

Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplaces

*An Overview for
New and Existing
Web-brokers*

October 17, 2016



Disclaimer

This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

This webinar applies to agents, brokers, and web-brokers in states with a State-based Marketplace that uses the federal platform (i.e., HealthCare.gov) for eligibility and enrollment functions, known as State-based Marketplaces on the federal platform, or SBM-FPs. The information presented does not apply to agents and brokers who participate in the State-based Marketplaces that do not use the federal platform. Please review the guidance on our Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>) and Marketplace.CMS.gov to learn more.

Webinar Agenda

- Session Guidelines
- Webinar Focus
- Steps to Become an FFM Web-broker
- Requirements and Best Practices for FFM Web-brokers
- Resources
- Q&A Session
- Closing Remarks

Note: Unless indicated otherwise, references to the FFMs, “Marketplace,” or “Marketplace” in this presentation include FFMs where the states perform plan management functions, as well as the SBM-FPs.

Webinar Focus

This webinar reviews the registration process and operational requirements for web-brokers to operate in the Federally-facilitated Individual Marketplaces.

There will be no information provided on the Small Business Health Options Program (SHOP) Marketplace.

Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplaces



Definition of a Web-broker

Definition of a Web-broker

CMS uses the terms “web-broker” or “web-based entity” (WBE) to describe an individual agent or broker, group of agents and brokers, or company that provides a non-FFM website to assist consumers in the selection and enrollment in qualified health plans (QHPs) offered through the Marketplaces as described in 45 CFR §155.220(c)(3).



Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplaces



*The Role of
Web-brokers in
the FFM's*

Role of Web-brokers in the FFMs

- Licensed agents and brokers who are registered with the FFMs may use a web-broker's Internet website to assist consumers with applying for insurance affordability programs, including selecting QHPs through the FFM and applying for the premium tax credit and cost-sharing reductions (CSR).
- In addition to the Marketplace website, QHP issuer websites, and the Marketplace Call Center, web-brokers provide alternative means to enroll in coverage through the Marketplace.
- Web-brokers can also offer additional decision support tools that the consumer can use to navigate or refine the display of QHPs.

Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplaces

Steps to Become an FFM Web-broker



Steps to Become an FFM Web-broker

To become a web-broker for the FFMs, agents and/or brokers must meet both regulatory and technical requirements.

Regulatory Requirements	Technical Requirements
1. Provide evidence of completion of the FFM agent and broker registration and training requirements for the current plan year on the CMS Enterprise Portal at https://portal.cms.gov 2. Provide the National Producer Number(s) (NPN) associated with the prospective web-broker. 3. Provide the state licensure information for the states in which the prospective web-broker plans to assist consumers with selecting and enrolling in QHPs through the FFMs	1. Understand how to create and digitally sign a Security Assertion Markup Language (SAML) response 2. Understand how to invoke Simple Object Access Protocol (SOAP) services

For more information on the registration and training requirements, review materials posted on the Agents and Brokers Resources webpage at: <http://go.cms.gov/CCIIOAB>.

Steps to Become an FFM Web-broker (Continued)

The steps to complete the process and become a web-broker for the FFMs are as follows:

1. The prospective web-broker contacts CMS via email at webbroker@cms.hhs.gov to express interest in becoming a web-broker for the FFM.
2. CMS will request evidence of completion of all regulatory requirements, as well as contact information, from the prospective web-broker. The prospective web-broker then sends the requested information to CMS.
3. The prospective web-broker participates in an informational interview with CMS representatives. During this interview, CMS reviews the general regulatory requirements and duties of an FFM web-broker, as well as the technical requirements and onboarding process steps.

Steps to Become an FFM Web-broker (Continued)

4. CMS provides the prospective web-broker with the current plan year's "Agreement Between Web-based Entity and the Centers for Medicare & Medicaid Services for the Federally-facilitated Exchange and the State-Based Exchange on the Federal Platform Individual Market" (Web-broker Agreement).
5. The prospective web-broker signs the Web-broker Agreement, thereby agreeing to comply with all applicable privacy and security terms, as well as standards for connecting to the Federal Data Services Hub (DSH).
6. CMS leadership countersigns the Web-broker Agreement and CMS sends the fully-executed Web-broker Agreement back to the prospective web-broker.
7. When applicable, the prospective web-broker agrees to maintain the confidentiality of the FFM testing process by signing the "Confidentiality of the FFM Testing Process Agreement." This Agreement is required when testing involves access to data that is not publicly available.

Steps to Become an FFM Web-broker (Continued)

Once the Web-broker Agreement is fully-executed (i.e., signed by both the web-broker and CMS), CMS considers the prospective web-broker to be an official web-broker.



Steps to Become an FFM Web-broker (Continued)

After the web-broker has completed the regulatory requirements and has received the countersigned Web-broker Agreement from CMS, CMS refers the web-broker to the DSH support team. The DSH support team will send an email to the web-broker to begin the technical onboarding process.

- The web-broker must provide the DSH support team with a descriptive name and URL of its website and two CA X.509 (SSL) certificates. One of the certificates must be signed by an authorized certificate authority company.
- The DSH support team will then configure the web-broker's certificates in its key store and provide the web-broker with a Partner ID and password, as well as the public keys required to access the federal DSH and the FFM website.
- The web-broker can then begin developing and testing the Direct Enrollment services for its website.

Steps to Become an FFM Web-broker (Continued)

- Once the web-broker completes the technical onboarding process, receives its Partner ID, and successfully establishes a connection to the Direct Enrollment production environment, CMS will add the web-broker's name to the Public FFM Web-broker List (Public List) upon the next update.
- The Public List contains the names of all active web-brokers operating within the FFMs.

Steps to Become an FFM Web-broker (Continued)

- The purpose of the Public List is to:
 - Confirm that a web-broker has signed a Web-broker Agreement and successfully completed the FFM agent and broker registration and training requirements for the current plan year; and
 - Allow states, issuers, and other stakeholders to conduct oversight, monitoring, and enforcement activities related to web-brokers, and to educate consumers about web-brokers who may provide assistance to consumers who are interested in obtaining health care coverage through the FFM in their state.
- Web-brokers can access the Public List on the Resources for Agents and Brokers in the Health Insurance Marketplaces webpage at:
 - <https://www.cms.gov/cciiio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>

Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplaces



*Requirements
and Best
Practices for FFM
Web-brokers*

Requirements and Best Practices for FFM Web-brokers

Key regulatory requirements and best practices for web-brokers in the FFM focus on:

- Website display requirements and best practices
- Additional plan type display requirements and best practices
- Consumer protection requirements and best practices
- FFM privacy and security requirements
- Website use by third-party agents and brokers requirements and best practices
- Preventing and detecting fraudulent enrollments
- Additional best practices for FFM web-brokers

Requirements and Best Practices for FFM Web-brokers (Continued)

Website Display Requirements and Best Practices



Website Display Requirements and Best Practices

As part of the display requirements, web-brokers must prominently display the following standardized disclaimers on their websites:

1. A “General Non-FFM Disclaimer” pursuant to 45 CFR §155.220(c)(3)(vii) on the initial consumer landing page and QHP selection page
2. A “Plan Detail Disclaimer” pursuant to 45 CFR §155.205(b)(1) if the web-broker does not display additional required comparative plan information for a specific QHP offered by an FFM on the QHP selection page

General Non-FFM Disclaimer Requirements

All web-brokers must prominently display the following General Non-FFM Disclaimer on their websites:

Attention: This website is operated by [Name of Company] and is not the Health Insurance MarketplaceSM website. In offering this website, [Name of Company] is required to comply with all applicable federal laws, including the standards established under 45 CFR § 155.220(c) and (d) and standards established under 45 CFR § 155.260 to protect the privacy and security of personally identifiable information. This website may not display all data on Qualified Health Plans (QHPs) being offered in your state through the Health Insurance MarketplaceSM website. To see all available data on QHP options in your state, go to the Health Insurance MarketplaceSM website at [HealthCare.gov](https://www.healthcare.gov).

General Non-FFM Disclaimer Requirements

The disclaimer must:

- Be prominently displayed on both the initial consumer landing page and on the landing page displaying QHP options that appears before the applicant makes a decision to purchase coverage (i.e., the “QHP selection page”)
- Include a functioning web link to the Health Insurance Marketplace website ([HealthCare.gov](https://www.healthcare.gov))
- Use the exact language provided by CMS

General Non-FFM Disclaimer Best Practices

CMS encourages web-brokers who do not offer certain services to also include in the General Non-FFM Disclaimer the parts of the following additional disclaimer language information corresponding to the products or services that the web-broker does not offer:

[Also, you should visit the Health Insurance MarketplaceSM website at HealthCare.gov if:

- You want to select a catastrophic health plan.
- You want to enroll members of your household in separate QHPs.
- The plans offered here don't offer pediatric dental coverage and you want to choose a QHP that covers pediatric dental services or a separate dental plan with pediatric coverage. Pediatric dental services are an essential health benefit.]

QHP Information Display Requirements

Before describing the Plan Detail Disclaimer requirements, it is critical to understand what information web-brokers are required to display.



QHP Information Display Requirements

- Web-brokers must disclose and display on their websites all QHP standardized comparative information provided by CMS or directly by QHP issuers with whom it has a contractual relationship consistent with 45 CFR §155.205(b)(1) and (c).
- Currently, this information includes:
 - All QHPs offered through the Individual Marketplace (i.e., listed at HealthCare.gov)
 - Standardized comparative information for each of these QHPs
- Upon receipt of the eligibility determination for the Marketplace, web-brokers should limit the display of QHPs and stand-alone dental plans (SADPs) to those for which the consumer is eligible to avoid confusion.

QHP Information Display Requirements

- Web-brokers must include the following information provided by CMS for each QHP:

Information	Example of Information
Complete QHP Issuer Marketing Name	ABC Issuer
Plan Marketing Name	Silver XYZ Plan
Plan Type	Indemnity, Health Maintenance Organization (HMO), or Exclusive Provider Organization (EPO)
Level of Coverage	Catastrophic, Platinum, Gold, Silver, or Bronze

- Web-brokers may choose to provide additional information to aid consumer choice.

QHP Listing Information Requirements

CMS makes detailed QHP information available to web-brokers through the release of the:

- “Health Insurance Marketplace Public Use File (PUF)” (available at <http://www.cms.gov/CCIIO/Resources/Data-Resources/marketplace-puf.html>)
- “QHP Landscape File” (available at <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>)
- CMS recommends that web-brokers use these files, in addition to information obtained directly from issuers with whom the web-broker has a contractual relationship.

Display of QHPs Offered Through the FFMs and Off-Marketplace Plans

- CMS expects that web-brokers will display QHPs offered through the applicable Marketplace separately or in a manner that clearly distinguishes the QHPs from other available coverage options (e. g., off-Marketplace plans).
- If a web-broker offers assistance with both Marketplace plans and off-Marketplace plans, the web-broker should display QHPs offered through the applicable Marketplace on a separate plan selection page that does not include off-Marketplace plan options.
- Alternatively, the web-broker might display Marketplace plans on the same plan selection page as off-Marketplace plans, but in a manner that clearly identifies which plans are Marketplace plans under which advanced payments of the premium tax credit (APTC) and CSR might be available.
- Pursuant to 45 CFR § 155.220(j)(2)(i), web-brokers should advise consumers that APTC and CSR are only available for QHPs offered through the Marketplaces and must not reflect any estimated APTC or CSR amounts in the plan selection experience for off-Marketplace coverage options.

Display of QHPs Offered Through the FFMs and Off-Marketplace Plans (Continued)

- Web-brokers that choose to offer consumers assistance with other coverage options (e.g., off-Marketplace plans) must prominently display the following additional language as part of the General non-FFM Disclaimer on both the initial consumer landing page and QHP selection page:

[Name of web-broker's website] offers the opportunity to enroll in either QHPs or off-Marketplace coverage. Please visit [HealthCare.gov](https://www.healthcare.gov) for information on the benefits of enrolling in a QHP. Off-Marketplace coverage is not eligible for the cost savings offered for coverage through the Marketplaces.

Display of QHPs Offered Through the FFMs and Off-Marketplace Plans (Continued)

- Web-brokers should offer a QHP plan selection experience that is free from advertisements or information for other health insurance-related products and sponsored links promoting health insurance-related products (e.g., an advertisement for a QHP issuer).
- Once the consumer has completed the QHP plan selection and enrollment, the web-broker may offer the consumer the ability to search for additional products or services if desired.
- CMS expects that such offers are made in a section of the web-broker's website that is separate from the QHP display and plan selection area.

QHP Comparative Information Requirements

Web brokers must provide (or provide a link to) additional required standardized comparative information for each QHP, which includes:

- Premium and cost-sharing information
- Summary of Benefits and Coverage
- Provider Directory
- Medical Loss Ratio Information



Summary of Benefits and Coverage Example

- The standard Summary of Benefits and Coverage six-page template is available at <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Consumer-Support-and-Information/Summary-of-Benefits-and-Coverage-and-Uniform-Glossary.html>.
- A completed sample Summary of Benefits and Coverage form is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Sample-completed-sbc-12-19-14-FINAL.pdf>

Insurance Company 1: Group Health Plan Option 1		Coverage Period: 01/01/2016 – 12/31/2016
Summary of Benefits and Coverage: What this Plan Covers & What It Costs		Coverage for: Individual + Spouse Plan Type: PPO
 This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as <u>allowed amount</u> , <u>balance billing</u> , <u>coinsurance</u> , <u>copayment</u> , <u>deductible</u> , <u>provider</u> , or other <u>bolded</u> terms see the Glossary. You can view the Glossary at www.[insert].com or call 1-800-[insert] to request a copy.		
Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$500 /person or \$1,000 /family Doesn't apply to <u>preventive care</u>	You must pay all the costs up to the <u>deductible</u> amount before this <u>plan</u> begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1). The Common Medical Events chart below shows how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	Yes. \$300 for <u>prescription drug coverage</u> . There are no other specific <u>deductibles</u> .	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. For participating <u>providers</u> \$2,500 /person or \$5,000 /family For non-participating <u>providers</u> \$4,000 /person or \$8,000 /family	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	<u>Premiums</u> , balance-billed charges, health care this <u>plan</u> doesn't cover, [and out-of-network services].	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this <u>plan</u> use a <u>network of providers</u> ?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating <u>providers</u> .	If you use an in-network health care <u>provider</u> , this <u>plan</u> will pay some or all of the costs of covered services. Lesser coverage, or no coverage, may be available for out-of-network <u>providers</u> . Be aware, your in-network doctor or hospital may use another out-of-network <u>provider</u> for some services (such as lab work).
Do I need a <u>referral</u> to see a <u>specialist</u> ?	No. To see a <u>specialist</u> , you don't need a <u>referral</u> from this <u>plan</u> .	You can see the <u>specialist</u> you choose without getting permission from this <u>plan</u> .

Machine-Readable Provider Directory and Formulary Drug List

- Provider directories and formulary drug list information must be in a machine-readable format specified by CMS to be user-friendly information sources.
- Machine-readable files increase transparency by allowing CMS and other software developers to access provider data and formulary data, and to create innovative and informative tools to assist consumers in understanding plans' provider networks and formularies.
 - With this information, CMS developed a provider directory lookup tool and formulary lookup tool on HealthCare.gov.
- These tools allow consumers to determine if a plan includes a specific provider in its network based on issuer-provided data, and if a plan covers a specific drug (or drugs). CMS will continue to consider options for improvements to these tools.
- For this reason, QHP issuers in an FFM must submit data in a manner that complies with the data requirements and specifications in the Information Collection for Machine Readable Data for Provider Network and Prescription Formulary Content for FFM QHPs (CMS-10558), update this information not less than monthly, and submit the machine readable link at <https://marketplace.cms.gov/submission/>.

Plan Detail Disclaimer Requirements

If not directly provided by CMS, a web-broker may obtain the additional required comparative information (e.g., summary of benefits, provider directory) on QHPs directly from those issuers with whom it has a contractual relationship.



Plan Detail Disclaimer Requirements

If web-brokers do not have access to the additional required comparative information for all QHPs offered through the Marketplace, then they must prominently display the following standardized Plan Detail Disclaimer, which must:

- Use the exact language provided by CMS
- Include an operational link to HealthCare.gov
- Be provided separately for each QHP where this information is missing
- Be displayed prominently where information on the QHP would normally appear so it is noticeable to the consumer

[Name of Company] isn't able to display all required plan information about this Qualified Health Plan at this time. To get more information about this Qualified Health Plan, visit the Health Insurance Marketplace website at HealthCare.gov.

Prominent Display Requirements

- CMS requires both the General Non-FFM Disclaimer and the Plan Detail Disclaimer to be “prominently displayed.”
- CMS considers the disclaimers to be “prominently displayed” if they are:
 - Present on both the initial consumer landing page and on the QHP selection page
 - Viewable without requiring the user to select or “click on” an additional link
 - Written in a font size no smaller than the majority of the text on the webpage
 - Displayed in the same non-English language as any language(s) the web-broker maintains screens for on its website
 - Noticeable in the context of the website (i.e., in a font color that contrasts with the background of the webpage)

QHP Listing and Sort Requirements

- Pursuant to 45 CFR § 155.220(c)(3)(i)(B), if a consumer wants to shop or compare QHPs *before the completion of the Marketplace application*, web-brokers should display the complete list of all QHPs offered through the FFMs as a default display without requiring consumers to perform additional steps (e.g., removing a pre-existing filter or checking a box to view all QHPs) to initially view the full list of all QHPs.
- Web-brokers must display all QHPs offered through the FFM, irrespective of the consumer's eligibility for the premium tax credit.

QHP Listing and Sort Best Practices (Continued)

CMS encourages, but does not require, the following web-broker best practices for listing and sorting QHPs:

- Provide a default QHP list that is sorted so as not to steer a consumer to a particular issuer or QHP based upon financial consideration to the web-broker (e.g., should not use a default that only displays QHPs offered by issuers with which the web-broker has a contractual relationship)
- Include the ability for consumers to sort plans by different categories (e.g., premium amount, metal level, issuer, plan type, deductible)
- Allow consumers to compare plan coverage options among a select number of plans
- Provide advanced plan selection criteria based on specific plan features (e.g., coverage for a certain prescription drug)
- Ensure that the QHP filter functionality does not exclude QHPs due to lack of information (e.g., if a web-broker does not have a link to the Summary of Benefits and Coverage, the web-broker must still display the QHP)

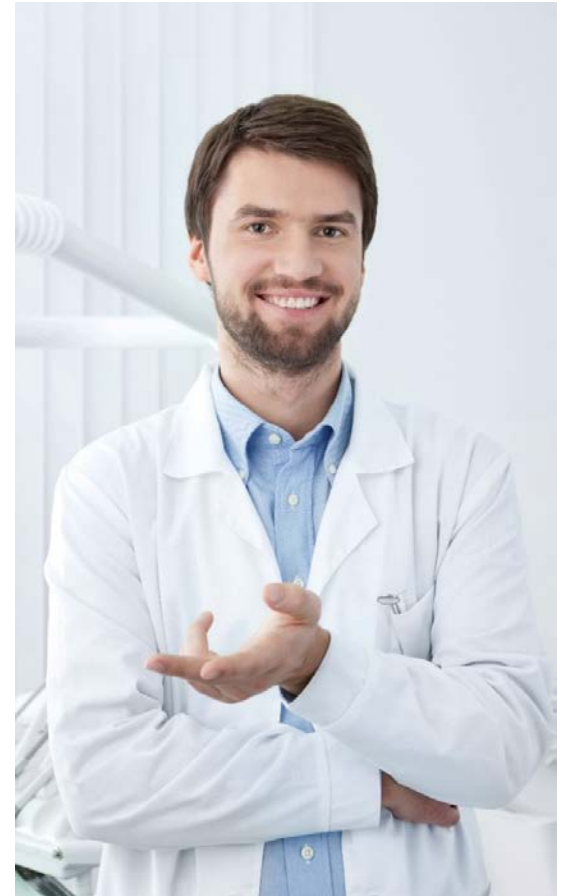
Requirements and Best Practices for FFM Web-brokers (Continued)

Additional Plan Type Display Requirements



Stand Alone Dental Plan Requirements

- As detailed in the March 2012 Exchange Establishment Final Rule (77 Federal Regulation 18315), with some limited exceptions, SADPs are considered a type of QHP.
- CMS expects all web-brokers to follow the same display requirements for SADPs as for QHPs offered through the Marketplace, including the display of all available information specific to each SADP on web-broker websites and inclusion of the Plan Detail Disclaimer (to the extent the web-broker's website does not display all required SADP standardized comparative information).



Stand Alone Dental Plan Requirements (Continued)

Web-brokers must:

- List all SADPs that are listed on HealthCare.gov, and available in the most recent QHP data file provided by CMS, for any consumers who are interested in separate dental coverage
- Provide additional required comparative information for (or provide a link to) each SADP's Standard Summary of Benefits and Coverage or Provider Directory
 - If web-brokers do not have access to the additional required comparative information, they must prominently display the standardized Plan Detail Disclaimer separately for each SADP.
 - The disclaimer must be displayed where this information is missing and where this detail would normally appear, so it is noticeable to the consumer.

QHP Information Display Requirements

- Web-brokers must also display the following plan information provided by CMS or directly by issuers for each SADP, including:

Information	Example of Information
Complete SADP Issuer Marketing Name	ABC Issuer
Plan Marketing Name	Silver XYZ Plan
Plan Type	Indemnity, Health Maintenance Organization (HMO), or Exclusive Provider Organization (EPO)
Level of Coverage	Catastrophic, Platinum, Gold, Silver, or Bronze

- In addition, web-brokers must offer any consumer the option to enroll in separate dental coverage offered through the Marketplace if it is not included in the QHP the consumer selected.

Website Display Requirements and Best Practices

Web-brokers must provide consumers with the ability to withdraw from the web-broker website process and use the HealthCare.gov website instead at any time.

Requirements and Best Practices for FFM Web-brokers (Continued)

*Consumer
Protection
Requirements
and Best Practices*



Consumer Estimate Tool Best Practices

Some web-brokers may choose to offer consumers tools to assist with the QHP comparison and shopping experience prior to completion of the Marketplace application.



Note: Only the Marketplaces can verify eligibility and make insurance affordability program determinations.

Consumer Estimate Tool Best Practices (Continued)

Web-brokers that choose to offer an estimation tool to the consumer prior to the official eligibility determination based on a completed Marketplace eligibility application should prominently display the following disclaimer adjacent to the web-broker's tool:

This tool provides a quick view of qualifications for different savings programs in your state. You'll find out exactly what you qualify for only when you fill out a Marketplace application and get your eligibility results from the Marketplace. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information.

Consumer Estimate Tool Best Practices (Continued)

- If a web-broker offers an estimation tool prior to the FFM's official eligibility determination and the web-broker's estimate and the official Marketplace eligibility determination are different with respect to eligibility for Medicaid, the Children's Health Insurance Program (CHIP), APTC, or CSR, web-brokers should promptly inform the consumer of the changes and provide the consumer with an opportunity to reconsider his or her preliminary QHP selection.
- Web-brokers should not use "eligibility" when referring to this tool to clarify for consumers that only the Marketplace can make an official eligibility determination.

Website Accessibility Requirements

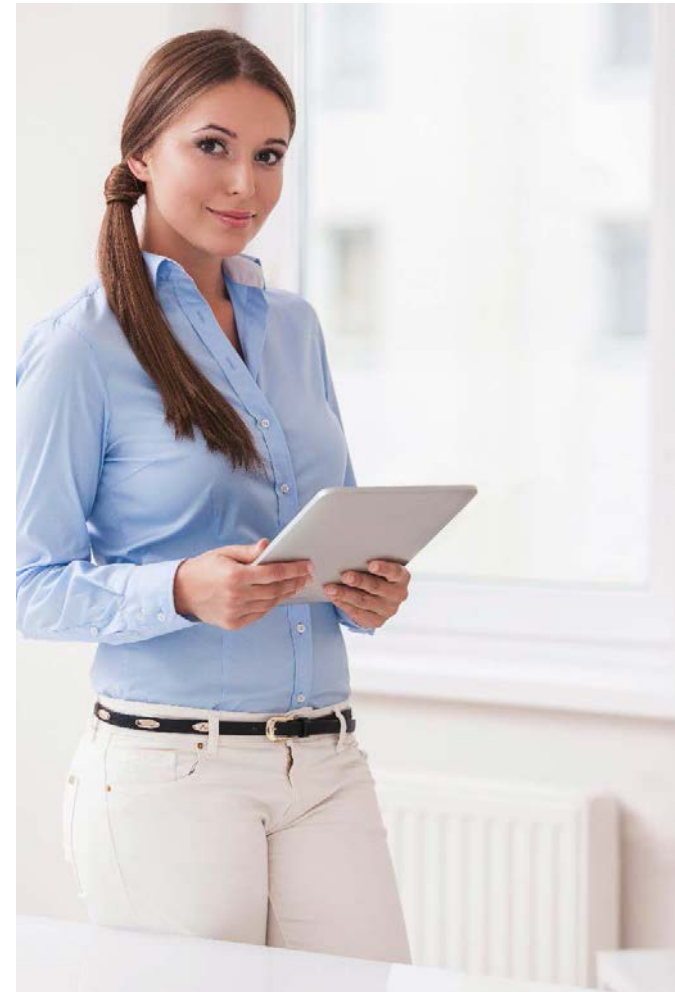
As required under 45 CFR §155.205(c), web-brokers must provide information to applicants and enrollees in plain language, and in a manner that is accessible and timely to:

- Individuals living with disabilities, including accessible websites and the provision of auxiliary aids and services at no cost to the individual
- Individuals who are limited English proficient through the provision of language services at no cost to the individual, including:
 - Oral interpretation/telephonic interpreter services in at least 150 languages
 - Written translations
 - Taglines on websites and critical documents in 15 non-English languages indicating the availability of language services
 - Website content intended for QHP enrollment to any non-English language spoken by at least 10% of the state's population

Additional Consumer Protection Requirements

Web-brokers must also:

- Inform individuals of the availability of the services described on the previous slide
- Prominently display oral interpretation services information or link to the information so it is easy for consumers to find



Additional Consumer Protection Requirements

Additionally, web-brokers:

- May not offer financial incentives (for example: rebates or giveaways)
- Should not charge consumers a separate transaction or service fee for enrolling in a QHP, unless:
 - Permitted under state law
 - The fee is reasonable and for a bona fide service of value that goes beyond the traditional assistance provided by an FFM-registered agent or broker

Additional Consumer Protection Requirements (Continued)

- Web-brokers who elect to charge a transaction or service fee to consumers for the additional bona fide service of value when selecting QHPs offered through a non-FFM website should provide a disclaimer to consumers that:
 - Clearly discloses the amount and reason for the fee
 - Informs the consumer that he or she can enroll in QHP coverage through the FFM website (HealthCare.gov) at no cost
- Once a consumer has completed QHP selection, the web-broker may offer the consumer the ability to search for additional products or services, if desired.
- CMS expects that such offers will be made in a section of the web-broker's website separate from the QHP display.

Additional Consumer Best Practices

- With a consumer's consent, the Marketplaces send important coverage alerts and updates that the consumer may miss if the Marketplaces are not able to send the notice directly to the consumer's email address.
- If requested, a web-broker should assist a consumer with establishing his or her own Marketplace account at [HealthCare.gov](https://www.healthcare.gov) and should include the consumer's email address, on his or her Marketplace application.



Requirements and Best Practices for FFM Web-brokers (Continued)

FFM Privacy and Security Requirements



FFM Privacy and Security Requirements

- Web-brokers may not create, collect, disclose, access, maintain, store, or use personally identifiable information (PII) collected from consumers in the context of completing a Marketplace application for anything other than the authorized functions described in Section II(a) of the Agreement Between Web-Broker Entity and CMS for the Federally-facilitated Exchange Individual Market.
- Web-brokers agree to report any suspected or confirmed Incident or Breach of PII to the CMS IT Service Desk by telephone or email within one hour of discovery. Web-brokers must permit CMS to gather all information necessary to conduct all Incident response activities deemed necessary by CMS.
- Web-brokers must comply with the Marketplace's privacy and security standards adopted consistent with 45 CFR §155.260.

FFM Privacy and Security Requirements (Continued)

- The Non-Exchange Entity shall complete an Annual Security and Privacy Attestation (SPA) assessment as described in the Web-broker Agreement, including the following:
 - Documentation of existing security and privacy controls
 - Identification of potential security and privacy risks
 - Corrective action plan describing approach and timeline to implement security and privacy controls to mitigate potential security and privacy risks



Requirements and Best Practices for FFM Web-brokers (Continued)



*Website use by
Third-Party Agents
and Brokers*

Website Use by Third-Party Agents and Brokers

Some agents and brokers registered with an FFM may enter into a contract or other arrangement to use the website of a web-broker to help consumers enroll in QHPs through the FFM.

This web-broker must be registered with the FFM and the third-party agent or broker must abide by all conditions listed in 45 CFR § 155.220(c)(4)(i)(D).



Website Use by Third-Party Agents and Brokers (Continued)

Web-brokers who make their websites available to third-party agents and brokers registered with an FFM must, if the third-party agent or broker is listed as the agent of record on the enrollment, prominently display the name and National Producer Number (NPN) of the web-broker:

- On every page of the website, even if the agent or broker registered with the FFM who is accessing the website is able to customize the appearance of the website; and
- On the cover or first page of all written materials containing QHP information that can be directly printed from the website. This includes all files containing QHP information that can be directly downloaded from or viewed directly on the website. Documents linked to from the site that a separate entity maintains are not included in this definition.

Website Use by Third-Party Agents and Brokers (Continued)

- CMS considers information to be “prominently displayed” if it is:
 - Viewable without requiring the user to select or “click on” an additional link
 - Written in a font size no smaller than the majority of the text on the webpage
 - Noticeable in the context of the webpage or other written materials (e.g., in a font color that contrasts with the background of the webpage or other written materials)



Website Use by Third-Party Agents and Brokers (Continued)

Web-brokers who make websites available to third-party agents and brokers registered with an FFM must also:

- Provide CMS with a list of all agents or brokers the web-broker has arrangements with, upon request by CMS. The list must be in the format provided by CMS and include the following information for each agent or broker:
 - Name
 - Primary contact information, including address, phone number, and email address
 - FFM User ID
 - NPNs
 - URL of agent's or broker's website
 - States where agents/brokers are licensed
- Verify that any agent or broker it has a relationship with:
 - Is licensed in the state in which it is assisting consumers with selecting QHPs
 - Has completed all applicable FFM agent and broker registration requirements

Website Use by Third-Party Agents and Brokers (Continued)

Web-brokers who make websites available to third-party agents and brokers registered with an FFM must also:

- Terminate a third-party agent or broker's access to the web-broker's website if:
 - The Department of Health & Human Services (HHS) determines the agent or broker is in violation of the standards in 45 CFR § 155.220
 - HHS terminates any required agreement between the agent or broker and HHS
- Report to HHS and applicable state Departments of Insurance (DOI) any potential material breach of standards described in 45 CFR § 155.220(c) and (d) or the agreement entered into pursuant to 45 CFR § 155.260(b), by agents or brokers accessing the web-broker's website, should it become aware of any such potential breach

Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplaces

*Preventing and
Detecting
Fraudulent
Enrollments*



Preventing and Detecting Fraudulent Enrollments on Web-broker Websites

Responsibilities of CMS Web-brokers and Agents and Brokers

(as stipulated in 45 CFR § 155.220 and agreements executed under 45 CFR § 155.260(b))

1. Web-brokers must verify that all agents or brokers using the website are licensed and in good standing in the states in which they will be enrolling consumers.
2. Web-brokers must verify Marketplace registration for all agents and brokers enrolling consumers using the web-broker website.
3. Web-brokers and individual agents and brokers must comply with all federal and state laws and regulations.
4. Agents or brokers must obtain the consent of the consumer prior to facilitating the enrollment.
5. Web-brokers must protect consumers' PII and report any breaches to HHS and the DOIs in affected states.

Preventing and Detecting Fraudulent Enrollments on Web-broker Websites (Continued)

Types of Fraud and Enrollment Complaints

1. **ID Theft:** Enrolling consumers without their knowledge or consent to get commissions
 - Consumers may not receive bills from the issuer because their APTC cover 100% of premium payments.
 - Communications from the issuer or Marketplace may not get to the enrollee because contact information is incorrect.
 - Enrollees may find out about enrollment when notified by the Internal Revenue Service (IRS) that they must reconcile their APTC before the IRS will release tax refunds due to them.

Preventing and Detecting Fraudulent Enrollments on Web-broker Websites (Continued)

2. **A/B Misconduct:** Providing false or misleading information to the Marketplace or not following consumers' wishes
 - Not providing enrollees with their account log in information
 - Entering false income information to prevent a Medicaid determination or to increase APTC
 - Knowingly entering incorrect addresses, email addresses, phone numbers, or other contact information.
 - Cancelling or changing the plan the consumer chose without consumer knowledge or consent

Preventing and Detecting Fraudulent Enrollments on Web-broker Websites (Continued)

Best Practices for CMS Web-brokers

Implementing some or all of these best practices can help prevent and detect agent/broker misconduct and keep consumers from becoming victims of fraud.

- Conduct regular analytics to check for unusual patterns or anomalies (e.g., recurring addresses or email addresses, celebrity or fictitious names, APTC that are all 100%).
- If possible, block impossible data from being entered in the application (e.g., phone number ((xxx)555-1212; SSN 999-99-9999) or add to analytics.
- Retain information on the agent or broker responsible for each enrollment (application ID #) so it can be provided to the Marketplace, if requested.

Preventing and Detecting Fraudulent Enrollments on Web-broker Websites (Continued)

Best Practices for CMS Web-brokers

- Web-brokers should confirm that they are in compliance with state statutes and regulations in all states in which their websites are used to enroll consumers. Many states require the agent/broker of record for the enrollment to be the agent/broker who *directly* assisted the consumer with the enrollment. If a web-broker uses its corporate entity NPN or owner's name and NPN for enrollments through its Direct Enrollment platform, the web-broker may be at risk under state law and may wish to consider adjusting its operating procedure to include the agent's information instead of the web-broker's corporate entity or owner's name and NPN

Preventing and Detecting Fraudulent Enrollments on Web-broker Websites (Continued)

Reporting Fraud

- If a web-broker suspects that fraud or misconduct is being committed through the web-broker website, the web-broker should report it to the Web-broker Help Desk at: webbroker@cms.hhs.gov immediately.
- For consumers, web-brokers should consider including a “Report Fraud” notice on their websites. Information should include:

“If you suspect you are the victim of fraud or ID Theft, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to report what happened. Your information will be handled appropriately.”

Requirements and Best Practices for FFM Web-brokers

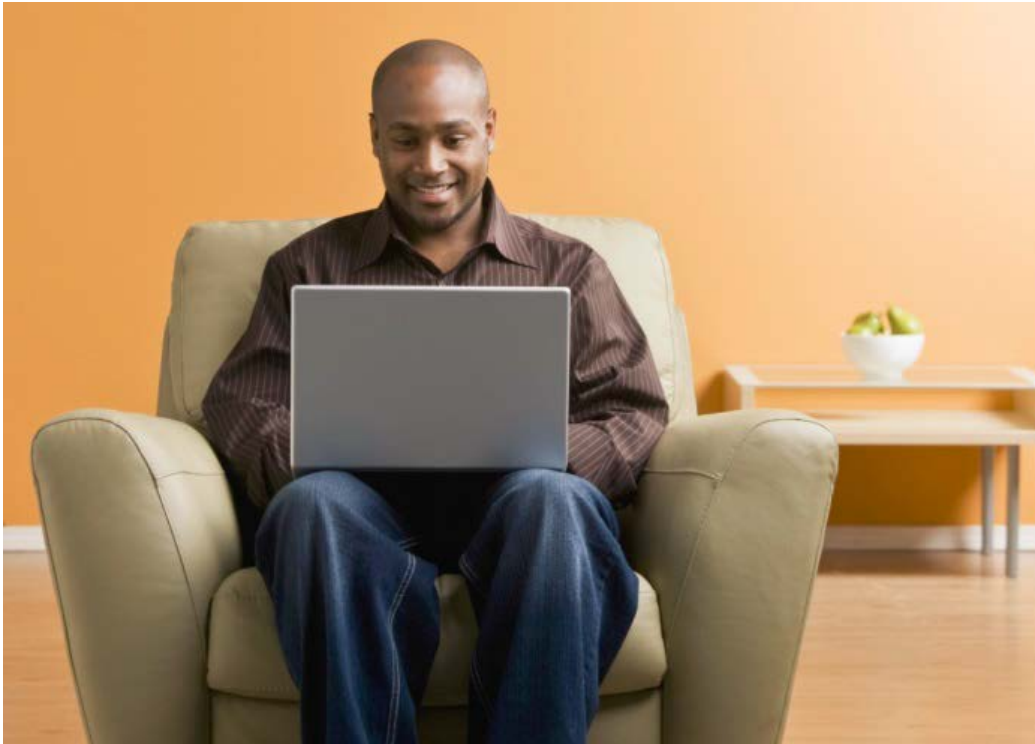
*Additional Best
Practices for FFM
Web-brokers*



Additional Best Practices for FFM Web-brokers

- Web-brokers should provide consumers with both their Web-broker Application ID and Marketplace Application ID. In addition, as part of this communication, web-brokers should distinguish between the Web-broker Application ID and the Marketplace Application ID and indicate to consumers how and when each ID is used.
- Web-broker Application ID and the Marketplace Application ID serve different purposes that might be unclear to the consumer.
 - The Web-broker Application ID is a unique identifier assigned by the web-broker to the consumer for interacting with the Marketplaces. Consumers can use this information to access their enrollment information on the web-broker's website and complete various activities related to their enrollment (e.g., pay a premium, update demographic information).
 - The Marketplace Application ID is generated by the Marketplaces as soon as the system has sufficient information to create a basic account. The Marketplace Application ID is the primary identifier for the web-broker to use in retrieving the consumer's information and Marketplace application. Consumers can use this information to access their Marketplace account at HealthCare.gov and make changes or updates to their Marketplace application. Consumers can also use their Marketplace credentials (i.e., the consumer's Marketplace User ID and password) to access their account and make changes to their Marketplace application.

Additional Best Practices for FFM Web-brokers (Continued)



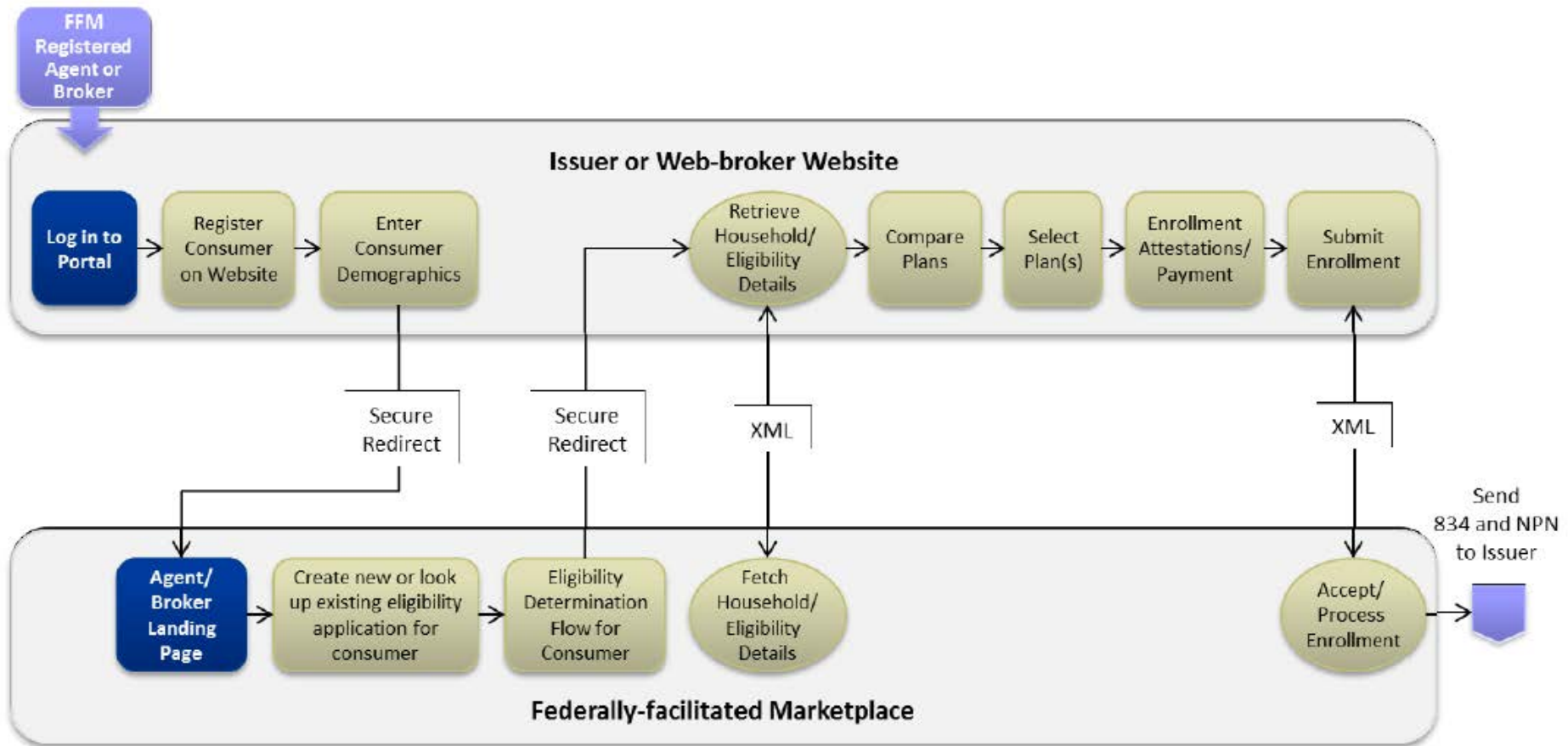
Web-brokers should prominently display language adjacent to the web-broker eligibility projection stating that the consumer should enter the ZIP Code or address where he or she is seeking QHP coverage (e.g., the consumer's home ZIP Code or address, not the consumer's work ZIP Code or address).

Summary

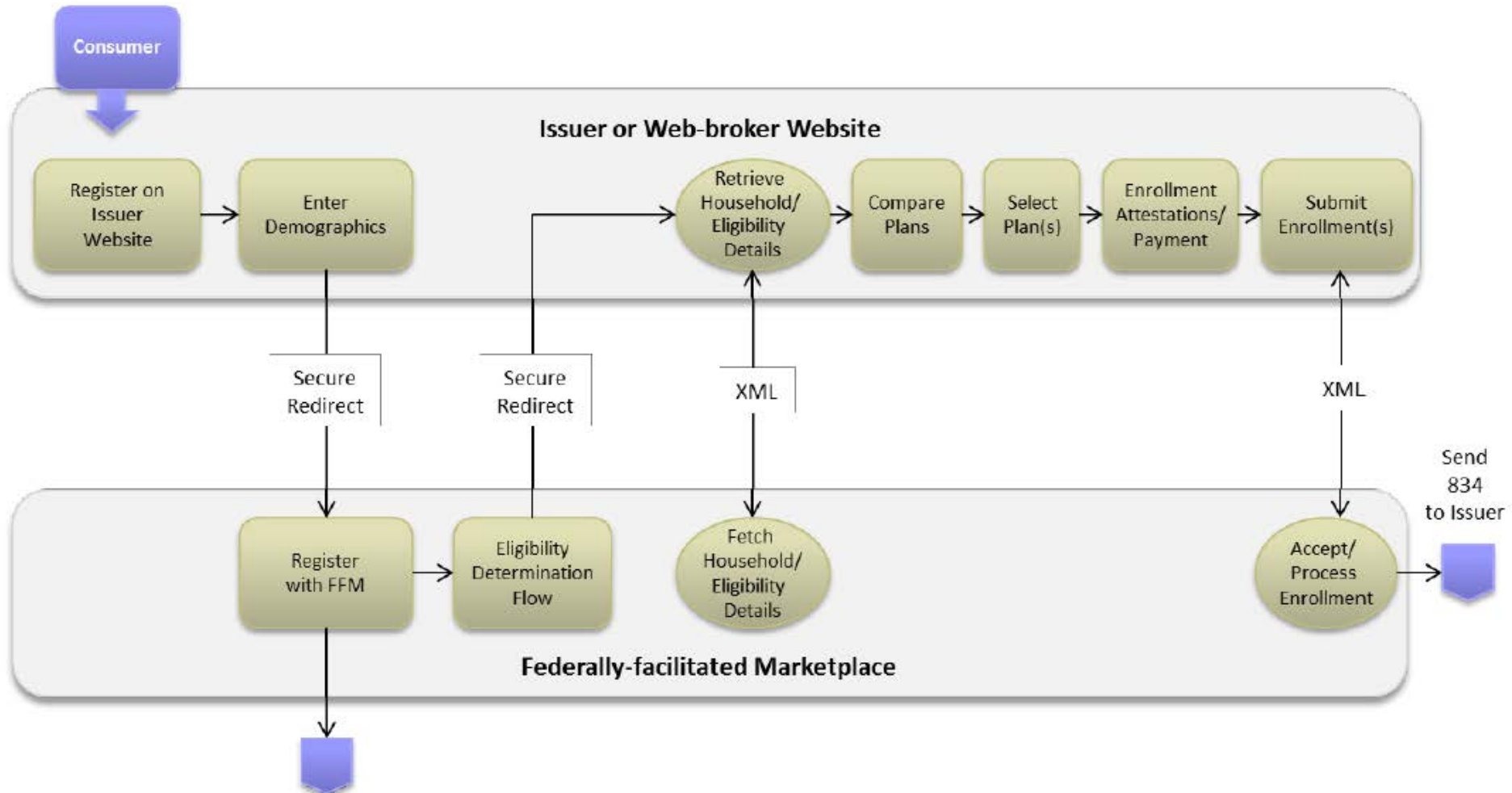
The topics presented in this webinar included:

- Definition of the term “web-broker”
- Overview of the process steps to become a plan year 2017 FFM web-broker
- Summary of existing guidance for web-brokers, including requirements and best practices

Agent/Broker Direct Enrollment Pathway (Issuer-based Pathway)



Consumer Direct Enrollment Pathway



Resources

- *Additional resources can be found on CCIIO's Agents and Brokers Resources webpage: <http://go.cms.gov/CCIIOAB>.*
- *The Web-broker Public List can be viewed at <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/a-b-resources.html#Web-broker> Program for FFM Agents and Brokers.*
- *The “QHP Landscape File” is available at <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.*
- *The “Health Insurance Marketplace Public Use File (PUF)” is available at <http://www.cms.gov/CCIIO/Resources/Data-Resources/marketplace-puf.html>.*
- *Web-brokers can access the FFM agent and broker registration and training on the CMS Enterprise Portal at <https://portal.cms.gov>.*
- *The standard Summary of Benefits and Coverage 6-page template is available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/sbc-template-accessible.pdf>.*

Resources

- *A completed sample Summary of Benefits and Coverage form is available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/sample-completed-sbc-accessible.pdf>.*
- *Information regarding data resources is available at <https://www.cms.gov/CCIIO/Resources/Data-Resources/marketplace-puf.html>.*
- *Information regarding plan year 2017 direction is available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2017-Letter-to-Issuers-2-29-16.pdf>.*
- *The “Role of Agents, Brokers, and Web-brokers in the Health Insurance Marketplaces” document (updated January 6, 2016) available at https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Role-of-ABs-in-Marketplace-1_6_16.pdf.*
- *FFM Enrollment Operational Policy & Guidance, available through the REGTAP website at [https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Updated Enrollment Operations Policy-and Guidance Final 9-30-2015 mb.pdf](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Updated_Enrollment_Operations_Policy-and_Guidance_Final_9-30-2015_mb.pdf).*
- *For the Marketplace privacy and security standards authority, review 45 CFR §155.260.*

Questions?



For questions/comments about agent/broker participation in the FFM:

FFMProducer-AssisterHelpDesk@cms.hhs.gov

For questions/comments on the MLMS: MLMSHelpDesk@CMS.HHS.gov

For questions/comments about the FFM application and enrollment:

1-800-318-2596 (TTY: 1-855-889-4325) available 7 days a week, 24 hours a day

For questions/comments about the FF-SHOP:

1-800-706-7893 (TTY: 711) available M-F 9:00 AM -7:00 PM ET

For questions/comments about web-broker participation in the FFM:

Webbroker@cms.hhs.gov