Plan Year 2020 Policy and Operations Updates



October 24, 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.

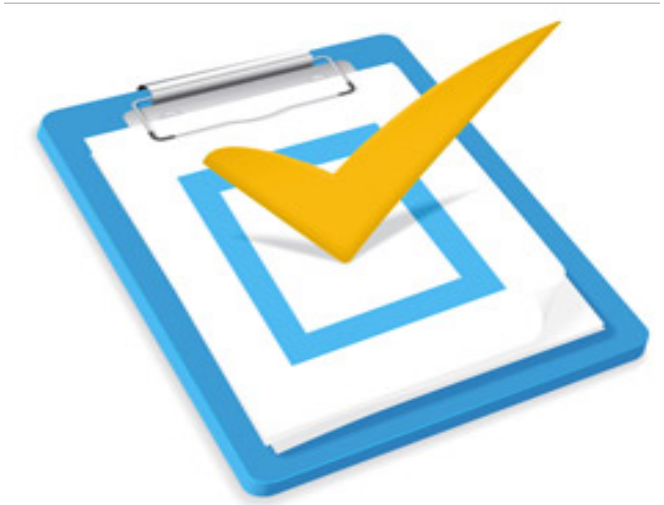
Unless indicated otherwise, the general references to "Marketplace" in the presentation only includes Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform.

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Webinar Agenda

- Reminder of State License, Consumer Consent, and System Access Requirements
- Batch Auto Re-enrollment Refresher and New Ability to Opt Out Following Medicaid/Children's Health Insurance Program (CHIP) Eligibility Determination
- Reminder of Special Enrollment Period (SEP) Plan Category Limitations
- Refresher: Helping Consumers Resolve Data Matching Issues (DMIs)
- Other Marketplace Updates
- Questions and Answers

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Reminder of State License, Consumer Consent, and System Access Requirements

Immediate Termination for Failure to Maintain State License

§ 155.220(g)(3)(ii): The Department of Health & Human Services (HHS) may immediately terminate an agent's or broker's Marketplace Agreements for cause without any further opportunity to resolve the matter if he or she fails to maintain the appropriate license under state law in every state in which the agent or broker actively assists Marketplace consumers.

- The Marketplace Agreements that you execute as part of the annual registration process include the requirement to maintain valid licensure in every state that you assist Marketplace consumers.
- Termination for other causes under § 155.220(g)(2) will continue to include 30-days' advance notice, in which you have the opportunity to submit evidence to rebut CMS' conclusions prior to the termination.
- This new provision became effective June 24, 2019.

Obtain Consent Prior to Assisting with Marketplace Transactions

- You must obtain the consumer's consent prior to:
  - Conducting an online person search;
  - Assisting a consumer with completing a Marketplace application;
  - Assisting a consumer with plan selection and enrollment; and
  - Assisting a consumer with ongoing account/enrollment maintenance.
- The consent should acknowledge that you have informed the consumer of the functions and responsibilities that apply to your role in the Marketplace.

Note: You must obtain a separate consent from the consumer if you use or disclose any of the consumer's personally identifiable information (PII) outside the scope of the Privacy Notice Statement and the Authorized Functions for PII in the Marketplace, including, but not limited to, enrolling a consumer in a plan that is not a qualified health plan (QHP).

Format of Consumer Consent

CMS does not prescribe a standard format or process for obtaining the consent or for maintaining its record, so you have flexibility to determine how you will meet the consent requirement.



- While CMS does not provide a form, or specify that a form has to be signed, you can use a Broker of Record form from an issuer or state Department of Insurance (DOI) to satisfy this requirement.
- If you are providing assistance verbally (such as over the phone), you may obtain consent by reading a script that contains, at a minimum, the required elements, and you should record in writing that the required consent was obtained.
- Additionally, you may obtain consent electronically (such as via email) or in person.

Content of Consumer Consent

- The record of the consent should include the following:
  - The individual's, employer's, or employee's name,
  - The date the consent was given, and
  - The name of the agent(s) or broker(s) to whom consent was given. Note that this could include additional names of agents or brokers if the consenter authorized multiple agents or brokers within the same organization.
- The consent should acknowledge that the agent or broker has informed the consumer of the functions and responsibilities that apply to the agent's or broker's role in the Marketplace.
- It should also indicate that the agent or broker has permission to:
  - Conduct a search for the consumer application in the Marketplace;
  - Assist with completing an eligibility application;
  - Assist with plan selection and enrollment; and
  - Assist with ongoing account/enrollment maintenance.

Expiration and Retention of Consumer Consent

- CMS does not specify an automatic expiration date for the consent because it could become burdensome for anyone consistently seeking services from the same agent or broker to have to repeatedly renew the consent.
- Therefore, the consent may last indefinitely, unless the individual, employer, or employee revokes it.
- Consent documents must be appropriately secured and retained for 10 years.

Please Note:

This consent does not authorize you to speak with the Marketplace Call Center regarding a consumer's application or question. Consumers must provide a separate authorization to the Marketplace Call Center to allow you to work with the Call Center on their behalf. The Call Center authorization can be valid for one call or up to 365 days. If you contact the Marketplace Call Center on behalf of a consumer, the consumer must be available on the line to provide authorization (unless already provided).

Proper Uses of the Direct Enrollment Pathways*

Per the terms and conditions to access CMS systems, proper uses include:**

- A single login session: If you are logged in and then try to log in again with a new browser window, tab, or other computer, your first session will end.
- You may conduct only one person search at a time.
- You may only conduct online person searches for consumers who have given you consent to work with them for the purposes of applying for and enrolling in a Marketplace plan.
- You must obtain the consent of an individual, employer, or employee prior to conducting online person searches, helping them apply for financial help and/or enrolling in a Marketplace QHP.

* Extends to both the Classic and Enhanced Direct Enrollment Pathways

** For more information, see the Frequently Asked Questions on the Proper Uses of CMS Systems.

Immediate Suspension for Risk to Marketplace Operations or Systems

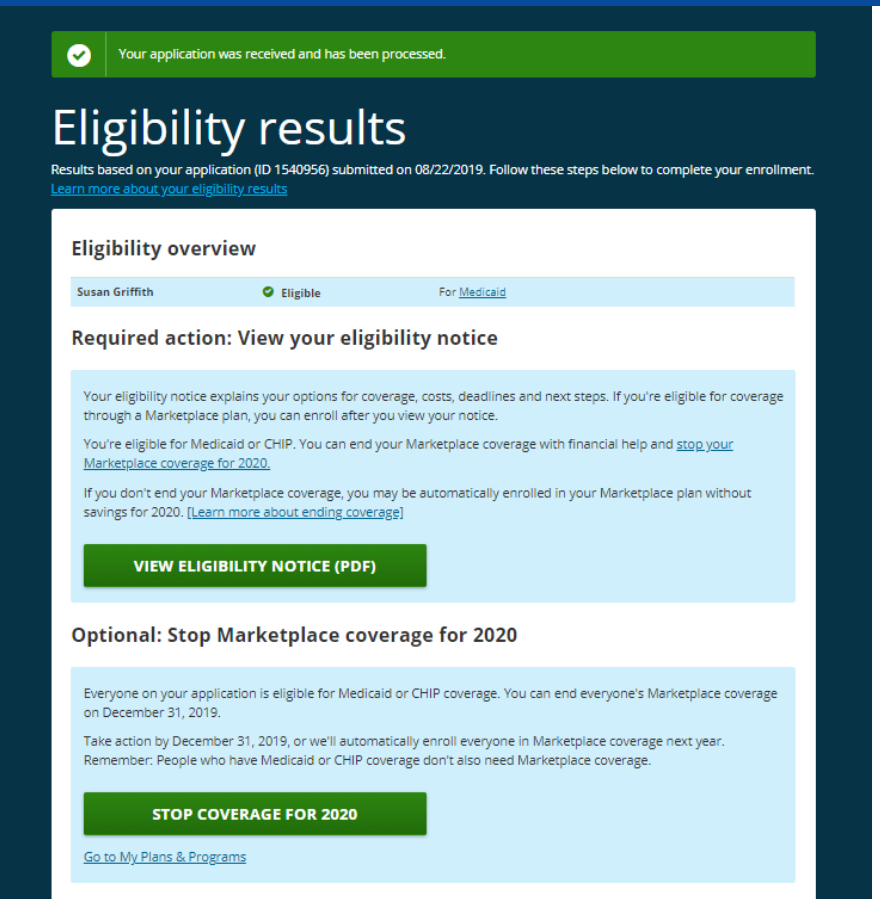
§ 155.220(k)(3) HHS may immediately suspend the agent's or broker's ability to access Marketplace systems if it discovers circumstances that pose unacceptable risk to Marketplace operations or information technology systems until the incident or breach is remedied or sufficiently mitigated to HHS' satisfaction.

- Applying this provision would suspend an agent's or broker's access to the CMS Enterprise Portal, the Marketplace Learning Management System (MLMS), and the Classic Direct Enrollment (Classic DE)/Enhanced Direct Enrollment (EDE) Pathways.
- This new provision became effective June 24, 2019. It replaced an identical provision, previously captured at § 155.220(c)(3)(i)(L), applicable when an internet website of an agent or broker was used to complete QHP selection.

Avoid Disruptions to Your Access to CMS Systems

- Confirm that your personal and contact information (National Producer Number (NPN), email address, and business street address) are up to date with your state licensing body, in the National Insurance Producer Registry, and the MLMS.
  - Make timely updates if anything changes.
  - Confirm information is free of errors (e.g., typos).
- Obtain and maintain a record of a consumer's consent before conducting online person searches.
- Confirm the information you have is accurate (e.g., name spelling, correct date of birth).
- Abide by the terms and conditions to access CMS systems.
- Monitor your email for communications and technical assistance alerts from CMS about your DE Pathway activity (if applicable).
- Respond to inquiries regarding ongoing anomalous activity associated with your account.

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Batch Auto Re-enrollment Refresher and New Ability to Opt Out Following Medicaid/CHIP Eligibility Determination

Refresher: Annual Eligibility Redetermination and Re-enrollment

Each year, the Marketplace must redetermine a consumer's eligibility for Marketplace coverage and financial assistance (45 CFR §155.335).

- Enrollees are encouraged to return to the Marketplace during Open Enrollment (November 1 through December 15) to update their application and receive an updated eligibility determination ("**active re-enrollees**").
- Enrollees who do not return to the Marketplace and select a plan during Open Enrollment are automatically re-enrolled into the same, or if unavailable, a similar QHP ("**passive re-enrollees**").
- The Marketplace **does not** redetermine eligibility for Medicaid or CHIP on behalf of consumers who do not submit an updated application during Open Enrollment.

What is Batch Auto Re-enrollment (BAR)?

- Auto re-enrollment, also referred to as Batch Auto Re-enrollment, or BAR, is the process the Marketplace uses to ensure that current enrollees who do not make an active plan selection by December 15, 2019 (the close of the plan year 2020 Open Enrollment period) can have coverage on January 1, 2020.
- Active re-enrollment, where an applicant updates the application and plan selection, is always preferred.
  - Active re-enrollment ensures the enrollee receives a more accurate financial assistance eligibility determination and that the re-enrollment QHP reflects qualities that are important to the enrollee (e.g., cost, provider network, prescription drug formulary).
  - Some enrollees will lose their financial assistance unless they actively re-enroll. The Marketplace Open Enrollment Notice sent to them by the Marketplace will include special language noting the need to actively apply.

Auto Re-enrollment Frequency

Auto re-enrollment will run in two rounds:

1. **Round 1 October 15** (approximate): All enrollees eligible for renewal who are re-enrolled in a QHP offered by the same issuer or matched to an alternate QHP from a different issuer by CMS or a state DOI. Goal is to complete this round by November 8.
2. **Round 2 December 16:** New 2019 enrollees who enrolled after Round 1; enrollees whose auto re-enrollment is updated because the enrollee reported, or the Marketplace otherwise obtained, new eligibility information after the October BAR.

Note: The auto-re-enrollment plan is not visible in consumers' accounts until December 16; however, enrollees can find their BAR plan highlighted in Plan Results after submitting an application during the Open Enrollment period.

New Medicaid/CHIP Eligibility During Open Enrollment

- When updating an application during Open Enrollment, an existing QHP enrollee may become newly eligible for Medicaid or CHIP through his or her state, particularly if the enrollee's income or household size changed or the state recently expanded Medicaid.
- Depending on the state, the Marketplace will either "determine" or "assess" the consumer as eligible for Medicaid or CHIP.

Determination

The Marketplace makes the final eligibility determination for Medicaid and CHIP coverage, consistent with Medicaid and CHIP regulations and state-specific policies.

Assessment

The Marketplace makes a preliminary assessment of Medicaid/CHIP eligibility; state Medicaid/CHIP agencies make the final eligibility determination, consistent with Medicaid and CHIP regulations and state-specific policies.

The decision as to whether a state is an assessment or determination state is made by the state Medicaid/CHIP agency, and applies to all applications for coverage and financial assistance that are submitted to the Marketplace for that state.

New Medicaid/CHIP Eligibility During Open Enrollment and Auto-Reenrollment

Question: The QHP enrollee's eligibility notice says he or she is eligible for Medicaid or CHIP. Will the enrollee be automatically re-enrolled in Marketplace coverage next year?

Answer: Whether the enrollee will be automatically re-enrolled in Marketplace coverage depends on whether there are other people in the enrollee's household, and whether they are still eligible for enrollment in a QHP and actively choose a plan during the Open Enrollment period.

New Medicaid/CHIP Eligibility During Open Enrollment and Auto-Reenrollment (Continued)

If the members of the enrollee's household have mixed eligibility (meaning some are QHP-eligible and others are eligible for Medicaid/CHIP):

- An enrollee who is newly eligible for Medicaid/CHIP will not be automatically re-enrolled in QHP coverage if other QHP-eligible enrollees on the application proceed through Plan Compare and choose a plan.
- Continuing through Plan Compare and selecting a plan cancels the future-year QHP coverage for the newly Medicaid/CHIP-eligible enrollee.

If the members of the consumer's household are all Medicaid/CHIP-eligible:

- There is no option to continue through Plan Compare to cancel the future coverage if the entire household is eligible for Medicaid/CHIP, so all enrollees will get re-enrolled into QHP coverage for the future year unless they opt-out of auto-reenrollment.

If the Medicaid/CHIP-eligible enrollees do not cancel their future-year QHP coverage:

- Enrollees who are **determined*** newly eligible for Medicaid/CHIP are auto-reenrolled into 2020 coverage without advance payments of the premium tax credit (APTC).
- Enrollees who are **assessed** eligible for Medicaid/CHIP are auto re-enrolled in 2020 coverage, but remain eligible for APTC (since the state makes the final determination).

* This includes final determinations only, meaning those for which citizenship/immigration status and income, for example, has been verified.

NEW

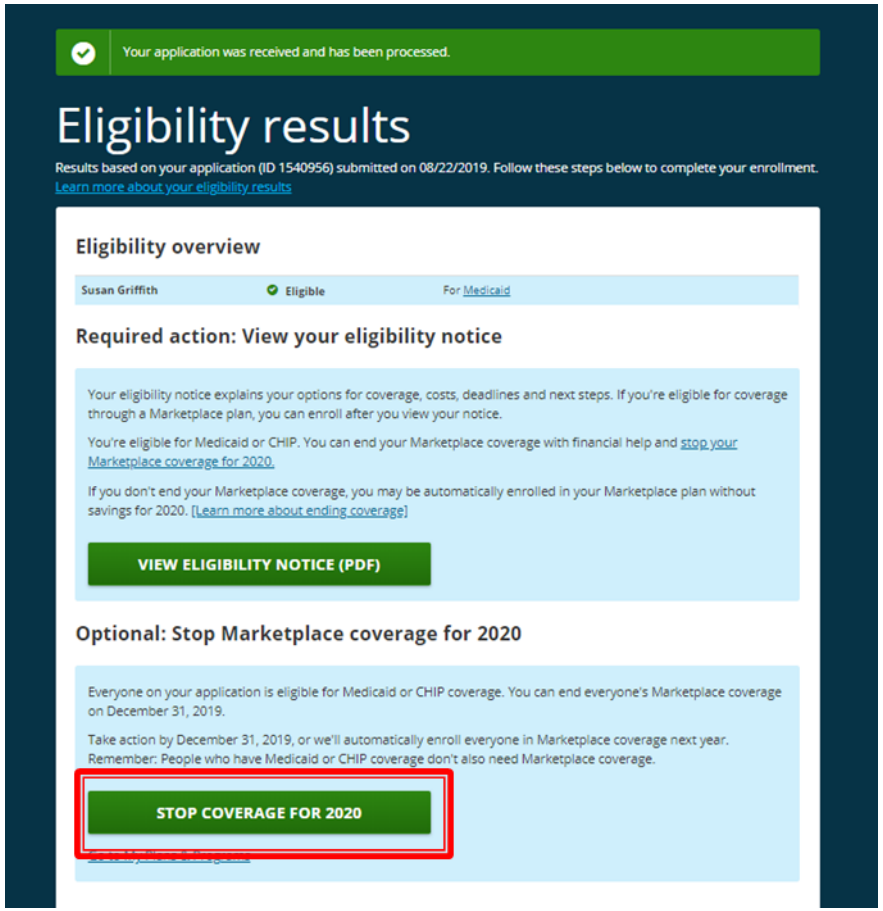
Display of Auto-Reenrollment Opt-Out Option

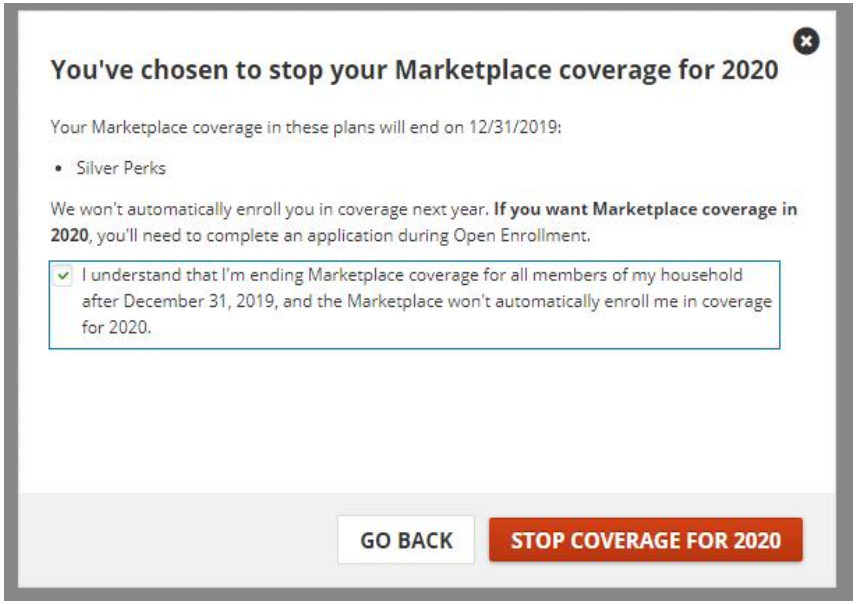
- Starting with plan year 2020 Open Enrollment, the Marketplace will display on the Eligibility Results Page an option for households with existing QHP enrollees in Medicaid determination states* that are all **determined** eligible for Medicaid and/or CHIP to **opt-out of future year coverage**.
  - This opt-out capability will **only** be available for applications where **all** applying members have been **determined** Medicaid- and/or CHIP-eligible, as these consumers do not have the ability to continue to Plan Compare and update their existing enrollment.
- This update will allow the consumer to more easily terminate his or her policy that is eligible for re-enrollment at the end of the year and will cancel any policies that already exist for the future year.

* Alabama, Arkansas, Louisiana, Montana, New Jersey, Virginia, West Virginia, Wyoming

NEW

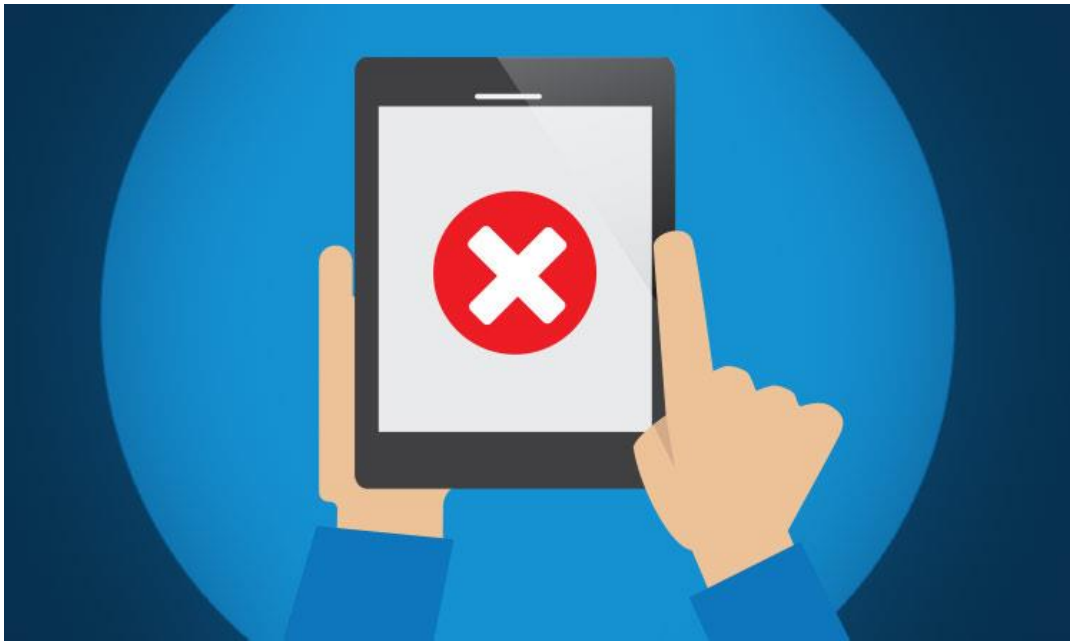
Display of Auto-Reenrollment Opt-Out Option (Continued)





Reducing Duplicative Coverage

Allowing new Medicaid/CHIP-eligible consumers to easily cancel their future QHP coverage before they are re-enrolled provides a better consumer experience and will reduce requests for retroactive terminations in January.



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Reminder of
Special
Enrollment Period
Plan Category
Limitations

Consumers May Be Subject to Future Plan Category Limitations for SEPs

- When assisting consumers in selecting a plan during the Open Enrollment period, remember that plan category limitations may apply in the future if they:
  - Currently have a Marketplace plan,
  - Experience certain events that qualify for an SEP, and
  - Want to change from their current plan.
- Most common SEP types, like a loss of qualifying coverage, change in primary place of living, or change in household size, are subject to this limitation.
- For most (but not all) SEP types subject to limitations, existing enrollees will generally only be able to choose from plans within the same plan category as their current plan (or one plan category higher or lower, if no such QHP is available).
  - For example, a consumer who is already enrolled in a Bronze plan (and wants to change plans) will generally only view and be able to choose from Bronze category plans.

Plan Category Limitations for SEPs

- The fact sheet section of the eligibility notice has been updated to reflect that plan choices may be limited.
- If a consumer's household size increases due to marriage, birth, adoption, foster care, or court order, the consumer can choose to add the new dependent to his or her current plan or enroll the dependent in a separate plan for the remainder of the year. Note: This only applies to the new household member. Current enrollees generally may not be able to change plans.
- If a consumer becomes newly eligible for cost-sharing reductions (CSRs) and is not already enrolled in a Silver health plan, he or she can choose a plan in the Silver category to use the CSRs.

See Review of FFM SEPs and Plan Category Limitations for more details.

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Refresher: Helping Consumers Resolve Data Matching Issues

What is a Data Matching Issue (DMI)?

- At the conclusion of eligibility verification, if there are inconsistencies between the consumer's application and the information contained in the trusted electronic sources, the Marketplace produces an initial eligibility notice that includes a temporary 90-day eligibility determination, a list of any DMIs, and instructions on how they can be resolved.

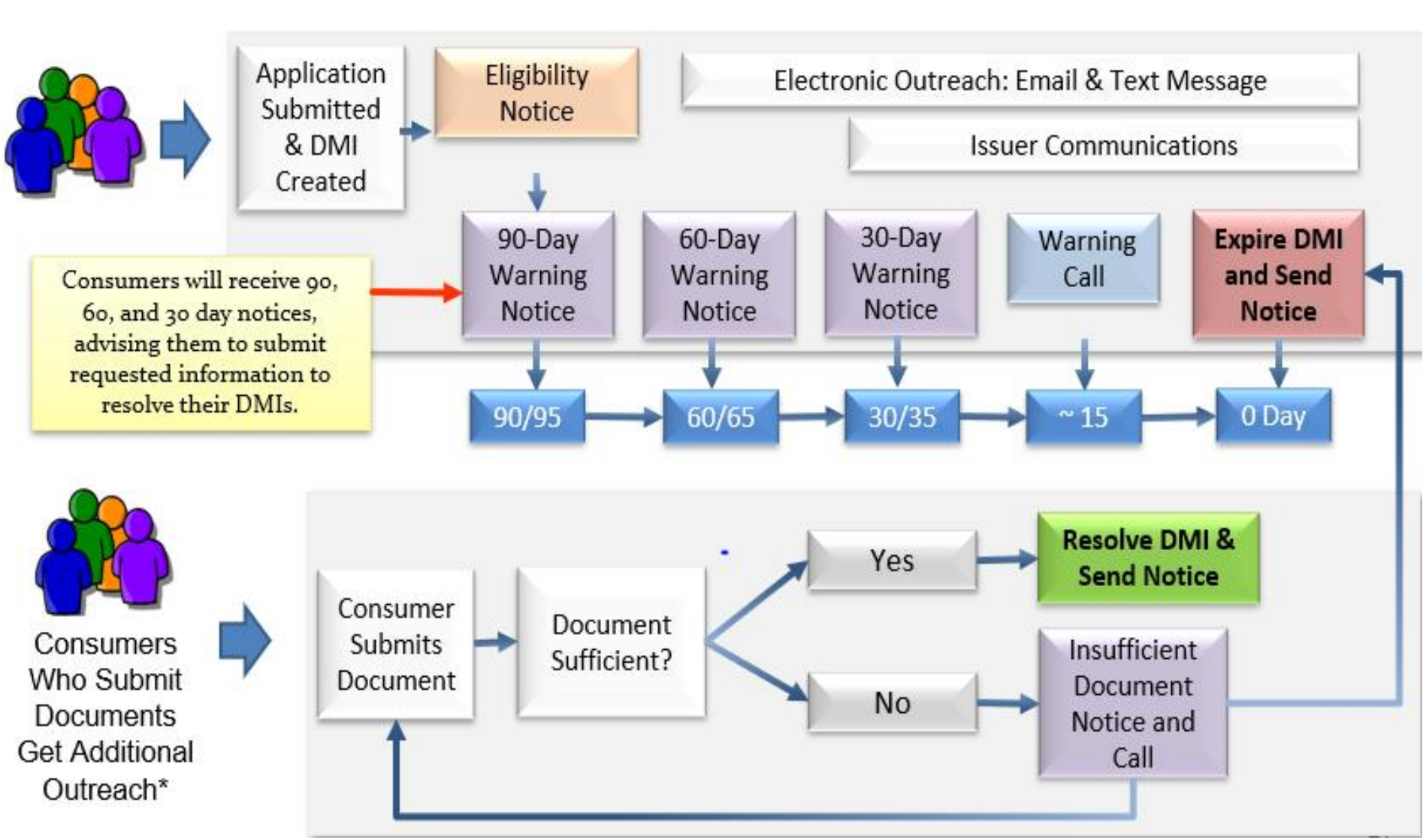
DMI examples

- Missing or incorrect Social Security number
- Incorrect household income
- Name differs from citizenship or other document
- Missing immigration document numbers and ID numbers

- If the consumer does not resolve the DMI, he or she may lose eligibility for enrollment through the Marketplace, may lose eligibility for APTC and/or CSRs, or may have a modification of APTC and/or CSRs, if applicable.
- A DMI is created when a consumer's data is missing or does not match information from trusted data sources.
- Information may not match because a trusted data source may not have data for a consumer.

Agents and brokers can play a vital role in helping consumers understand and follow the correct process to resolve DMIs.

Consumer Outreach

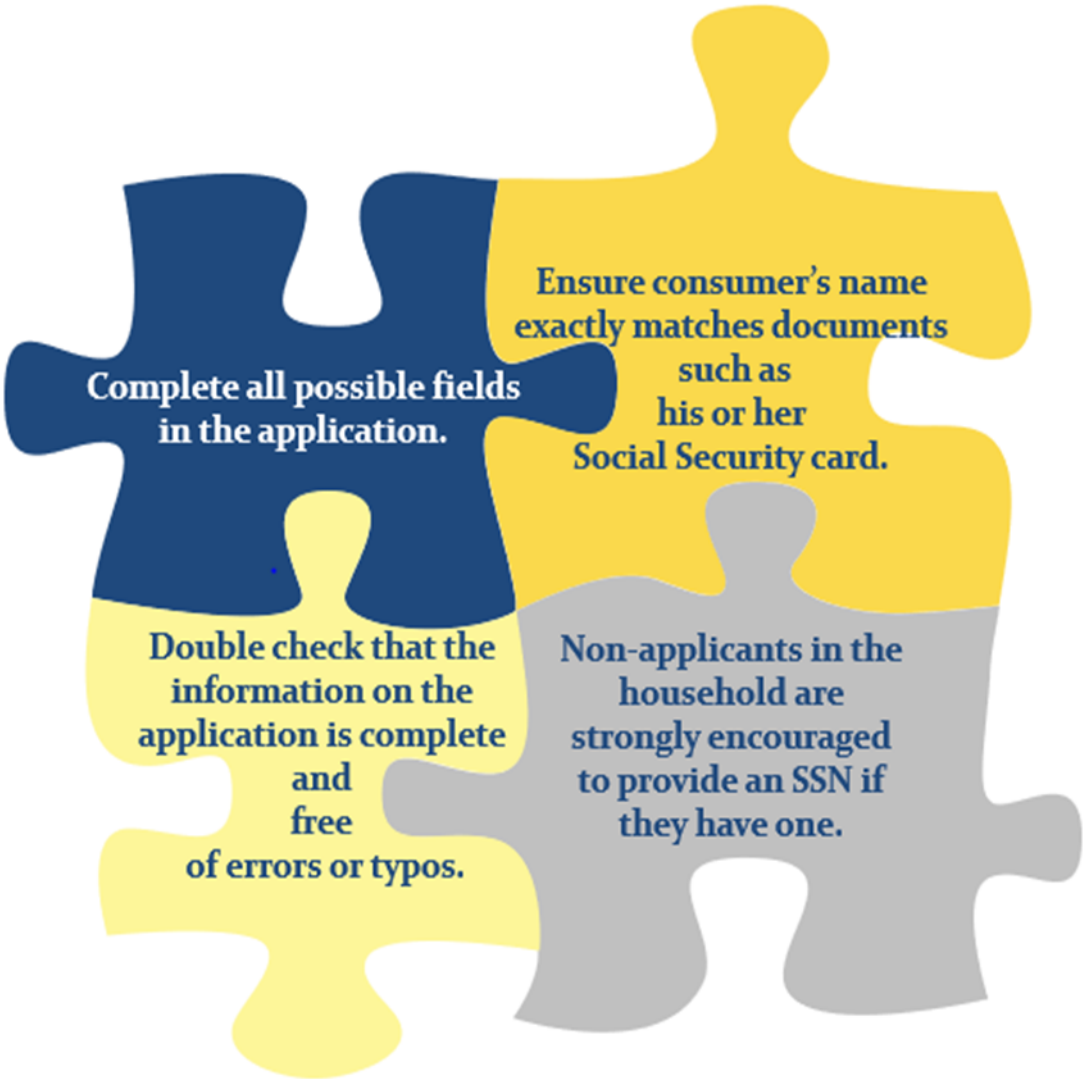


Steps to Help Resolve DMIs

1. Help confirm if the consumer has a verification issue through My Account and notices.
2. Help the consumer go back to the application to confirm the information that is included is correct.
3. Help the consumer submit document(s) online or by mail to resolve the verification issues.

- Consumers will need to send different documents based on what they are asked to verify.
- More information on the DMI process and a list of acceptable documents to resolve DMIs can be found in the Helping Consumers Resolve DMIs presentation and the Consumer Guide for Annual Data Matching Issues.

Tips for Preventing DMIs



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Other Marketplace Reminders



Mark Your Calendars for Upcoming Office Hours

Office Hours

CMS will host a series of open-forum office hour sessions for agents and brokers during the Open Enrollment period to offer you real-time access to CMS experts who can answer your questions.

Upcoming Office Hours* Mark your calendars for these dates and times.
Wednesday 11/6 3-4 PM ET
Thursday 11/14 2-3 PM ET
Saturday 11/16 11:30 AM-12:30 PM ET
Thursday 11/21 2-3 PM ET
Monday 11/25 2:30-3:30 PM ET
Thursday 12/5 2-3 PM ET
Saturday 12/7 11:30 AM-12:30 PM ET
Thursday 12/12 2-3 PM ET

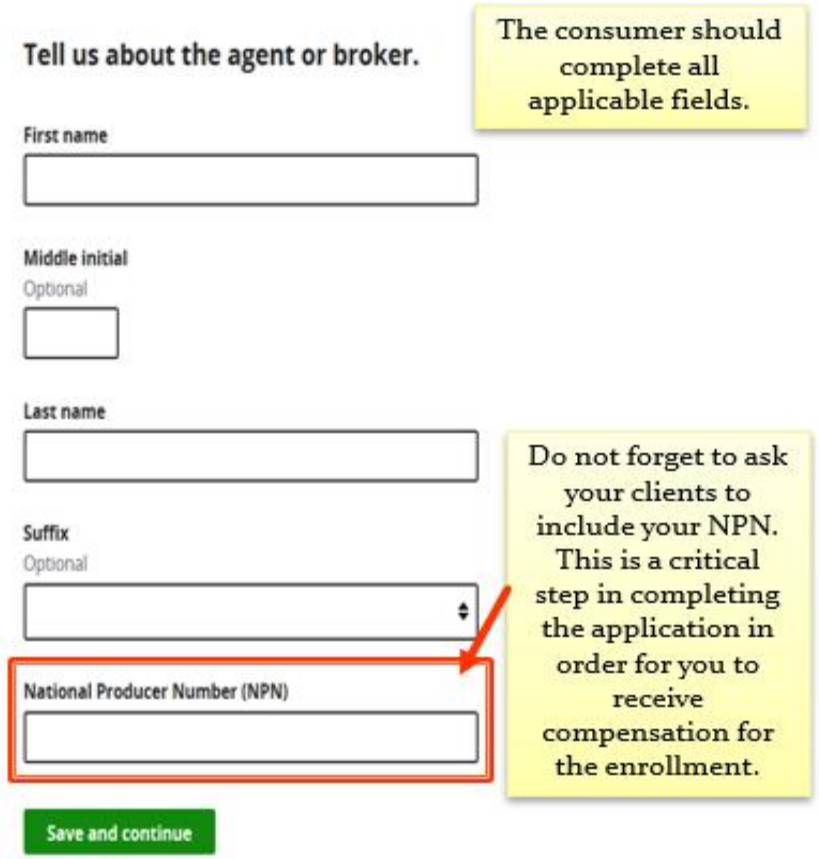




**All times are Eastern Time.*

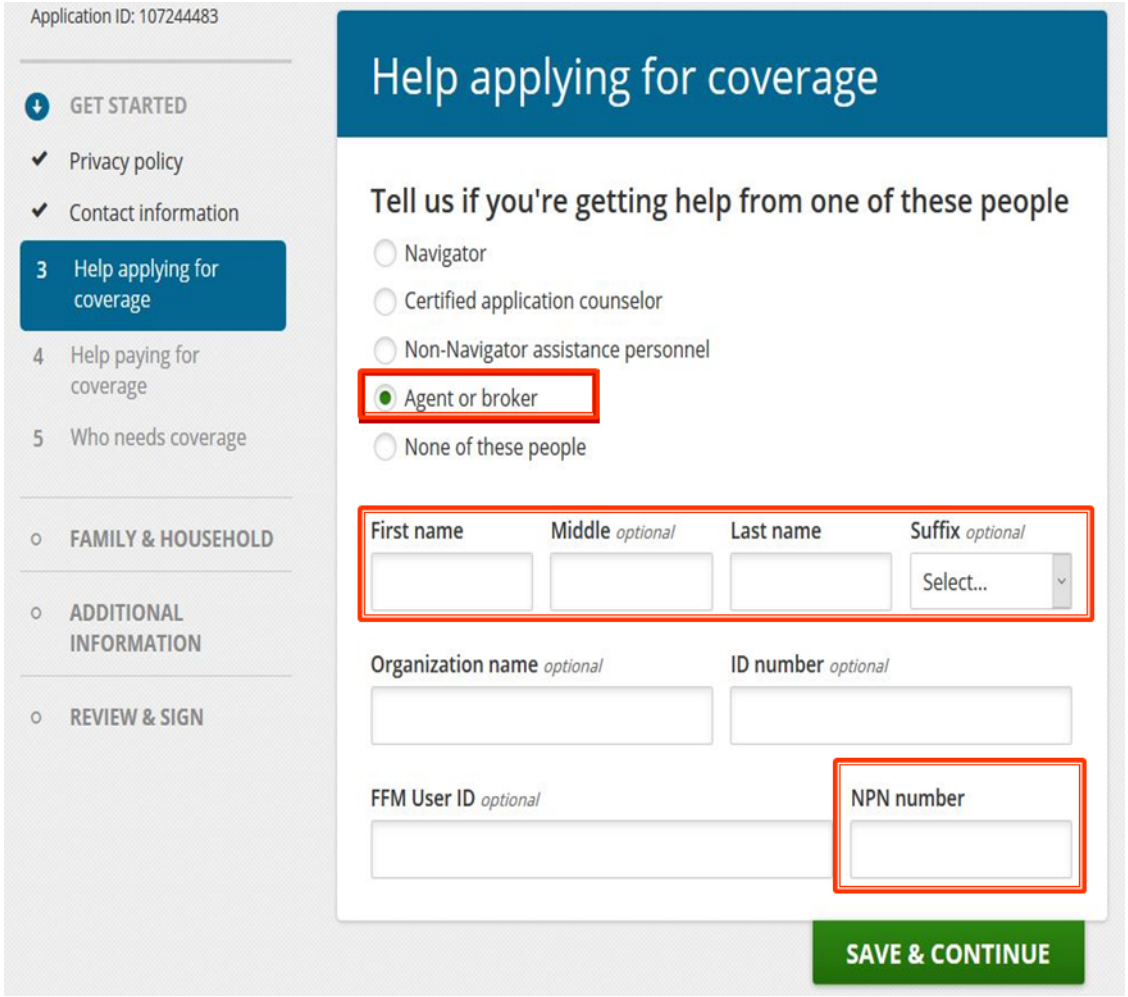
Make Sure Clients Enter Your NPN in the HealthCare.gov Application





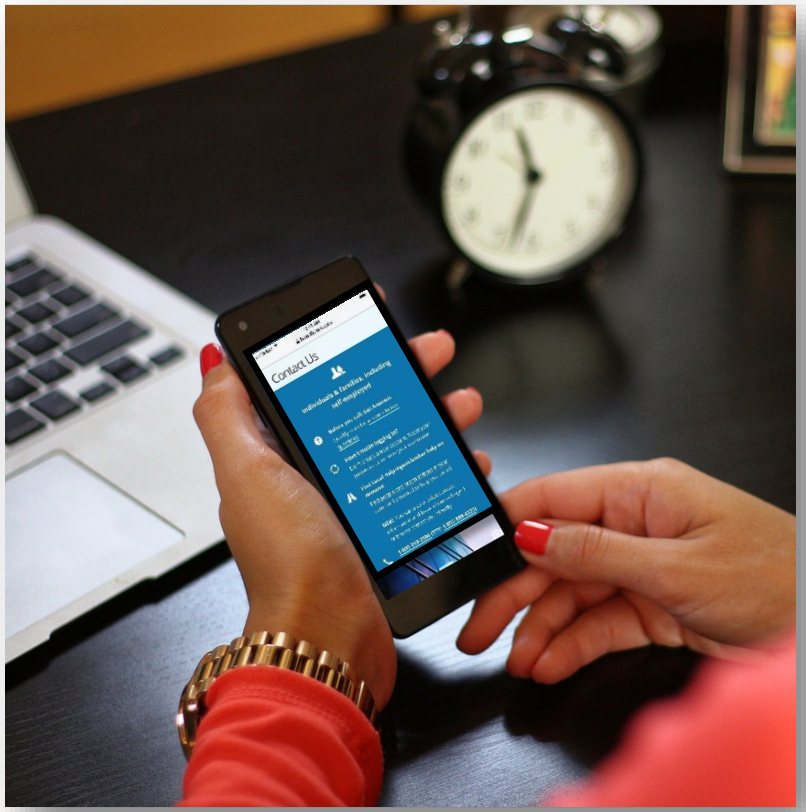
Review this resource for more information.

Make Sure Clients Enter Your NPN in the HealthCare.gov Application (Continued)



- In limited scenarios, a small number of consumers may experience a different application flow and will see a screen with the heading "Help applying for coverage" and the instruction to "Tell us if you're getting help from one of these people."
- The consumer should select "Agent or Broker" and proceed to enter your name and NPN in the applicable fields.

NPN Retention: Instructing Clients Who Interact with the Marketplace Call Center



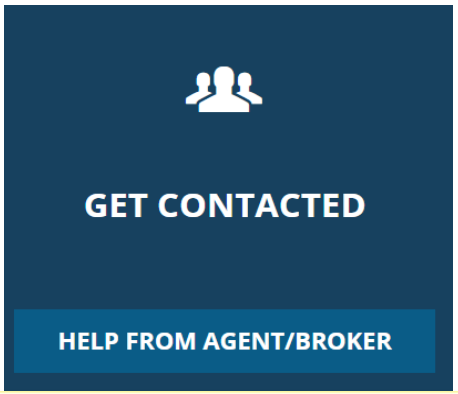
- When a consumer that you previously assisted uses the Marketplace Call Center to update his or her application, your NPN stays with the application unless the consumer actively requests that the Marketplace Call Center representative change the agent or broker of record on the application.
- Even if there is a previous authorization/NPN record, **instruct your client to always provide your name and NPN to** any Marketplace Call Center representative who asks if anyone helped him or her.

Get Connected to Consumers Through Help On Demand

- Help On Demand is a real-time consumer assistance referral system provided by a third-party service that connects individuals 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 agents and brokers who have completed Marketplace training and registration are eligible to participate in Help On Demand.
- Complete the required, self-paced Help On Demand training at http://training-help-on-demand.ardx.us/.
- For more information regarding this service and how to participate, visit the Help On Demand Resources Page, which is accessible via the "Help On Demand" link under "Resources" on the right side of the Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB).

help on demand
connect faster

HealthCare.gov



Consumers can request assistance from a Marketplace-registered agent or broker using the Help On Demand tool by selecting "Get Contacted" on www.HealthCare.gov.

2020 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows

Every year, CMS establishes scheduled maintenance windows that provide periods of time when CMS and its partners can make updates or resolve issues. Maintenance will only occur within these windows when deemed necessary to provide consumers with a better shopping experience. Consumer access to HealthCare.gov may be limited or restricted when this maintenance is required.

- The purpose in scheduling these times is to minimize any consumer disruption. Like other IT systems, these scheduled maintenance windows are how we update and improve our systems to run optimally and are the normal course of business.

- In order to allow agents, brokers, assisters, and states to plan in advance of Open Enrollment, we are sharing the maximum potential windows of scheduled maintenance on HealthCare.gov for the upcoming Open Enrollment period. Similar to the last two years, this information is being provided in advance of Open Enrollment to accommodate requests from agents, brokers, assisters, and states.

2020 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows (Continued)

- **It is important to note that these times are the maximum scheduled potential windows when consumer access may be limited if maintenance is needed.**

- As it has been in the past, CMS anticipates the actual maintenance periods will be shorter while we work to minimize disruption for consumers. Last year, while HealthCare.gov had set a total of 60 hours as the maximum potential period of scheduled maintenance during Open Enrollment, only 34.5 hours was used.

- Potential/maximum scheduled HealthCare.gov maintenance windows for this upcoming Open Enrollment period are:
  - Friday, November 1, 2019, early morning to make final preparations ahead of the start of the Open Enrollment period to ensure the website runs smoothly for consumers.
  - Sundays, 12:00 AM to 12:00 PM (maximum time allotted), except on December 15, 2019

2020 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows (Continued)

- This year's scheduled maintenance windows are similar to last year.
- Please note that due to a natural change in the calendar, this year's Open Enrollment period contains one more Sunday than last year's Open Enrollment period.
  - As a result, there is one additional potential maintenance window scheduled for this year compared to previous years.
- CMS plans to continue working with agents, brokers, assisters, and states to ensure they have the information necessary to plan for Open Enrollment.

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 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
BAR	Batch Auto Re-enrollment
CCIIO	Center for Consumer Information and Insurance Oversight
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSRs	Cost-sharing Reductions
DE	Direct Enrollment
DOI	Department of Insurance
FFM	Federally-facilitated Marketplace
DMI	Data Matching Issue

Acronym Definitions (Continued)

Acronym	Definition
EDE	Enhanced Direct Enrollment
HHS	Department of Health & Human Services
MLMS	Marketplace Learning Management System
NPN	National Producer Number
PII	Personally Identifiable Information
QHP	Qualified Health Plan
REGTAP	Registration for Technical Assistance Portal
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period