthly premium – monthly self-only ICHRA amount)
  - ($28,000 x .0978)/12 = $228.20 (1/12 of the product of Jane's household income for the tax year and the required contribution percentage)
- Jane accepts her employer's ICHRA offer and, during Open Enrollment, Jane, her spouse and child enroll in individual health insurance coverage in order to meet her ICHRA's requirement to be enrolled in such coverage.

Scenario 4: Employee with dependents has an offer of an unaffordable ICHRA

- Jane, her spouse, and child are offered an ICHRA for all months of 2020 by Jane's employer.
- When enrolling in Marketplace coverage for herself and her family, Jane received a determination by the Marketplace that the ICHRA was unaffordable because she believed her household income would be lower than it turned out to be.
- Jane opts out of the ICHRA offer, enrolls her family in Marketplace coverage, and receives APTC for her family's 2020 coverage.
- The ICHRA is considered unaffordable for Jane and her family for purposes of claiming PTC on her tax return, provided that she did not, with intentional or reckless disregard for the facts, provide incorrect information to the Marketplace.

Scenario 5: Employee is hired after the first day of the plan year

- An employer offers all employees an ICHRA that starts on January 1, 2020. The ICHRA amount is $7,000 for the employees enrolled for all 12 months of the plan year.
- The employer hires Tom on January 15, 2020, and he is eligible to enroll in the ICHRA with an effective date of the first day of the following month, February 1, 2020, as long as he enrolls in individual health insurance coverage that takes effect on or before February 1, 2020. He is offered a pro-rated amount of $6,416 based on the portion of the plan year during which he will be covered by the ICHRA. Like other employees, Tom's ICHRA affordability will be based on the ICHRA's monthly amount of $583.27 ($6,416/11 months of HRA eligibility).
- He must select a plan by January 31, 2020 in order to ensure an individual health insurance coverage effective date of February 1, 2020. Alternatively, Tom has 60 days after his ICHRA could start to enroll in individual market coverage that will take effect the first of the following month. However, he should first confirm that his employer will permit his ICHRA to start later than February 1.

Individual Coverage Health Reimbursement Arrangements and the Marketplace

General Resources and Other Marketplace Updates

Plan Year 2020 Marketplace Registration and Training is Live!

- Plan year 2020 Marketplace registration and training is now available through the CMS Enterprise Portal at https://portal.cms.gov.
- Returning agents and brokers must complete registration by October 31 to avoid having your Marketplace system access revoked and so issuers may provide compensation for your Marketplace enrollments.

New Agents and Brokers (those who did not complete plan year 2019 registration)

- Must take the full Individual Marketplace training for plan year 2020
- Must execute the Agent Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the Marketplace Learning Management System (MLMS)

Returning Agents and Brokers (completed plan year 2019 registration)

- Must take either the condensed or full required training for plan year 2020
- Must execute the Agent Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the MLMS

**For instructions on how to complete Marketplace registration, please see the Agents and Brokers Resources Plan Year 2020 Registration and Training webpage.*

Upcoming Activities

- The slides from this webinar will be available on the Registration for Technical Assistance Portal at www.REGTAP.info and on the Agents and Brokers Resources webpage at http://go.cms.gov/CCIIOAB in the coming days.
- Watch your email for invitations to upcoming events.
- **Webinars** will continue through October to help you **prepare for plan year 2020** Open Enrollment, **enhance your knowledge** of Marketplace policies and learn **how you can continue to assist your clients** throughout the plan year.

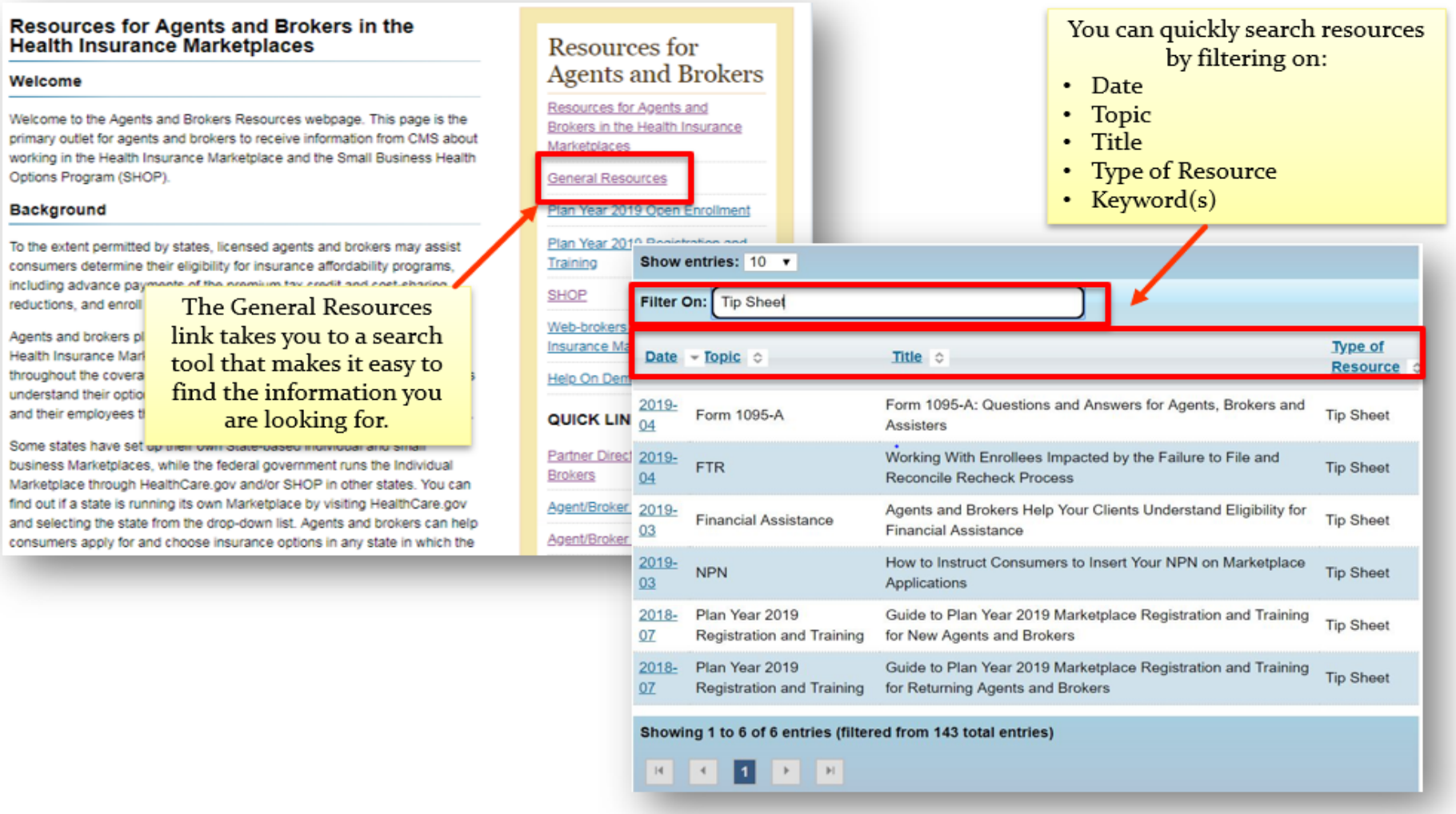
Upcoming Events*   **Mark your calendars for these dates and times.**
Tuesday, October 22 2-3 PM ET   Webinar: Assisting Clients with Transitions from Marketplace to Medicare Coverage
Thursday, October 24 18 2-3 PM ET   Webinar: Plan Year 2020 Policy and Application Updates

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

Overview of the Resources for Agents and Brokers Webpage

- Primary resource for agents and brokers to receive information from CMS about working in the Health Insurance Marketplace
- Provides the latest news and resources, including newsletters, webinars, fact sheets, videos, and tip sheets
- http://go.cms.gov/CCIIOAB

General Resources: Dynamic List



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

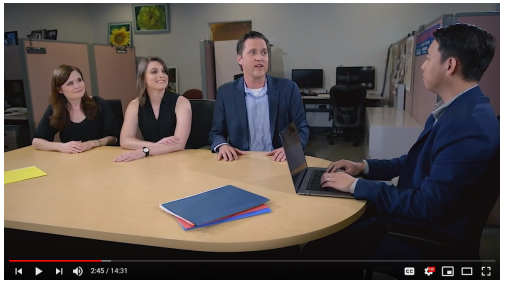
Resource	Date
What's New in the Agreements for Plan Year 2020 Training	September 2019
Enrolling Young Adults and Other Hard-to-Reach Populations	September 2019
How To Resolve Income Data Matching Issues	August 2019
Help On Demand Overview	August 2019
Tips for Maximizing Your Participation in Help On Demand	August 2019

Agent and Broker Resource Catalog

- The quarterly CMS Marketplace Agent and Broker Resource Catalog is available.
- This catalog contains references to online resources, brief descriptions of offerings from the Agents and Brokers General Resources webpage, links to informative videos and webinars, and much more.
- CMS will release an updated catalog quarterly, as new resources become available.

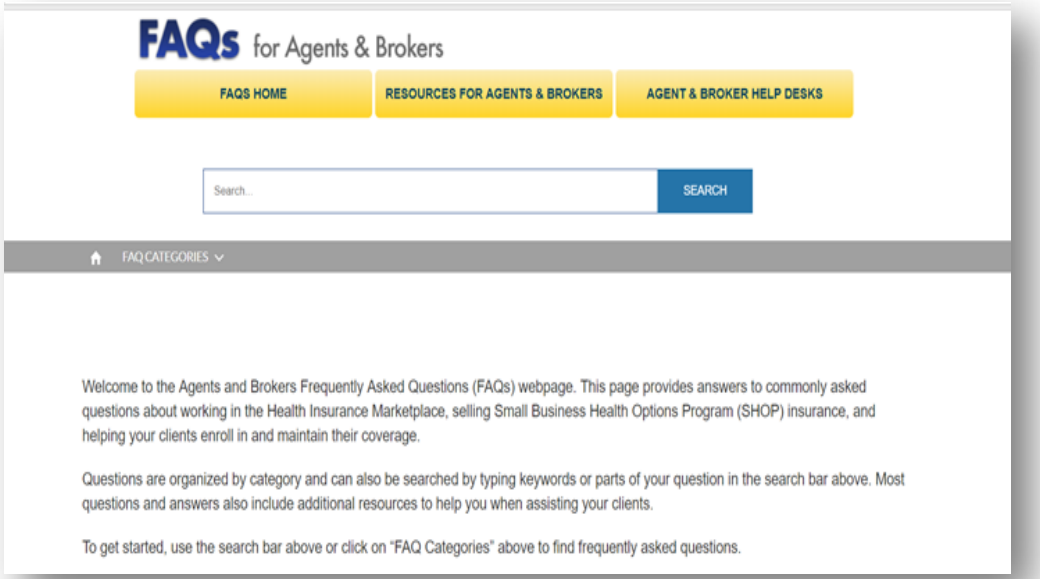
Agent and Broker Learning on Demand

- Check out the CMS web series: **A Marketplace Original Series: Agent and Broker Learning On Demand**.
- This self-paced learning series gives agents and brokers the tools they need to maximize enrollments and provide the best service to consumers who are looking to buy individual health insurance through the Marketplace.
- In this video series, agents and brokers explore new developments and topics that are important to enrolling clients.
- The videos can be viewed in any order and at your own pace.
- Visit the CMS YouTube channel at www.youtube.com/user/CMSHHSgov and click on "Playlists" to find the series. You can also download the Companion Guide.



Agents and Brokers Frequently Asked Questions Webpage

- The Agent and Broker Frequently Asked Questions (FAQs) webpage provides answers to commonly asked questions about working in the Marketplace, selling SHOP coverage, and helping your clients enroll in and 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.
- Most FAQs also include additional resources to help you when assisting your clients.



Quickly find answers to common questions in the following categories:

- Basic Information
- Registration and Training
- Helping Consumers
- Compensation
- Direct Enrollment
- Privacy and Security
- SHOP

Agent and Broker Resources

Resource	Link
Agents and Brokers Resources webpage	http://go.cms.gov/CCIIOAB
Agent and Broker FFM Registration Completion List	https://data.healthcare.gov/ffm_ab_registration_lists
Agent and Broker Marketplace Registration Tracker	https://data.healthcare.gov/ab-registration-tracker/
Find Local Help Tool	https://localhelp.healthcare.gov/
Help On Demand	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Help-On-Demand-for-Agents-and-Brokers.html
Agent and Broker NPN Search Tool	www.nipr.com/PacNpnSearch.htm
Issuer & Direct Enrollment Partner Directory	https://data.healthcare.gov/issuer-partner-lookup

A full list of useful websites is available from the Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB) under Quick Links.

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

Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Marketplace Service Desk	1-855-CMS-1515 1-855-267-1515	• CMS Enterprise Portal password resets and account lockouts • Other CMS Enterprise Portal account issues or error messages • General registration and training questions (not related to a specific training platform) • Login issues on the Direct Enrollment agent/broker landing page • Technical or system-specific issues related to the Marketplace Learning Management System (MLMS) • User-specific questions about maneuvering in the MLMS site, or accessing training and exams	Mon-Fri 8:00 AM–8:00 PM ET October–November only: Sat- Sun 10:00 AM–3:00 PM ET
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 listing issues • Help On Demand participation instructions or questions • Report concerns that a consumer or another agent or broker has engaged in fraud or abusive conduct	Mon-Fri 8:00 AM–6:00 PM ET
Marketplace Call Center Agent/Broker Partner Line	1-855-788-6275 Note: Enter your NPN to access this line. TTY users 1-855-889-4325	Specific consumer application questions related to: • Password reset for a consumer HealthCare.gov account, • Special enrollment period not available on the consumer application, or • Consumer specific eligibility and enrollment questions	Mon–Sun 24 hours/day

Most Frequently Used Agent/Broker Marketplace Help Desks and Call Centers (Continued)

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
Small Business Health Options Program (SHOP) Call Center	800-706-7893 TTY users 1-888-201-6445	• Inquiries related to SHOP eligibility determinations on HealthCare.gov • Contact the insurance company for most questions about SHOP plans, such as applications, enrollment, renewal, or changing or updating coverage.	Monday-Sunday 24 hours/day
Marketplace Appeals Center	1-855-231-1751 TTY users 1-855-739-2231	• Status of a Marketplace eligibility appeal • How to appoint an Authorized Representative to request Marketplace eligibility appeal on a consumer's behalf	Monday-Friday 7:00 AM–8:30 PM ET

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

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
EBHRA	Excepted Benefit Health Reimbursement Arrangement
FFM	Federally-facilitated Marketplace
HHS	Department of Health & Human Services
HRA	Health Reimbursement Arrangement
ICHRA	Individual Coverage Health Reimbursement Arrangement
LCSP	Lowest-Cost Silver Plan
MLMS	Marketplace Learning Management System
NPN	National Producer Number

Acronym Definitions (Continued)

Acronym	Definition
PPACA	Patient Protection and Affordable Care Act
PTC	Premium Tax Credit
QSEHRA	Qualified Small Employer Health Reimbursement Arrangement
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period
SHOP	Small Business Health Options Program
SLCSP	Second-Lowest Cost Silver Plan