



Long Description

Animated introduction screen containing the following text at the top and left of the screen: Welcome to the Marketplace Basics Module.

Beneath this text on the left is the logo for the Department of Health & Human Services (HHS), which is made up of the profiles of people, stacked on top of each other, resulting in the profile of an eagle. The words "Department of Health & Human Services USA" form a circle that extends out and to the left from the profiles. To the right of the logo are the words "Health Insurance Marketplace®."

When used in this document, the term "Health Insurance Marketplace®" or "Marketplace" refers to Federally-facilitated Marketplaces (FFMs), including FFMs where states perform plan management functions, and also refers to State-based Marketplaces on the Federal Platform (SBM-FPs). On the right side of the screen are three images from the module representing agents and brokers and module-specific concepts.

Marketplace Basics

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Disclaimer

The information in this training was current at the time it was published or uploaded onto the Web. Eligibility policies and Marketplace requirements may change so links to the source documents have been provided within the document for your reference. This training is not intended to grant rights or impose obligations. It may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage learners to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of the requirements.

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



Health Insurance Marketplace®
Plan Year 2020



Help



Glossary



Job Aids



Page Text

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Alt Text

A page of text with horizontal lines across it; a red horizontal box containing the word “Disclaimer” within it

Marketplace Basics

Introduction

The health care law created the Health Insurance Marketplace® to help enroll people in qualified health plans (QHPs) and determine whether people are eligible for financial assistance. The Marketplace organizes health insurance options to help consumers shop for coverage in a way that permits comparison of available plan options based on price, benefits and services, and quality.

Upon completion of this module, you should be able to:

- Define the term "Marketplace" and identify its key functions
- Identify characteristics of a QHP
- Define Consumer Operated and Oriented Plans (CO-OP), Multi-State Plans (MSPs), and stand-alone dental plans
- Identify any federal programs that provide health coverage to Marketplace consumers
- Identify the roles of agents, brokers, and web-brokers in the Individual Marketplace and the Small Business Health Options Program (SHOP)
- Identify the roles of Navigators and certified application counselors (CACs) in the Marketplace
- Describe how agents and brokers are compensated for their participation in the Individual Marketplace and the SHOP
- Identify the entities that are responsible for monitoring agent and broker compliance with applicable laws and standards
- Understand the circumstances that may result in termination or suspension of an agent's or broker's Marketplace Agreement(s) with the Centers for Medicare & Medicaid Services (CMS)



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Alt Text

Two agents or brokers looking at a laptop screen

Marketplace Basics

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The Health Insurance Marketplace®

Each state and the District of Columbia has a Marketplace where individuals may compare and purchase health insurance.

- The Individual Marketplace is for individual consumers and their families.
- The SHOP is for small employers and their employees.

A Marketplace can be operated primarily by a state or by the federal government.

- Some states operate their own Marketplaces, known as State-based Marketplaces (which generally include operation of an Individual Marketplace and a SHOP Marketplace).
- If a state chooses not to operate its own Marketplace, the Department of Health & Human Services (HHS) operates an FFM in that state.
- Some State-based Marketplaces have received HHS approval to utilize the federal platform to perform a certain set of eligibility and enrollment functions for their Individual Marketplace, the SHOP, or both, and are considered SBM-FPs. In these Marketplaces, agents and brokers must comply with FFM registration and training requirements before they may facilitate enrollments through the federal platform. Regardless of Marketplace type, each state maintains its own licensing requirements of agents and brokers. SBM-FPs must establish and oversee certain standards for agents, brokers, and QHP issuers that are no less strict than those that apply in the FFM.
- Hawaii does not have a SHOP (neither State-based nor Federally-facilitated) due to receipt of a 1332 waiver, as employers in Hawaii were already required to provide health insurance to their employees prior to the Affordable Care Act through the Hawaii Prepaid Health Care Act.
- You can find out if a state is running its own State-based Marketplace by visiting HealthCare.gov and selecting the state from the drop-down list.



Health Insurance Marketplace®
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Page Text

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Alt Text

Map of the United States

Marketplace Basics

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Module Overview

This overview module has been designed to familiarize agents and brokers who choose to operate in the Individual Marketplace and/or the SHOP of the FFM and/or SBM-FPs with the basic topics applicable to both the Individual Marketplace and the SHOP. Agents and brokers may visit the websites of State-based Marketplaces for information on the training and/or registration requirements in those states.

Likewise, agents and brokers operating in the Individual Marketplace may get questions from consumers about the [SHOP](#) and whether it applies to them or their family members. This overview module will help you understand consumers' questions and better serve consumers.



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Alt Text

Top image is a family of eight sitting on their front porch; bottom image is a male business owner leaning over a counter that has on it a laptop, "Open" sign, and an assortment of artisan baked goods.

Marketplace Basics

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Functions of a Marketplace

Select each of the icons below to learn more about these six functions.

Depending on its operating model, a Marketplace may carry out various functions in its role of providing access to affordable health insurance coverage.



Long Description

Interactive graphic of six icons lined up at the bottom of the screen. When each icon is selected, associated text appears in the middle of the screen.

Prompt Text: Select each of the icons below to learn more about these six functions.

Text: Depending on its operating model, a Marketplace may carry out various functions in its role of providing access to affordable health insurance coverage.

The following text is shown in the middle of the screen when an icon is selected from left to right:

QHP Certification image: medal

QHP Certification text: Certifying health plans to participate in the Marketplace as QHPs*

*HHS relies on states to certify QHPs meet the Marketplace certification standards in certain areas (if feasible and appropriate), including network adequacy and the availability of essential community providers.



Medicaid/CHIP Eligibility image: a mother holding her child's hand

Medicaid/CHIP Eligibility text: Determining or assessing individuals' eligibility for enrollment in Medicaid or the Children's Health Insurance Program (CHIP)

Monitoring Issuers image: magnifying glass

Monitoring Issuers text: Carrying out certain plan oversight functions, including monitoring QHP issuers for continuing compliance with certification requirements

Eligibility image: checkmark

Eligibility text: Determining individuals' eligibility for enrollment in a QHP

Financial Assistance image: bag with the dollar sign on it

Financial Assistance text: Determining individuals' eligibility for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs)

QHP Enrollment image: Hand holding a heart

QHP Enrollment text: Facilitating individuals' enrollment in a QHP

Marketplace Basics

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Qualified Health Plans

The Marketplace offers only health insurance plans that are certified as QHPs. These QHPs must be licensed and meet certain transparency requirements. To become certified, a QHP must meet a minimum set of criteria, including:

- Coverage, at a minimum, of a comprehensive package of benefits, known as essential health benefits (EHB) (Select the Job Aids button for a list of the EHB.)
- Benefit design standards, including non-discrimination requirements and limits on cost sharing
- [Network adequacy standards](#)

Each issuer seeking to offer a QHP through a Marketplace must offer a Silver-level and a Gold-level QHP throughout each service area where the issuer offers coverage through the Marketplace, and must make its QHPs available for enrollment through the Marketplace for the full plan year for which the plan was certified.



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Page Text

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Network Adequacy Standards Popup

For QHP certification, a plan that uses a provider network must have an adequate provider network available to its enrollees. A QHP must:



- Offer a network that is sufficient in number and types of providers, including mental health and substance abuse disorder providers, to ensure access to all services without unreasonable delay
- Make a good faith effort to provide written notice of discontinuation of a provider 30 days prior to the effective date of the change or otherwise as soon as practicable to enrollees who are patients seen on a regular basis by or who receive primary care from a provider whose contract is being discontinued and, if the provider is terminated without cause, allow an enrollee in an active course of treatment with that provider to continue treatment until it is complete or for 90 days, whichever is shorter, at in-network cost-sharing rates
- Include a sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income and medically underserved populations in the QHP's service area

Standards for network adequacy and essential community providers may differ in SBM-FP states.

Alt Text

A doctor typing on a tablet; the connections between the elements of health plans are floating off of the tablet screen.

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Knowledge Check

To become certified, a QHP must meet which of the following criteria?

Select **all that apply** and then click **Check Your Answer**.

- ☐ A. Benefit design standards, including non-discrimination requirements and limits on cost sharing
- ☐ B. Coverage, at a minimum, of a comprehensive package of benefits, known as EHB
- ☐ C. Network adequacy standards
- ☐ D. Available for enrollment through the Marketplace for the full plan year for which the plan was certified

✓ Check Your Answer

Reset

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Help



Glossary



Job Aids



Prompt

Select **all that apply** and then click **Check Your Answer**.

Question

To become certified, a QHP must meet which of the following criteria?

Options

- A. Benefit design standards, including non-discrimination requirements and limits on cost sharing
- B. Coverage, at a minimum, of a comprehensive package of benefits, known as EHB
- C. Network adequacy standards
- D. Available for enrollment through the Marketplace for the full plan year for which the plan was certified

Correct Answer

A

Positive Feedback

Correct! At a minimum, a QHP must meet all of these criteria.



Negative Feedback

Incorrect. The correct answers are all of these choices. At a minimum, a QHP must meet all of these criteria.



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Knowledge Check

True or False:

To become certified as a QHP in an FFM state, a plan that has a provider network must have an adequate provider network, which includes substance abuse disorder and mental health providers, and a sufficient number and geographic distribution of essential community providers to ensure reasonable and timely access to a broad range of such providers for low-income and medically underserved populations in the QHP's service area.

Select the best answer and then click Check Your Answer.

- ☐ A. True
- ☐ B. False

✓ Check Your Answer

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Job Aids



Prompt

Select the best answer and then click Check Your Answer.

Question

True or False:

To become certified as a QHP in an FFM state, a plan that has a provider network must have an adequate provider network, which includes substance abuse disorder and mental health providers, and a sufficient number and geographic distribution of essential community providers to ensure reasonable and timely access to a broad range of such providers for low-income and medically underserved populations in the QHP's service area.

Options

- A. True
- B. False

Correct Answer

A

**Positive Feedback**

Correct! The statement is true. To become certified as a QHP in an FFM state, a plan that has a provider network must have an adequate provider network, which includes substance abuse disorder and mental health providers, and a sufficient number and geographic distribution of essential community providers to ensure reasonable and timely access to a broad range of such providers for low-income and medically underserved populations in the QHP's service area.

Negative Feedback

Incorrect. The statement is true. To become certified as a QHP in an FFM state, a plan that has a provider network must have an adequate provider network, which includes substance abuse disorder and mental health providers, and a sufficient number and geographic distribution of essential community providers to ensure reasonable and timely access to a broad range of such providers for low-income and medically underserved populations in the QHP's service area.

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Knowledge Check

Which of the following is NOT true about Marketplaces?

Select the best answer and then click Check Your Answer.

- ☐ A. There is a Marketplace in every state and the District of Columbia.
- ☐ B. There are separate Marketplaces for individuals and for small employers.
- ☐ C. HHS operates all Marketplaces.
- ☐ D. Individuals can find out about their health plan options and enroll in a plan through a Marketplace.

✓ Check Your Answer

Reset

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Job Aids



Prompt

Select the best answer and then click Check Your Answer.

Question

Which of the following is NOT true about Marketplaces?

Options

- A. There is a Marketplace in every state and the District of Columbia.
- B. There are separate Marketplaces for individuals and for small employers.
- C. HHS operates all Marketplaces.
- D. Individuals can find out about their health plan options and enroll in a plan through a Marketplace.

Correct Answer

C

Positive Feedback

Correct! Some states operate their own Marketplaces; however, in states that choose not to operate their own Marketplace, HHS operates an FFM.



Negative Feedback

Incorrect. The correct answer is C. Some states operate their own Marketplaces; however, in states that choose not to operate their own Marketplace, HHS operates an FFM.

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Other Types of Plans

Select each image to read an overview of the different plans.



CO-OP Health Plans



Multi-State Plan Options



Stand-alone Dental Plans

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Job Aids

[Text Description of Image or Animation](#)



Long Description

Interactive graphic of three equally sized images position left to right on the screen. Each image has a label beneath the image. From left to right the labels read: CO-OP Health Plans, Multi-State Plan Options, and Stand-alone Dental Plans. When each image is selected, associated text appears in the middle of the screen and the label turns green with a checkmark next to it. Images represent from left to right:

CO-OP Health Plans: Image of people standing in a circle placing their hands one on top of another in support and cooperation

Multi-State Plan Options: A map image of the United States with push pins of different colors placed on various states

Stand-alone Dental Plans: Image two adults and two children standing close together brushing their teeth

The prompt text: Select each image to read an overview of the different plans.

Text for each image is:

CO-OP Health Plans:

CLOSE HOLD – DO NOT SHARE. INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW.

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This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.



The Affordable Care Act established the Consumer Operated and Oriented Plan (CO-OP) program, which created a new type of private, nonprofit, member-run health insurer. CO-OP health plans are governed by their members, must operate with a strong consumer focus, and reinvest any profits into lowering premiums, improving benefits, or otherwise improving the quality of health care delivered to their members. CO-OPs offer health plans in some states through the Individual Marketplace and SHOP, but may also offer health plans outside of the Marketplace.

Multi-State Plan Options:

The Affordable Care Act directs the Office of Personnel Management (OPM) to contract with private health insurance issuers to provide Multi-State Plan (MSP) options in the Health Insurance Marketplace®. For the 2019 plan year, MSP options are available only in Arkansas through Arkansas Blue Cross Blue Shield. The landscape of MSP options for plan year 2020 has not been established as of the date of publication of this training. The name “Multi-State Plan” means only that OPM can operate the program in multiple states. Some Multi-State Plans offer in-network coverage nationally or in multiple states, but many do not. Current MSP options are displayed at HealthCare.gov. For additional information on the MSP Program and the Marketplace, review this [resource](#).

Stand-alone Dental Plans:

Adult dental coverage is not an EHB and generally is not required to be included in the package of benefits offered by a health plan in the individual or small group market, including through the Marketplace. However, consumers can purchase a stand-alone dental plan through the FFM if they qualify for and enroll in a QHP. Pediatric dental care is an EHB that health insurance issuers must offer as part of a QHP if it is not otherwise available in the Marketplace through a Marketplace-certified stand-alone dental plan. Stand-alone dental plans offered through the Marketplace must include the pediatric dental EHB. Stand-alone dental plans in the Marketplace are certified as meeting many of the same standards as QHPs. In the Marketplace, a consumer must first enroll in a Marketplace medical QHP before purchasing a stand-alone dental plan.

Marketplace Basics

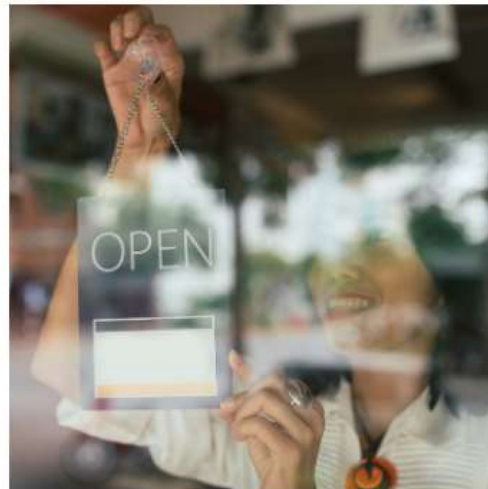
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SHOP Basics

Generally, employers that employed one to 50 full-time and full-time equivalent (FTE) employee(s) (one to 100 in some states) on average, on business days during the preceding calendar year, and that employ at least one employee on the first day of the plan year are small employers that can be eligible to purchase SHOP plans. Eligible small employers and their employees do not enroll in SHOP plans through HealthCare.gov. Instead, small employers seeking to purchase a SHOP plan should visit HealthCare.gov to receive a SHOP eligibility determination and to see the SHOP plans in their area. Eligible employers will purchase a SHOP plan with an issuer, and their SHOP-registered agents or brokers can assist with this process.

Eligible small employers who offer and enroll in SHOP plans may be eligible to receive the Small Business Health Care Tax Credit, which may be worth up to 50% of the employer's contribution toward premium costs (up to 35% for tax-exempt employers). The [Small Business Health Care Tax Credit Estimator](#) at HealthCare.gov can help small employers get a sense as to whether they might be eligible for the credit and how much it could be worth to them. Eligible small employers should apply for the Small Business Health Care Tax Credit through the Internal Revenue Service (IRS) when they file their tax returns. For more information on the Small Business Health Care Tax Credit, visit www.irs.gov.

If you want to learn more about how to register to assist small employers with SHOP health insurance, visit the [SHOP Resources](#) page.



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Generally, employers that employed one to 50 full-time and full-time equivalent (FTE) employee(s) (one to 100 in some states) on average, on business days during the preceding calendar year, and that employ at least one employee on the first day of the plan year are small employers that can be eligible to purchase SHOP plans. Eligible small employers and their employees do not enroll in SHOP plans through HealthCare.gov. Instead, small employers seeking to purchase a SHOP plan should visit HealthCare.gov to receive a SHOP eligibility determination and to see the SHOP plans in their area. Eligible employers will purchase a SHOP plan with an issuer, and their SHOP-registered agents or brokers can assist with this process.

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If you want to learn more about how to register to assist small employers with SHOP health insurance, visit the [SHOP Resources](#) page.

Alt Text

Female shop owner hanging an "Open" sign on a door

Marketplace Basics

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Federal Health Care Programs

In addition to Medicaid and CHIP, the federal government operates many other health care programs that may impact a Marketplace consumer, including Medicare, the Department of Defense TRICARE program (DoD TRICARE), the Veterans Health Administration (VHA) program, and coverage received as a Peace Corps volunteer.

Generally, coverage under any of these programs meets the requirements for minimum essential coverage. Therefore, consumers who have coverage under one of these programs may not be eligible for financial assistance for health coverage obtained through the Marketplace.

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Alt Text

This is a close-up image of the flag of the United States of America. On top of the United States flag is a stethoscope.

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Federal Health Care Programs (Continued)

Select each image to read an overview of some of the other federal health care programs that are available.



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[Text Description of Image or Animation](#)



Long Description

Interactive graphic of three equally sized images positioned left to right on the screen. When each image is selected, associated text appears in the middle of the screen. Images represent from left to right: Medicare, DoD TRICARE, and VHA. These images are:

Medicare - Image of female senior citizen

DoD TRICARE- Image of a United States flag with a pair of combat boots in front of it

VHA - Image of an older male veteran saluting an American Flag

Select each image to read an overview of some of the other federal health care programs that are available.

Text for each image is:

Medicare: Medicare is a health insurance program for people age 65 or older, people under age 65 with certain disabilities, people of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant), and certain individuals exposed to environmental health hazards.



DoD TRICARE: DoD TRICARE is health care for active or retired members of the military (i.e., people in the Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, or the National Oceanic and Atmospheric Administration).

VHA: Veterans Health Administration (VHA) VHA is the health system for military veterans (from the Army, Navy, Marines, Air Force, or Coast Guard). All veterans should apply to the VHA to determine eligibility.

Marketplace Basics

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Marketplace Protection for Members of Federally Recognized Indian Tribes and ANCSA Shareholders

The Marketplace provides certain protections for members of federally recognized Indian tribes and Alaska Native Claims Settlement Act (ANCSA) Corporation shareholders. Consumers who are members of federally recognized Indian tribes or shareholders in ANCSA corporations can:

- Enroll in QHPs or change plan selections through the Marketplace throughout the year, not just during the yearly Open Enrollment period (Note: This provision also applies to dependents of consumers who are members of federally recognized Indian tribes or shareholders in ANCSA Corporations who are enrolled or are enrolling in a Marketplace QHP on the same application and at the same time as the consumer who is a member of a federally recognized Indian tribe or shareholder in ANCSA Corporations.)
- Enroll in a zero cost-sharing or limited cost-sharing plan, at any level of coverage
 - Consumers who are members of federally recognized Indian tribes or shareholders in ANCSA Corporations with household income between 100% and 300% of the federal poverty level (FPL) can enroll in a zero cost-sharing plan, which means these consumers will have no copayments, deductibles, or coinsurance when receiving care from Indian health care providers or when receiving EHB through a QHP. There is no need for a referral from an Indian health care provider when receiving EHB through the QHP.
 - Consumers who are members of federally recognized Indian tribes or shareholders in ANCSA Corporations with household income below 100% and above 300% of the FPL can enroll in a limited cost-sharing plan, which means these consumers have no copayments, deductibles, or coinsurance when receiving EHB through the QHP if they receive a referral from an Indian health care provider.
- Qualify for APTC depending on household income and other eligibility criteria.



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- Enroll in a zero cost-sharing or limited cost-sharing plan, at any level of coverage
- Consumers who are members of federally recognized Indian tribes or shareholders in ANCSA Corporations with household income between 100% and 300% of the federal poverty level (FPL) can enroll in a zero cost-sharing plan, which means these consumers will have no copayments, deductibles, or coinsurance when receiving care from Indian health care providers or when receiving EHB through a QHP. There is no need for a referral from an Indian health care provider when receiving EHB through the QHP.



- Consumers who are members of federally recognized Indian tribes or shareholders in ANCSA Corporations with household income below 100% and above 300% of the FPL can enroll in a limited cost-sharing plan, which means these consumers have no copayments, deductibles, or coinsurance when receiving EHB through the QHP if they receive a referral from an Indian health care provider.
- Qualify for APTC depending on household income and other eligibility criteria.

Alt Text

A female member of a federally recognized Indian tribe, smiling

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Roles within the Marketplace

Select each image to learn more about the specific role.

Agents and brokers who participate in the Marketplace have a number of roles and responsibilities to perform, play a critical role in the enrollment process, and contribute to the overall success of the Marketplace.



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[Text Description of Image or Animation](#)



Long Description

Interactive Graphic of two images representing and labeled from left to right as: Agents and Brokers (image of a male agent meeting with a couple) and Web-brokers (image of a female agent at her computer). When selected, text associated with each image will appear.

Prompt Text: Select each image to learn more about the specific role.

Text: Agents and brokers who participate in the Marketplace have a number of roles and responsibilities to perform, play a critical role in the enrollment process, and contribute to the overall success of the Marketplace.

Agents and Brokers Text:

Agents and brokers can assist individuals with enrollment in QHPs in the Individual Marketplace and employers with selecting and enrolling in SHOP coverage. Agents and brokers may also assist qualified individuals with obtaining eligibility



determinations for APTC and CSRs for eligible plans. Remember, APTC and CSRs are only available to qualified individuals in the Individual Marketplace.

Agents and brokers assisting consumers in the Marketplace must comply with applicable federal and state law, including licensing requirements, system access terms and conditions, conflict of interest prohibitions, and confidentiality provisions.

Web-brokers Text:

A web-broker is an individual agent or broker, group of agents or brokers, or business entity registered with the Marketplace that develops and hosts a non-Marketplace website that interfaces with the Marketplace to assist consumers with direct enrollment in QHPs offered through the Marketplace. Web-brokers generally offer online resources for agents and brokers, such as enrollment and client management functionality. Under the Classic Direct Enrollment Pathway, approved web-brokers can provide a website that enables consumers or agents and brokers working with consumers to apply for APTC and CSRs and select and enroll in an Individual Marketplace QHP through the web-broker's website. Consumers using the Classic Direct Enrollment Pathway are able to initiate the QHP shopping experience on a web-broker's website, connect securely to the HealthCare.gov website to complete the eligibility application and determination process, and return securely to the web-broker's site to compare plans and select a QHP.

Some web-brokers may also offer the Enhanced Direct Enrollment Pathway, which operates without the secure redirect to and from the HealthCare.gov website. Web-brokers approved to participate in the Enhanced Direct Enrollment Pathway may provide a range of custom features and capabilities, enabling agents and brokers to more easily assist clients with year-round policy and client relationship management.

Agents and brokers may find a web-broker who is approved by CMS to offer these services via the [Private Partner Enrollment and Client Management Capabilities Directory](#).

All web-brokers must comply with federal regulatory requirements for the content and user functionality of their websites, including providing language access services, as well as the FFM privacy and security requirements for collecting and handling consumer information. Web-brokers offering the Enhanced Direct Enrollment Pathway must also retain an independent third-party auditor to validate compliance with program requirements.

Marketplace Basics

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FFM Standards of Conduct for Agents and Brokers

HHS has established standards of conduct for agents and brokers who participate in the Marketplace in order to protect against conduct that is harmful to consumers or prevents the efficient operation of the Marketplace. See 45 C.F.R. § 155.220(j). Agents and brokers who participate in the Marketplace must:

- Provide consumers with correct information, without omission of material fact, regarding the Marketplace, QHPs offered through the Marketplace, and insurance affordability programs
- Refrain from marketing or conduct that is misleading (including by having a direct enrollment website that HHS determines could mislead a consumer into believing he or she is visiting HealthCare.gov); coercive; or discriminates based on race, color, national origin, disability, age, sex, gender identity, or sexual orientation
- Provide the Marketplace with correct information under section 1411(b) of the Affordable Care Act
- Obtain the consent of the individual, employer, or employee prior to conducting an online person search, assisting with or facilitating enrollment through the Marketplace, assisting the individual in applying for APTC and CSRs, and making updates to a consumer's eligibility application or subsequent plan selection and enrollment
- Protect consumers' personally identifiable information (PII) in accordance with 45 CFR § 155.260(b)(3) and the FFM privacy and security standards required by the "Agreement Between Agent or Broker and CMS for Individual Market Federally-facilitated Exchanges and the State-Based Exchanges on the Federal Platform" (Individual Marketplace Privacy and Security Agreement) and/or the SHOP Privacy and Security Agreement
- Comply with all applicable federal and state laws and regulations

Note that the FFM privacy and security standards require an agent or broker to provide a Privacy Notice Statement to each consumer prior to collecting his or her PII. The Statement must describe the authorized uses and disclosures of any consumer PII that is collected. You will learn more about the Privacy Notice Statement in the Privacy Standards and Definitions module.



Page Text

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- Obtain the consent of the individual, employer, or employee prior to conducting an online person search, assisting with or facilitating enrollment through the Marketplace, assisting the individual in applying for APTC and CSRs, and making updates to a consumer's eligibility application or subsequent plan selection and enrollment
- Protect consumers' personally identifiable information (PII) in accordance with 45 CFR § 155.260(b)(3) and the FFM privacy and security standards required by the "Agreement Between Agent or Broker and CMS for Individual Market



Federally-facilitated Exchanges and the State-Based Exchanges on the Federal Platform” (Individual Marketplace Privacy and Security Agreement) and/or the SHOP Privacy and Security Agreement

- Comply with all applicable federal and state laws and regulations

Note that the FFM privacy and security standards require an agent or broker to provide a Privacy Notice Statement to each consumer prior to collecting his or her PII. The Statement must describe the authorized uses and disclosures of any consumer PII that is collected. You will learn more about the Privacy Notice Statement in the Privacy Standards and Definitions module.

Alt Text

A key chain with labels on the keys displaying words related to the agent and broker standards of conduct

Marketplace Basics

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Requirement to Obtain Consent Prior to Marketplace Assistance

As noted on the previous page, one of the FFM standards of conduct specifies that agents and brokers must obtain the consent of an individual, employer, or employee prior to conducting an online person search, helping them apply for financial help and/or enrolling in a Marketplace QHP, and making updates to their eligibility application and/or subsequent plan selection and enrollment. CMS does not prescribe a standard format or process for obtaining the consent or for maintaining it, so agents and brokers have flexibility to determine how they will meet the consent and recordkeeping requirements. While CMS does not provide a form, or specify that a form has to be signed, agents and brokers can use a Broker of Record form from an issuer or state Department of Insurance (DOI) to satisfy this requirement. Additionally, an agent or broker may obtain consent verbally (such as over the phone), electronically (such as via email), or in person (in which case the form should be signed).

At a minimum, the consent should acknowledge that the agent or broker has informed the individual, employer, or employee 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 1) conduct an online person search, 2) assist with completing an eligibility application, 3) assist with plan selection and enrollment, and 4) assist with ongoing account/enrollment maintenance. The consent should include:

1. The individual's, employer's, or employee's name;
2. The date the consent was given; and
3. The name of the agent(s) or broker(s) to whom the consent was given. This could include additional names of agents or brokers if the person giving consent authorized multiple agents or brokers within the same organization.

Agents and brokers providing assistance verbally (such as over the phone) may obtain consent by reading a script that contains, at a minimum, the required elements of consent that are summarized above, and you should record in writing that the required consent was obtained.

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.

Page Text

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Marketplace Basics

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Navigators and Certified Application Counselors

In addition to licensed agents and brokers, there are two types of assisters that operate within the Marketplace: Navigators and certified application counselors (CACs). Select each link below to learn more.

- [Navigators](#)
- [Certified application counselors](#)

Navigators in the Marketplace are required to disclose to consumers certain relationships they have with health insurance and stop loss insurance issuers. CACs are required to disclose to consumers any potential conflicts of interest, including any relationships with issuers of QHPs or insurance affordability programs. Further, all of these Marketplace assisters are required to provide information in a fair, accurate, and impartial manner. They must also inform consumers about all of the QHPs and insurance affordability programs for which they are eligible. They may not receive compensation directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP or non-QHP.



Health Insurance Marketplace®
Plan Year 2020



Help



Glossary



Job Aids



Page Text

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- [Navigators](#)
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Navigators popup text:



Navigators receive grants from the Marketplace to, among other things, assist consumers in applying for and enrolling in health coverage through the Marketplace. Navigators must also conduct public education activities to raise awareness about the Marketplace. Health insurance and stop loss insurance issuers and their subsidiaries are expressly prohibited from being Navigators.

Certified application Counselors popup text:

CACs are staff members and volunteers of organizations designated by the Marketplace, such as community health centers, health care providers, and certain social service agencies. Marketplace CACs are certified directly by those designated organizations. Like Navigators, CACs perform Marketplace application and enrollment assistance. In general, CACs are not required to perform outreach, education, or post-enrollment assistance, though they may choose to do so.

Alt Text

A man seated across a desk from a business man

Marketplace Basics

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Requirements for Navigator and CAC (Assister) Impartiality

Assisters in the Marketplace cannot make specific plan recommendations to consumers. However, they may facilitate enrollment in a QHP in the following ways: providing comprehensive information about the substantive benefits and features of a plan; clarifying the similarities and distinctions among plans; and assisting consumers with making informed decisions in the plan selection process, consistent with the consumer's expressed interests and needs. If an assister is asked by a consumer to recommend a specific plan, the assister should remind the consumer that he or she is prohibited from making plan recommendations because federal standards require assisters to remain fair and impartial.

However, in those circumstances where a consumer has requested a plan recommendation, the assister may, consistent with the consumer's expressed needs and desires, determine that it is appropriate to inform the consumer of the general availability of agents and brokers who are state licensed and registered with the Marketplace, and who can make specific plan recommendations (provided that agents and brokers are permitted to do so under state law). The assister may direct the consumer to general listings of agents and brokers or, if requested by the consumer, to more specific listings, if those listings are created using objective sorting criteria, such as by geographic proximity. However, the assister should not make a referral to any specific agent or broker. Review this [resource](#) for more information on the parameters for an assister to help a consumer find out more about the service of agents and brokers. Agents and brokers are not prohibited from working with Marketplace assisters, although they should take [these guidelines](#) into account.



Page Text

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Guidelines for Working with Navigators and CACs popup text:

CLOSE HOLD – DO NOT SHARE. INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW.

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This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.



- You should understand the constraints placed on Navigators and CACs in the Marketplace.
- If unable to assist a consumer with, for example, applying for Medicaid through a Marketplace, make sure the consumer knows about local Navigators and CACs for assistance.
- You can find Navigators and CACs by going to [Find Local Help](#) at HealthCare.gov.
- You can participate in community events.
- Do not attempt to establish an exclusive referral relationship with Navigators and CACs. Assistors, including Navigators, are strictly forbidden from endorsing specific agents or brokers or referring consumers to specific agents and brokers.
- Do not offer assistors consideration of any kind (direct or indirect, cash or in-kind) that could be tied to the compensation you receive from a health insurance or stop loss insurance issuer for assisting a consumer with enrolling in a QHP or non-QHP.

Alt Text

A couple seated at desk with a business woman looking at a piece of paper

Marketplace Basics

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Find Local Help Tool at HealthCare.gov

HealthCare.gov has a tool called [Find Local Help](#) that enables consumers and small employers to search for local agents and brokers, based on their ZIP codes, who can assist them throughout the Individual Marketplace or SHOP application and enrollment process. This tool provides professional contact information for agents and brokers who have completed Marketplace training and registration for the applicable plan year and have an active state license that is approved for a health-related line of authority by the state(s) where they plan to sell Marketplace coverage. Find Local Help includes a location mapping feature and details regarding an agent's or broker's hours of operation, making it easy for consumers to get assistance.

- Agents and brokers can update their information displayed in the Find Local Help tool by [updating their Find Local Help/Help On Demand profile setting within the MLMS](#).
- Agents and brokers can also opt out of being listed in Find Local Help when establishing their MLMS profile.

Showing 10 of 142 results near **URBANDALE, IA 50322** ([Change Location](#))

AGENT OR BROKER

1. William Smith

4th YEAR OF SERVICE

PHONE (515) 555-6789

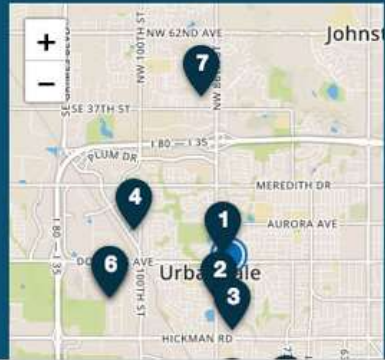
EMAIL william@smithagency.com

ADDRESS 1234 Douglas ST
Urbandale, IA 50322

[Download contact](#)

[More details](#)

0.1 MILES AWAY



Health Insurance Marketplace®
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Page Text

HealthCare.gov has a tool called [Find Local Help](#) that enables consumers and small employers to search for local agents and brokers, based on their ZIP codes, who can assist them throughout the Individual Marketplace or SHOP application and enrollment process. This tool provides professional contact information for agents and brokers who have completed Marketplace training and registration for the applicable plan year and have an active state license that is approved for a health-related line of authority by the state(s) where they plan to sell Marketplace coverage. Find Local Help includes a location mapping feature and details regarding an agent's or broker's hours of operation, making it easy for consumers to get assistance.

- Agents and brokers can update their information displayed in the Find Local Help tool by [updating their Find Local Help/Help On Demand profile setting within the MLMS](#).
- Agents and brokers can also opt out of being listed in Find Local Help when establishing their MLMS profile.

Marketplace Learning Management System popup text:

To update or confirm the [Find Local Help](#) information associated with an MLMS profile, select the "Complete Agent Broker Training" hyperlink on the Agent Broker Registration Status page of the CMS Enterprise Portal. Selecting the link will open the agent's or broker's MLMS profile; from there, you can update or confirm your contact information and [Find Local Help](#) listing preference.

**Alt Text**

The "Find Local Help" tool on HealthCare.gov, where consumers enter their location to find assisters nearby to help them with health coverage

Marketplace Basics

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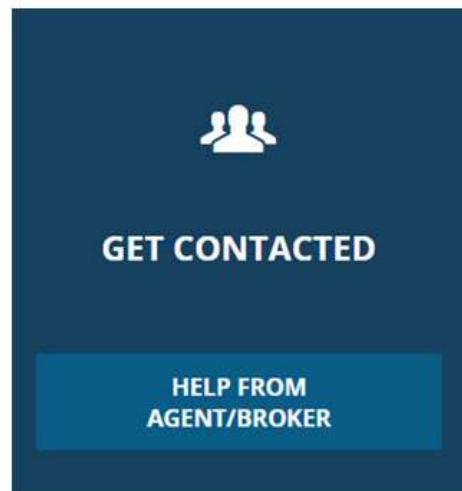
Help On Demand

Help On Demand is a real-time consumer assistance referral system that connects consumers seeking assistance with Marketplace-registered, state-licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments. Only agents and brokers who have completed Marketplace training and registration for the applicable plan year and have an active state license that is approved for a health-related line of authority by the state(s) where they plan to sell Marketplace coverage are eligible to participate in Help On Demand.

Consumers can request to have an agent or broker contact them directly by selecting the Help On Demand link available on HealthCare.gov or from consumer enrollment email messages sent out by the Marketplace. After the consumer enters his or her contact information, Help On Demand matches the consumer with an agent or broker who:

- is available,
- speaks the consumer's language, and
- is licensed in the consumer's state.

If more than one agent or broker meets these criteria, Help On Demand generally directs the referral to the agent or broker who is geographically closest to the consumer.



Page Text

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- is available,
- speaks the consumer's language, and
- is licensed in the consumer's state.

If more than one agent or broker meets these criteria, Help On Demand generally directs the referral to the agent or broker who is geographically closest to the consumer.



Alt Text

Screenshot of the “Get Contacted” button from the HealthCare.gov home page

Marketplace Basics

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Help On Demand - Referrals to Agents and Brokers

Help On Demand sends a notification via email, text, and/or app notification to the agent or broker on behalf of the consumer. The agent or broker then has 15 minutes to accept or reject the request for assistance before Help On Demand moves on to the next agent or broker in the queue. After accepting a request, the agent or broker contacts the consumer directly to provide assistance with a Marketplace application and enrollment.

Agents and brokers are required to assist consumers with Marketplace eligibility determinations and enrollments. Also, if consumers are eligible for state Medicaid or CHIP programs, agents and brokers are expected to help these consumers connect with the appropriate state agency to apply for this coverage.

To participate in Help On Demand, agents and brokers must complete the self-paced [Help On Demand training](#) and certify completion by providing their name, email address, and National Producer Number (NPN) at the end of that training.

For more information on the Help On Demand system, see this [overview](#).



Page Text

Help On Demand sends a notification via email, text, and/or app notification to the agent or broker on behalf of the consumer. The agent or broker then has 15 minutes to accept or reject the request for assistance before Help On Demand moves on to the next agent or broker in the queue. After accepting a request, the agent or broker contacts the consumer directly to provide assistance with a Marketplace application and enrollment.

Agents and brokers are required to assist consumers with Marketplace eligibility determinations and enrollments. Also, if consumers are eligible for state Medicaid or CHIP programs, agents and brokers are expected to help these consumers connect with the appropriate state agency to apply for this coverage.

To participate in Help On Demand, agents and brokers must complete the self-paced [Help On Demand training](#) and certify completion by providing their name, email address, and National Producer Number (NPN) at the end of that training. For more information on the Help On Demand system, see this [overview](#).

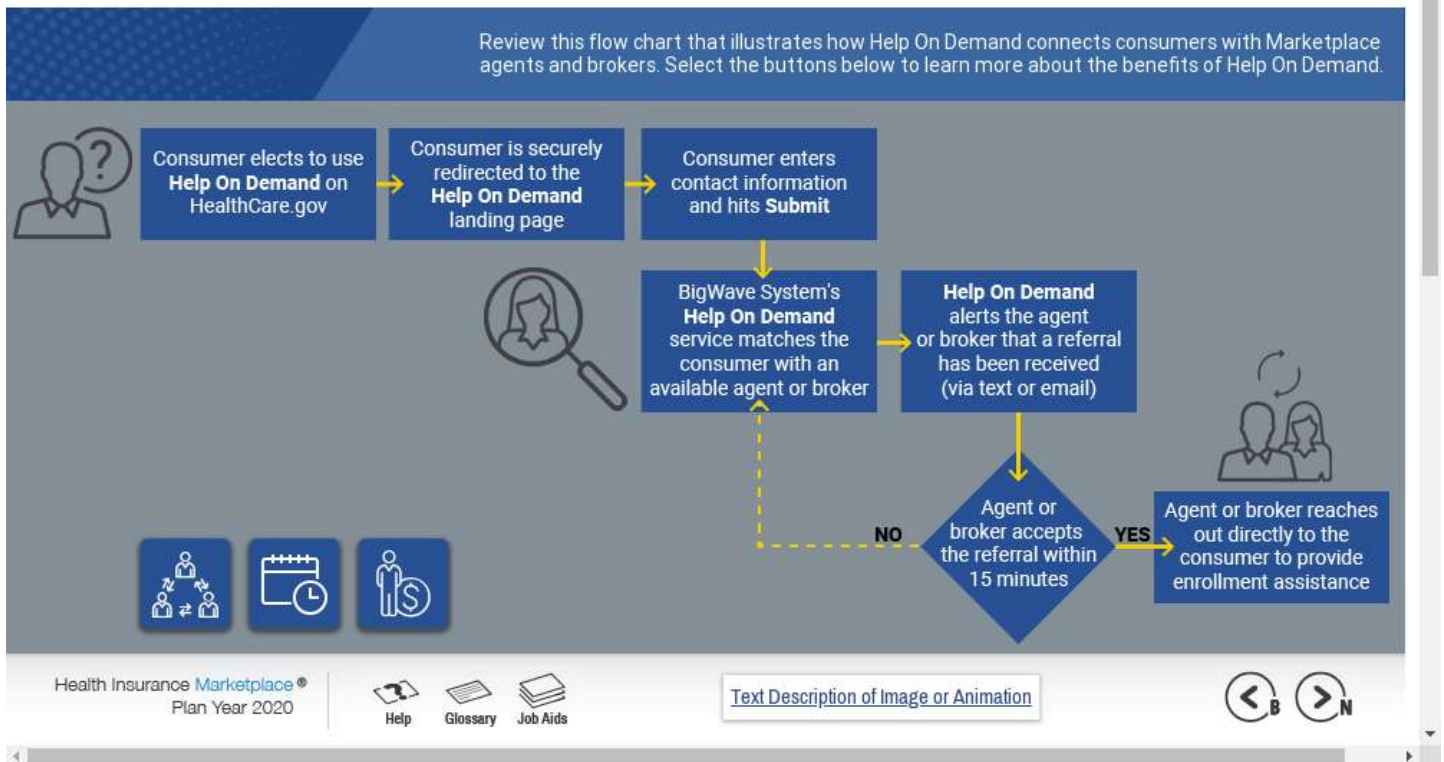
Alt Text

Illustration of a left hand holding a cellphone and a right index finger pointing to a square box with a check mark in it

Marketplace Basics

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Benefits of Help On Demand



Long Description

Interactive graphic depicting the benefits of Help On Demand. An image of a flow chart that illustrates how Help On Demand connects consumers with Marketplace agents and brokers. Step 1: Consumer elects to use Help On Demand on HealthCare.gov. Step 2: Consumer is securely redirected to the Help On Demand landing page. Step 3: Consumer enters contact information and hits Submit. Step 4: BigWave System's Help On Demand service matches the consumer with an available agent or broker. Step 5: Help On Demand alerts the agent or broker that a referral has been received (via text or email). Step 6: Agent or broker accepts the referral within 15 minutes. If yes, move to the next step: Agent or broker reaches out directly to the consumer to provide enrollment assistance. If no, return to Step 4.

Prompt text: Review this flow chart that illustrates how Help On Demand connects consumers with Marketplace agents and brokers. Select the buttons below to learn more about the benefits of Help On Demand.

There are three icons in the lower left-hand corner of the screen. When each icon is selected, a popup box and accompanying text appear.

Icon #1: Three bodies in a triangle with arrows connecting them.

Title: Consumers can connect quickly with agents and brokers.



Text: Consumers who request assistance through Help On Demand are connected with the first available agent or broker, which can occur in as few as 15 minutes.

Icon #2: A calendar with a clock in front of it

Title: Agents and brokers can maintain a flexible schedule.

Text: Agents and brokers can set standard operating hours on Help On Demand, or sign on whenever they are available to help consumers—24 hours a day, 7 days a week. Consumers generally expect they will be contacted within a short window of time.

Icon #3: A person standing next to a large coin

Title: Agents and brokers can avoid unnecessary costs.

Text: Unlike other industry services, Help On Demand requests are provided to agents and brokers at no cost to them.

Marketplace Basics

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Knowledge Check

Which of the following are required for an agent or broker to participate in Help On Demand?

Select the best answer and then click Check Your Answer.

- ☐ A. Complete FFM Agent and Broker Registration
- ☐ B. Have an active state license that is approved for a health-related line of authority by the state(s) where he or she plans to sell coverage
- ☐ C. Complete an additional Help on Demand training and certify completion by providing his or her name, email address, and NPN at the end of the additional training
- ☐ D. All of the above

✓ Check Your Answer

Reset

Health Insurance Marketplace
Plan Year 2020



Help



Glossary



Job Aids



Prompt

Select the best answer and then click Check Your Answer.

Question

Which of the following are required for an agent or broker to participate in Help On Demand?

Options

- A. Complete FFM Agent and Broker Registration
- B. Have an active state license that is approved for a health-related line of authority by the state(s) where he or she plans to sell coverage
- C. Complete an additional Help on Demand training and certify completion by providing his or her name, email address, and NPN at the end of the additional training
- D. All of the above

Correct Answer

D

**Positive Feedback**

Correct! To participate in Help On Demand, agents and brokers must complete FFM Agent and Broker Registration, have a valid state license, and complete the self-paced Help On Demand training and certify completion by providing his or her name, email address, and NPN at the end of that additional training.

Negative Feedback

Incorrect. The correct answer is D. To participate in Help On Demand, agents and brokers must complete FFM Agent and Broker Registration, have a valid state license, and complete the self-paced Help On Demand training and certify completion by providing his or her name, email address, and NPN at the end of that additional training.

Marketplace Basics

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Reporting Fraudulent Activity

As you provide assistance to clients seeking health coverage, you play an important role in observing and reporting any potentially fraudulent practices taking place in relation to the Marketplace. Examples of potential fraud or abuse include:

- A client tells you he has been contacted by an individual seeking his personal and financial information.
- An individual submits false documentation to the Marketplace.
- An individual is conducting person searches or enrolling consumers without their consent.
- An agent or broker is assisting consumers without a valid license or without completing FFM registration.
- An individual has disclosed a consumer's personally identifiable information.
- An individual discovers unauthorized changes were made to a consumer's online application.
- An individual suspects a consumer or insurance company is providing false or misleading information to the Marketplace.



Refer to the [table](#) for guidance on how to report concerns or specific complaints about potentially fraudulent practices in the Marketplace.

Page Text

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- An individual is conducting person searches or enrolling consumers without their consent.
- An agent or broker is assisting consumers without a valid license or without completing FFM registration.
- An individual has disclosed a consumer's personally identifiable information.
- An individual discovers unauthorized changes were made to a consumer's online application.
- An individual suspects a consumer or insurance company is providing false or misleading information to the Marketplace.

Refer to the table for guidance on how to report concerns or specific complaints about potentially fraudulent practices in the Marketplace.



Alt Text

This is an image of a laptop. On the laptop screen there are three circular icons. Each icon has the words "Contact us". From left to right, the icon images are of an at symbol, a telephone, and an envelope.

Marketplace Basics

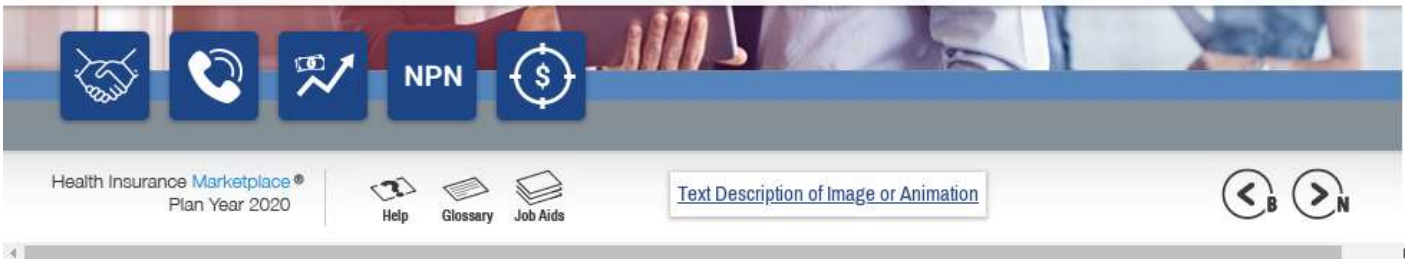
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Compensation in the Marketplace

To learn about receiving compensation for assisting consumers with enrolling in a QHP through the Marketplace, select each button.



The Marketplace does not directly appoint or compensate agents or brokers. Agents and brokers who participate in the Marketplace are compensated in accordance with their agreements with QHP issuers and any applicable state-specific requirements. The Marketplace does not set compensation levels.



Long Description

Interactive graphic depicting Compensation in the Marketplace with 5 icons on the bottom of the screen. As each icon is selected, text appears in the middle of the screen.

Prompt Text: To learn about receiving compensation for assisting consumers with enrolling in a QHP through the Marketplace, select each button.

Text: The Marketplace does not directly appoint or compensate agents or brokers. Agents and brokers who participate in the Marketplace are compensated in accordance with their agreements with QHP issuers and any applicable state-specific requirements. The Marketplace does not set compensation levels.

The icons are as follows, from left to right:

Icon of a handshake

Icon of telephone

Icon of a dollar bill with an angulated arrow pointing upward signifying an increase in value

Icon is text with the capital letters NPN



Icon of a dollar sign with a circle around it with 4 dash marks equally spread around the circle beginning at 12 o'clock

Text that pops up for each icon:

Appointed:

To receive compensation for enrolling consumers in a QHP through the Marketplace, an agent or broker needs to be appointed and have a compensation arrangement with that QHP issuer in accordance with state law. Issuers have the discretion to compensate an agent or broker who does not have an appointment at the time he or she assisted with an enrollment, but who otherwise complies with federal and state standards.

Contacts:

To become appointed with a particular QHP issuer, we recommend that agents and brokers contact the QHP issuer directly, or contact their state regulators, such as the state DOI. Agent/broker contact information for many QHP issuers may be found using this [directory](#).

Received:

To the extent permitted under applicable federal and state requirements, appointed agents and brokers receive compensation directly from QHP issuers with whom they have a contractual relationship for assisting qualified individuals, qualified employers, and qualified employees in enrolling in QHPs through the Marketplace. Compensation is solely at the discretion of QHP issuers; some issuers may not compensate agents and brokers for assisting consumers with some or all enrollments in Marketplace QHPs.

Registered:

An agent's or broker's NPN must be entered on a Marketplace application to receive compensation from QHP issuers with which the agent or broker has an appointment for assisting a consumer with that application. If an agent or broker who has completed FFM registration for the applicable plan year at the time of providing assistance with the enrollment has a reason to believe that his or her NPN (or agency/brokerage NPN) should have been included on a Marketplace enrollment transaction, but was not, the agent or broker may contact the respective QHP issuer directly to discuss the situation. CMS expects that a QHP issuer would issue compensation to an affiliated agent or broker who has completed the applicable FFM registration requirements if it is determined from the issuer's, agent's, or broker's records that the agent or broker did in fact assist the consumer, but the NPN was erroneously left off of the application. Such records may include a consent form from the consumer, an issuer's broker of record form, or similar documentation to demonstrate that the consumer was the agent's or broker's client for the enrollment in question.

Equivalence:

A QHP issuer must pay the same compensation for QHPs offered through the Marketplace as it does for similar health plans offered in the state but outside the Marketplace. In fact, this compensation approach is a required condition of the QHP certification process for QHPs offered in the Marketplace. Agents or brokers with evidence demonstrating that QHP issuers are not compensating agents and brokers inside and outside the Marketplace the same may send their concerns, along with the supporting documentation, to the Agent/Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov. QHP issuers are also prohibited from structuring agent and broker compensation arrangements to discourage marketing to and enrolling consumers with significant health needs (e.g., paying lower commission for higher metal level plans (Platinum and Gold), which are associated with higher utilization). If you believe an issuer's compensation arrangement or marketing practice is discriminatory, contact CMS at marketconduct@cms.hhs.gov or your state Department of Insurance.

Marketplace Basics

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Key Reminders for Completing FFM Agent and Broker Registration

Keep in mind that agents and brokers who participate in the Marketplace must complete all steps of the FFM registration process prior to assisting consumers with selecting and enrolling in QHPs through the Individual Marketplace and prior to assisting employers with SHOP eligibility. This includes agents and brokers who act as the authorized representative for a web-broker or other business entity and enter the web-broker's or agency's NPN on a consumer's application. These steps include:

- Completing remote identity proofing through the Enterprise Identity Management (EIDM) System
- Completing an Agent/Broker profile on the MLMS, including [correctly recording the agent's or broker's NPN](#)
- Updating Agent/Broker profile information on the MLMS if anything changes, such as your contact information

Agents and brokers who are returning to the Marketplace after participating in a previous year may have already completed these steps and, if so, do not need to repeat them. However these individuals should ensure they are using the same FFM User ID they used previously, and should ensure their contact information and [NPN](#) are correct in their MLMS profiles.

Agents and brokers who want to participate in the Individual Marketplace must complete the assigned training courses and pass the exams through the MLMS or through an HHS-approved vendor. Training is optional for agents and brokers who only intend to participate in the SHOP. ALL agents and brokers who wish to participate in the Marketplace must read and accept the applicable Marketplace Agreement(s) with CMS on the MLMS.

The NPNs for Marketplace agents and brokers who have completed all steps of the FFM registration process for the applicable plan year will appear on the [Registration Completion List](#), which reflects registration data as of the date of the list.

For more information on the requirements for completing FFM agent and broker registration, see the "Plan Year 2019 Registration and Training" section on the [Agents and Brokers Resources webpage](#).

Page Text

Keep in mind that agents and brokers who participate in the Marketplace must complete all steps of the FFM registration process prior to assisting consumers with selecting and enrolling in QHPs through the Individual Marketplace and prior to assisting employers with SHOP eligibility. This includes agents and brokers who act as the authorized representative for a web-broker or other business entity and enter the web-broker's or agency's NPN on a consumer's application. These steps include:

- Completing remote identity proofing through the Enterprise Identity Management (EIDM) System
- Completing an Agent/Broker profile on the MLMS, including [correctly recording the agent's or broker's NPN](#)
- Updating Agent/Broker profile information on the MLMS if anything changes, such as your contact information

Agents and brokers who are returning to the Marketplace after participating in a previous year may have already completed these steps and, if so, do not need to repeat them. However these individuals should ensure they are using the same FFM User ID they used previously, and should ensure their contact information and [NPN](#) are correct in their MLMS profiles. Agents and brokers who want to participate in the Individual Marketplace must complete the assigned training courses and pass the exams through the MLMS or through an HHS-approved vendor. Training is optional for agents and brokers who only intend to participate in the SHOP. ALL agents and brokers who wish to participate in the Marketplace must read and accept the applicable Marketplace Agreement(s) with CMS on the MLMS.



The NPNs for Marketplace agents and brokers who have completed all steps of the FFM registration process for the applicable plan year will appear on the [Registration Completion List](#), which reflects registration data as of the date of the list. For more information on the requirements for completing FFM agent and broker registration, see the “Plan Year 2019 Registration and Training” section on the [Agents and Brokers Resources webpage](#).

Marketplace Basics

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Circle of Champions

The Circle of Champions program recognizes Marketplace-registered agents and brokers who assist a certain number of consumers with enrolling in Marketplace coverage each year.

You can qualify for the Circle of Champions by having your NPN associated with at least 20 new enrollments or active re-enrollments during the annual Marketplace Open Enrollment period.* Only Marketplace-registered agents and brokers are eligible for the Circle of Champions designation. There are different qualifying levels depending on how many consumers you assist.

All Circle of Champions qualifiers will receive a recognition package from CMS that includes a certificate of acknowledgement, a badge for their webpages and/or email signatures, a congratulatory letter from CMS, and a social media toolkit to promote their achievement. CMS identifies new Circle of Champions qualifiers on a regular basis throughout the Open Enrollment period and distributes the recognition package to the email address on the qualifying agent's or broker's MLMS profile.

* Completed active medical enrollments only; auto re-enrollments do not count.



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Plan Year 2020



Page Text

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* Completed active medical enrollments only; auto re-enrollments do not count.

Alt Text

A group of hands lifting a trophy



Marketplace Basics

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Knowledge Check

True or False:

A Navigator may refer a consumer to a general listing of agents and brokers for assistance if the consumer says he or she wants a specific QHP recommendation and agents/brokers are permitted to make plan recommendations under state law.

Select the **best answer** and then click **Check Your Answer**.

- ☐ A. True
- ☐ B. False

✓ Check Your Answer

Reset

Health Insurance Marketplace®
Plan Year 2020



Help



Glossary



Job Aids



Prompt

Select the **best answer** and then click **Check Your Answer**.

Question

True or False: A Navigator may refer a consumer to a general listing of agents and brokers for assistance if the consumer says he or she wants a specific QHP recommendation and agents/brokers are permitted to make plan recommendations under state law.

Options

- A. True
- B. False

Correct Answer

A

Positive Feedback

Correct! If a consumer asks for the recommendation of a specific QHP and agents/brokers are permitted to make plan recommendations under state law, a Navigator may refer the consumer to a general listing of agents and brokers for



assistance. In these circumstances, the Navigator may also direct the consumer to more specific listings of agents and brokers, if those listings are created using objective sorting criteria, such as by geographic proximity. However, Navigators are not permitted to make a referral to any specific agent or broker.

Negative Feedback

Incorrect. The statement is true. If a consumer asks for the recommendation of a specific QHP and agents/brokers are permitted to make plan recommendations under state law, a Navigator may refer the consumer to a general listing of agents and brokers for assistance. In these circumstances, the Navigator may also direct the consumer to more specific listings of agents and brokers, if those listings are created using objective sorting criteria, such as by geographic proximity. However, Navigators are not permitted to make a referral to any specific agent or broker.

Marketplace Basics

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Knowledge Check

Which of the following are roles of agents and brokers in the Individual Marketplace and the SHOP?

Select **all that apply** and then click **Check Your Answer**.

- ☐ A. Set up meetings with consumers and ask for referrals
- ☐ B. Assist individuals with enrolling in QHPs through the Marketplace and employers with SHOP eligibility determinations
- ☐ C. Assist SHOP enrollees in applying for APTC
- ☐ D. Assist qualified individuals in the Individual Marketplace in applying for APTC and CSRs for eligible plans



Check Your Answer

Reset



Prompt

Select **all that apply** and then click **Check Your Answer**.

Question

Which of the following are roles of agents and brokers in the Individual Marketplace and the SHOP?

Options

- A. Set up meetings and ask for referrals
- B. Assist individuals with enrolling in QHPs through the Marketplace and employers with SHOP eligibility determination
- C. Assist SHOP enrollees in applying for APTC
- D. Assist qualified individuals in the Individual Marketplace in applying for APTC and CSRs for eligible plans

Correct Answer

B

Positive Feedback

Correct! The roles of agents and brokers in the Individual Marketplace and the SHOP include assisting individuals with enrolling in QHPs through the Marketplace, assisting employers with SHOP eligibility determinations, and assisting qualified



individuals with obtaining eligibility determinations for APTC and CSRs for eligible plans. Remember, APTC and CSRs are only available to qualified individuals in the Individual Marketplace.

Negative Feedback

Incorrect. The correct answers are B and D. The roles of agents and brokers in the Individual Marketplace and the SHOP include assisting individuals with enrolling in QHPs through the Marketplace, assisting employers with SHOP eligibility determinations, and assisting qualified individuals with obtaining eligibility determinations for APTC and CSRs for eligible plans. Remember, APTC and CSRs are only available to qualified individuals in the Individual Marketplace.

Marketplace Basics

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Knowledge Check

For an agent or broker to qualify for the Circle of Champions program, what is the minimum number of new enrollments or active re-enrollments that need to be associated with his or her NPN?

Select the best answer and then click Check Your Answer.

- ☐ A. 10
- ☐ B. 20
- ☐ C. 30
- ☐ D. 40



Check Your Answer

Reset



Help



Glossary



Job Aids



Prompt

Select the best answer and then click Check Your Answer.

Question

For an agent or broker to qualify for the Circle of Champions program, what is the minimum number of new enrollments or active re-enrollments that need to be associated with his or her NPN?

Options

- A. 10
- B. 20
- C. 30
- D. 40

Correct Answer

B

**Positive Feedback**

That is correct. A Marketplace-registered agent or broker can qualify for the Circle of Champions by having his or her NPN associated with at least 20 active new or re-enrollments during the annual Marketplace Open Enrollment period.

Negative Feedback

That is incorrect. The correct answer is B. A Marketplace-registered agent or broker can qualify for the Circle of Champions by having his or her NPN associated with at least 20 active new or re-enrollments during the annual Marketplace Open Enrollment period.

Marketplace Basics

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Monitoring Roles

Select each of the three areas to learn about the three monitoring roles in which the Marketplace is involved.



CMS



QHP Issuer/Web-broker



States

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[Text Description of Image or Animation](#)



Long Description

Interactive graphic of three rectangles in a line vertically. Each represents a monitoring role involved in the Marketplace. The rectangle on the left shows the Centers for Medicare & Medicaid Services logo and is labeled CMS. The middle rectangle is labeled QHP Issuer/Web-broker with an image of a calculator and keyboard. The rectangle on the right is green and is labeled States with a map of the United States in the middle.

Prompt text: Select each of the three areas to learn about the three monitoring roles in which the Marketplace is involved.

When you select each rectangle the following text appears:

CMS: Agents and brokers must enter into the applicable Marketplace Agreement(s) with CMS. In these Agreements, agents and brokers consent to comply with the FFM privacy and security standards. CMS works with state regulators to coordinate oversight activities related to agents and brokers. CMS also provides to each state a list of the agents and brokers in that state who have successfully completed the FFM registration process for the applicable plan year. Third-party auditors of direct enrollment entities (web-brokers and QHP issuers) perform annual reviews to ensure compliance with direct enrollment requirements and FFM privacy and security standards. In addition, if and when there are complaints and other indications of potential misconduct by agents and brokers, CMS also conducts various data analyses and investigations and may coordinate with state and federal law enforcement agencies for the most egregious cases.



QHP Issuer/Web-broker: Similar to the private insurance market, QHP issuers and web-brokers operating in the Marketplace are responsible for ensuring their affiliated agents and brokers comply with all applicable standards of conduct, laws, and regulations. QHP issuers and web-brokers must verify that their affiliated agents and brokers have a valid state license to sell health insurance products in the state in which their clients live (e.g., a New York broker enrolling a client in Florida must be licensed in Florida) and have completed the applicable FFM registration requirements for the applicable plan year before allowing access to the QHP issuers' or web-brokers' tools to assist with enrollment and/or providing compensation for Marketplace transactions. Agents and brokers must also comply with any policies of the QHP issuers and web-brokers with which they are affiliated, and must adhere to the FFM privacy and security standards (which are discussed in the Privacy Standards and Definitions and Protecting and Handling PII modules included in this curriculum), and other applicable federal regulatory requirements.

States: All agents and brokers seeking to enroll individuals through the Marketplace must be appropriately licensed by the applicable state and adhere to all applicable state laws. States maintain their current roles overseeing licensing, marketing, and enforcement standards for the agents and brokers in their insurance markets.

Marketplace Basics

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Termination of Agent or Broker Agreement(s)

HHS may terminate an agent's or broker's Marketplace Agreement(s) with CMS for cause if HHS determines that a specific finding of noncompliance or a pattern of noncompliance is sufficiently severe, including if the agent or broker violates any term of the Marketplace Agreement(s) with CMS or the terms and conditions of accessing CMS and Marketplace systems. In accordance with the termination provision at 45 CFR § 155.220(g)(5)(ii), except in cases involving a finding or determination by a federal or state entity that an agent or broker engaged in fraud or abusive conduct that may cause imminent or ongoing consumer harm, using PII of a Marketplace enrollee or applicant or in connection with a Marketplace enrollment or application, HHS will provide the agent or broker advance notice of termination and 30 days to resolve the matter to the satisfaction of HHS prior to effectuating the termination.

HHS may immediately terminate an agent's or broker's Marketplace Agreement for cause, without any further opportunity to resolve the matter (with notice to the agent or broker), if he or she fails to maintain the appropriate license under state law in every state in which the agent or broker actively assists consumers.



Page Text

HHS may terminate an agent's or broker's Marketplace Agreement(s) with CMS for cause if HHS determines that a specific finding of noncompliance or a pattern of noncompliance is sufficiently severe, including if the agent or broker violates any term of the Marketplace Agreement(s) with CMS or the terms and conditions of accessing CMS and Marketplace systems. In accordance with the termination provision at 45 CFR § 155.220(g)(5)(ii), except in cases involving a finding or determination by a federal or state entity that an agent or broker engaged in fraud or abusive conduct that may cause imminent or ongoing consumer harm, using PII of a Marketplace enrollee or applicant or in connection with a Marketplace enrollment or application, HHS will provide the agent or broker advance notice of termination and 30 days to resolve the matter to the satisfaction of HHS prior to effectuating the termination.

HHS may immediately terminate an agent's or broker's Marketplace Agreement for cause, without any further opportunity to resolve the matter (with notice to the agent or broker), if he or she fails to maintain the appropriate license under state law in every state in which the agent or broker actively assists consumers.

Alt Text

Five books stacked on top of one another; labeled from the top down: Compliance, Policies, Law, Regulations, Standards

Marketplace Basics

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Suspension of Agent or Broker Agreement(s)

If HHS reasonably suspects that an agent or broker may have engaged in fraud or abusive conduct that may cause imminent or ongoing harm using a consumer's PII, or in connection with a Marketplace enrollment or application, HHS may temporarily suspend the agent's or broker's Marketplace Agreement(s) with CMS for up to 90 calendar days, effective on the date HHS notifies the affected entity of the suspension.

- The agent or broker may submit evidence to rebut the allegation of fraud or abusive conduct during this 90-day period. HHS will review the evidence submitted and make a determination whether to lift the suspension within 30 days of receipt of such evidence.
- If the agent or broker fails to submit rebuttal evidence during the suspension period or if HHS reasonably confirms the credibility of the fraud or abusive conduct allegation, HHS may terminate the agent's or broker's Marketplace Agreement(s) with CMS for cause, effective on the date HHS notifies the affected entity of the termination.

In addition, HHS may immediately suspend an agent's, broker's, or web-broker's access to the Marketplace if it discovers circumstances that pose unacceptable risk to Marketplace operations or Marketplace information technology systems until the incident or breach is remedied or sufficiently mitigated to HHS's satisfaction.



Page Text

If HHS reasonably suspects that an agent or broker may have engaged in fraud or abusive conduct that may cause imminent or ongoing harm using a consumer's PII, or in connection with a Marketplace enrollment or application, HHS may temporarily suspend the agent's or broker's Marketplace Agreement(s) with CMS for up to 90 calendar days, effective on the date HHS notifies the affected entity of the suspension.

- The agent or broker may submit evidence to rebut the allegation of fraud or abusive conduct during this 90-day period. HHS will review the evidence submitted and make a determination whether to lift the suspension within 30 days of receipt of such evidence.
- If the agent or broker fails to submit rebuttal evidence during the suspension period or if HHS reasonably confirms the credibility of the fraud or abusive conduct allegation, HHS may terminate the agent's or broker's Marketplace Agreement(s) with CMS for cause, effective on the date HHS notifies the affected entity of the termination.

In addition, HHS may immediately suspend an agent's, broker's, or web-broker's access to the Marketplace if it discovers circumstances that pose unacceptable risk to Marketplace operations or Marketplace information technology systems until the incident or breach is remedied or sufficiently mitigated to HHS's satisfaction.



Alt Text

A padlock in a circle

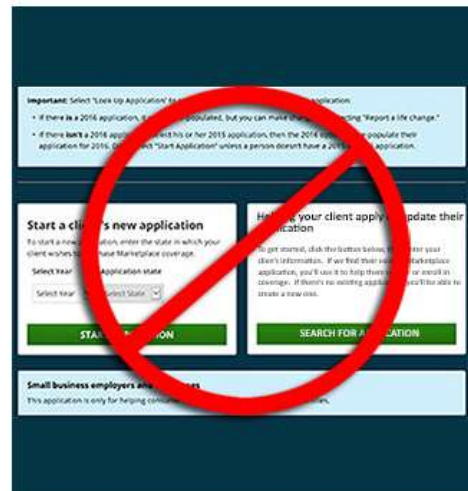
Marketplace Basics

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Impact of Termination or Suspension of Agent or Broker Agreement(s)

Termination or suspension means the agent or broker is no longer registered with the FFM, is not permitted to assist with or facilitate enrollments through the Marketplace, and is not permitted to assist individuals with applying for APTC and CSRs for QHPs. In either case, the agent or broker must continue to protect any PII accessed during the term of the Marketplace Agreement(s) with CMS and as stated in the Agreement(s).

Termination or suspension also results in the removal of the agent/broker role from the FFM User ID, which prevents the agent or broker from logging in to the agent/broker landing page on HealthCare.gov for the Marketplace Pathway, as well as a QHP issuer's or web-broker's website for the Direct Enrollment and Enhanced Direct Enrollment Pathways.



Page Text

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Termination or suspension also results in the removal of the agent/broker role from the FFM User ID, which prevents the agent or broker from logging in to the agent/broker landing page on HealthCare.gov for the Marketplace Pathway, as well as a QHP issuer's or web-broker's website for the Direct Enrollment and Enhanced Direct Enrollment Pathways.

Alt Text

Screenshot of the Agent Broker landing page with a red circle with a slash through it, indicating "no," on top of it

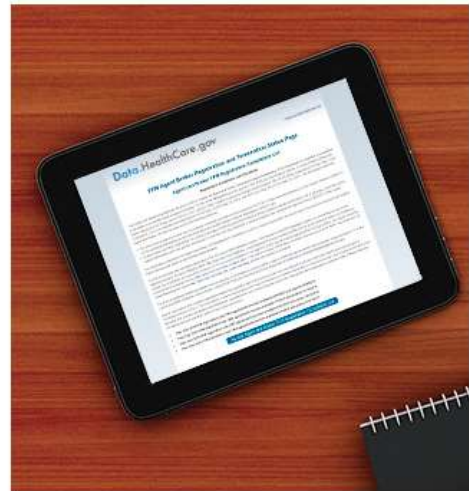
Marketplace Basics

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Communication of Suspension and Termination Actions

In order to inform states, QHP issuers, and members of the public of the agents and brokers who have had their Marketplace Agreement(s) with CMS suspended or terminated, CMS:

- Provides copies of termination and suspension notices to state regulators and other applicable regulatory bodies in the states where the agent or broker is licensed
- Publishes a [Registration Termination List](#) that includes impacted NPNs and effective dates for the termination or suspension action (updated monthly, or as needed to reflect new terminations or suspensions)
- Advises issuers of updates to the Registration Termination List in the QHP issuer newsletter



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Page Text

In order to inform states, QHP issuers, and members of the public of the agents and brokers who have had their Marketplace Agreement(s) with CMS suspended or terminated, CMS:

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- Advises issuers of updates to the Registration Termination List in the QHP issuer newsletter

Alt Text

A tablet with the main page of the Data.HealthCare.gov website displayed on its screen

Marketplace Basics

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Penalties Other Than Termination of Agent or Broker Agreement(s)

In addition to terminating an agent's or broker's Marketplace Agreement(s) with CMS, HHS may impose one or more of the following additional penalties, in addition to any other available remedies, if it determines that an agent or broker has failed to comply with the FFM requirements:

- Denial of the right to enter into Agreement(s) with CMS to participate in the Marketplace in future years
- Imposition of a civil money penalty
 - The maximum amount of the civil money penalty for failure to provide correct information to the Marketplace is \$28,195* for each application.
 - The maximum amount of the civil money penalty when the entity knowingly and willingly provides false information to the Marketplace is \$281,949* for each application.
 - The maximum amount of the civil money penalty for any person who knowingly and willfully uses or discloses PII in violation of the FFM privacy and security standards is \$28,195* per use or disclosure.

*2018 maximum penalty amount



Page Text

In addition to terminating an agent's or broker's Marketplace Agreement(s) with CMS, HHS may impose one or more of the following additional penalties, in addition to any other available remedies, if it determines that an agent or broker has failed to comply with the FFM requirements:

- Denial of the right to enter into Agreement(s) with CMS to participate in the Marketplace in future years
- Imposition of a civil money penalty
- The maximum amount of the civil money penalty for failure to provide correct information to the Marketplace is \$28,195* for each application.
- The maximum amount of the civil money penalty when the entity knowingly and willingly provides false information to the Marketplace is \$281,949* for each application.
- The maximum amount of the civil money penalty for any person who knowingly and willfully uses or discloses PII in violation of the FFM privacy and security standards is \$28,195* per use or disclosure.

*2018 maximum penalty amount



Alt Text

This is an image of a gavel on top of a stack of money. The top bill on the stack is a \$100 bill.

Marketplace Basics

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Why do Culturally and Linguistically Appropriate Services (CLAS) Matter?

The HHS Office of Minority Health has developed the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*, more commonly referred to as the [National CLAS Standards](#). When working with consumers, agents and brokers are encouraged to take CLAS into consideration to make education, enrollment, and outreach efforts more effective. CLAS enables you to communicate better and build the trusting relationships necessary to work successfully with individuals and employers. For more information on the *National CLAS Standards* and to view/download the standards, please visit [Think Cultural Health](#).



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Page Text

The HHS Office of Minority Health has developed the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*, more commonly referred to as the [National CLAS Standards](#). When working with consumers, agents and brokers are encouraged to take CLAS into consideration to make education, enrollment, and outreach efforts more effective. CLAS enables you to communicate better and build the trusting relationships necessary to work successfully with individuals and employers. For more information on the *National CLAS Standards* and to view/download the standards, please visit [Think Cultural Health](#).

What are the National CLAS Standards popup text:

The *National CLAS Standards* are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help eliminate health inequities and advance better health and health care in the United States.

The provision of outreach services that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in health care outcomes. By tailoring services to an individual's culture and language preference, agents and brokers can help consumers with diverse language needs enroll in health coverage and learn how to use health coverage once enrolled.



Alt Text

A family of four with two young children riding piggyback on their parents' backs

Marketplace Basics

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Nondiscrimination Protections

Section 1557 is the nondiscrimination provision of the Affordable Care Act. It prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities and extends these nondiscrimination protections to individuals participating in the Marketplace and all plans offered by issuers that participate in the Marketplace.

Please refer to the [HHS Office for Civil Rights](#) for more information on Section 1557.



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Help



Glossary



Job Aids



Page Text

Section 1557 is the nondiscrimination provision of the Affordable Care Act. It prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities and extends these nondiscrimination protections to individuals participating in the Marketplace and all plans offered by issuers that participate in the Marketplace.

Please refer to the [HHS Office for Civil Rights](#) for more information on Section 1557.

Alt Text

Statue of Lady Justice

Marketplace Basics

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Module Summary

Select each button and review the key points of this lesson.

Marketplace and QHPs

Roles and Responsibilities

Compliance with Requirements

Penalties for Noncompliance

Health Insurance Marketplace®
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Job Aids

[Text Description of Image or Animation](#)



Long Description

Interactive graphic: A collage of icons representing module-specific concepts is displayed; four equally-sized rectangular buttons are shown at the bottom of the page. Each rectangular button has a label that corresponds to a key module topic or concept. When each button is selected, a pop-up box appears and displays accompanying text. Prompt text: Select each button and review the key points of this lesson.

Marketplace and QHPs

- Each state and the District of Columbia has a Marketplace where qualified individuals may compare and purchase health insurance.
- QHPs must be licensed and meet certain transparency requirements. To become certified, a QHP must meet a minimum set of criteria, including coverage of the EHB, benefit design standards, and network adequacy standards.
- Other types of plans may be offered as QHPs through the Marketplace, including CO-OPs, Multi-State Plans, and stand-alone dental plans.
- People who enroll in federal health care programs, such as Medicaid and Medicare, generally have minimum essential coverage and may not be eligible for financial assistance for health coverage obtained through the Marketplace.

Roles and Responsibilities

CLOSE HOLD – DO NOT SHARE. INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW.

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This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.



- Agents and brokers who complete FFM registration for the applicable plan year can assist individuals with enrolling in QHPs through the Individual Marketplace and can assist employers with SHOP eligibility determinations.
- Web-brokers who have completed FFM registration for the applicable plan year can assist consumers in the Individual Marketplace or SHOP to select and enroll in a QHP through the web-brokers' own website.
- Agents and brokers who participate in the Marketplace are compensated in accordance with their agreements with QHP issuers and any state-specific requirements. The Marketplace does not set compensation levels.

Compliance with Requirements

- All agents and brokers seeking to enroll individuals or employers through the Marketplace must be appropriately licensed by the applicable state, adhere to all applicable state laws, and complete the applicable FFM registration requirements.
- All agents and brokers who participate in the Marketplace must comply with the FFM standards of conduct to protect against conduct that is harmful to consumers or prevents the efficient operation of the Marketplace.

Penalties for Noncompliance

- HHS may terminate an agent's or broker's Marketplace Agreement(s) with CMS for cause if HHS determines that a specific finding of noncompliance or a pattern of noncompliance is sufficiently severe or for failure to maintain the appropriate license under state law in every state in which the agent or broker actively assists Marketplace consumers.
- HHS may suspend an agent's or broker's Marketplace Agreement(s) with CMS for up to 90 calendar days if it reasonably suspects that an agent or broker may have engaged in fraud or abusive conduct that may cause imminent or ongoing consumer harm using a consumer's PII or in connection with a Marketplace enrollment or application, or if it discovers circumstances that pose unacceptable risk to Marketplace operations or Marketplace information technology systems.
- In addition to terminating an agent's or broker's Marketplace Agreement(s) with CMS, HHS may prohibit an agent or broker from participating in the Marketplace in future years, and/or may impose civil money penalties.

Marketplace Basics

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Alt Text

A person standing on a mountain peak with arms outstretched