### Page: 1 of 4: Welcome to the Basics Review for Returning Agents and Brokers



## Long Description

Animated introduction screen containing the following text at the top and left of the screen:

Welcome to the Basics Review for Returning Agents and Brokers.

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.

# Welcome

#### 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.



## Page Text

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### Alt Text

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

3/4 | Exit >

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# Welcome

Introduction

Welcome to the Basics Review for Returning Agents and Brokers. This Review should take you about 20 minutes to complete.

During this Review, you will:

- Learn about the Small Business Health Options Program (SHOP), which is available for your small group clients
- Review some of the Affordable Care Act provisions designed to help ensure that consumers have
  access to affordable health coverage, including coverage of essential health benefits that nongrandfathered health plans must offer in the individual and small group markets
- Review the key roles and responsibilities of agents, brokers, and web-brokers who participate in the Health Insurance Marketplace <sup>®</sup> \* and understand the circumstances that may result in termination of that participation

\*When used in this document, the term "Health Insurance Marketplace <sup>®</sup> " 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).





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### Alt Text

A person standing with her arms stretched out in front and hands cupped together holding an image of a family tree

# Welcome

#### Structure and Navigation

This training contains a bookmarking feature that allows you to stop at any point and return later to continue where you left off. To successfully complete this Review, you must review each of the following:

- 1. Spotlight on the SHOP
- 2. Scenario 1: Health Care Benefits Required by the Affordable Care Act
- 3. Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters
- 4. Scenario 3: Oversight of Agents and Brokers
- 5. Key Points

#### Training Navigation

- · Selecting Back takes you to the previous page.
- · Selecting Next takes you to the next page.
- Selecting Menu takes you to the menu page and provides access to any of the topics.
- · Selecting Help displays information about accessibility and functionality.
- Selecting Glossary displays a list of terms and acronyms used.
- · Selecting Exit closes the training.

You have completed the Welcome. Return to the Menu and proceed to Spotlight on the SHOP.



4/4 Exit >

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# Page Text

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## **Training Navigation**

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- Selecting Exit closes the training.

You have completed the Welcome. Return to the Menu and proceed to Spotlight on the SHOP.

## Alt Text

A road post with signs pointing in different directions; each sign contains a specific topic title from this lesson (Scenario 1, Scenario 2, etc.).

### Page: 1 of 2: SHOP Basics

# Basics Review for Returning Agents and Brokers

1/2 | Exit >

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# Spotlight on the SHOP

#### SHOP Basics

Generally, employers that had, on average, one to 50 full-time and full-time equivalent (FTE) employees (one to 100 in some states) 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 can submit their initial group enrollment during any month of the year if they meet the applicable minimum participation rate for their state.

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 small employers may enroll in SHOP plans through an insurance company or with the assistance of a SHOP-registered agent or broker.

Eligible small employers who offer and enroll in SHOP plan(s) 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 <u>Small Business Health Care Tax Credit</u> <u>Estimator</u> at HealthCare.gov can help small employers get a sense if 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 <u>www.IRS.gov</u>.





## Page Text

Generally, employers that had, on average, one to 50 full-time and full-time equivalent (FTE) employees (one to 100 in some states) 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 can submit their initial group enrollment during any month of the year if they meet the applicable minimum participation rate for their state.

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 small employers may enroll in SHOP plans through an insurance company or with the assistance of a SHOP-registered agent or broker.

Eligible small employers who offer and enroll in SHOP plan(s) may be eligible to receive the <u>Small Business Health Care Tax</u> <u>Credit</u>, 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 if 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 <u>https://www.irs.gov</u>.

### Alt Text

Image of a small business owner in her shop reviewing notes on a clipboard

2/2 | Exit >

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# Spotlight on the SHOP

#### How to Participate in the SHOP

For more information on how to assist employers in the SHOP, you should complete the SHOP course included in the standard agent and broker training curriculum. Remember, if you intend to help clients purchase SHOP plans, this training is recommended, but not required.

However, to participate in the SHOP, you must read and accept the "Agreement Between Agent or Broker and CMS for the Small Business Health Options Programs of the Federally-facilitated Exchanges and State-based Exchanges on the Federal Platform" (SHOP Privacy and Security Agreement) prior to assisting employers with selecting and enrolling in SHOP coverage. You can access this Agreement via the Marketplace Learning Management System.

Agents and brokers who have signed this Agreement can be searchable by employers looking for coverage on <u>Find Local Help</u>. The signed Agreement makes it possible for agents and brokers to help clients purchase a SHOP plan. Employers seeking assistance with purchasing a SHOP plan can search for a SHOP-registered agent or broker who has signed this Agreement to help them find and purchase a SHOP plan.

You have completed the Spotlight on the SHOP. Return to the Menu and proceed to Scenario 1.





## Page Text

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Agents and brokers who have signed this Agreement can be searchable by employers looking for coverage on <u>Find Local</u> <u>Help</u>. The signed Agreement makes it possible for agents and brokers to help clients purchase a SHOP plan. Employers seeking assistance with purchasing a SHOP plan can search for a SHOP-registered agent or broker who has signed this Agreement to help them find and purchase a SHOP plan. You have completed the Spotlight on the SHOP. Return to the Menu and proceed to Scenario 1.

### Alt Text

Image of a small business owner reviewing the HealthCare.gov website on his laptop

## Page: 1 of 4: Scenario 1: Narrative

# Basics Review for Returning Agents and Brokers

# Scenario 1: Health Care Benefits Required by the Affordable Care Act

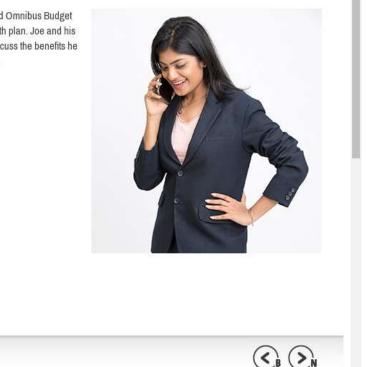
Scenario 1: Narrative

Your client, Joe, lost his job last year, and could not afford the premium for Consolidated Omnibus Budget Reconciliation Act of 1986 continuation coverage to stay on his former employer's health plan. Joe and his family have no current coverage. You decide to contact Joe and set up a meeting to discuss the benefits he may receive if he wished to enroll his family in health coverage through a Marketplace.

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1/4 Exit >

## Page Text

Health Insurance Marketplace®

Plan Year 2020

Your client, Joe, lost his job last year, and could not afford the premium for Consolidated Omnibus Budget Reconciliation Act of 1986 continuation coverage to stay on his former employer's health plan. Joe and his family have no current coverage. You decide to contact Joe and set up a meeting to discuss the benefits he may receive if he wished to enroll his family in health coverage through a Marketplace.

## Alt Text

Woman standing and talking on a cell phone

2/4 | Exit >

# Scenario 1: Health Care Benefits Required by the Affordable Care Act

Scenario 1: Question 1

You begin your meeting with Joe by obtaining his consent prior to assisting him and providing him a Privacy Notice Statement that describes the authorized uses and disclosures of any of Joe's personally identifiable information that is collected. Then you review the Affordable Care Act's basic provisions designed to help ensure that consumers have access to affordable health care coverage and to limit their costs, such as guaranteed issue and guaranteed renewability requirements, prohibition on coverage limitations or exclusions based on pre-existing conditions, and young adult coverage. You spend some time reviewing the essential health benefits (EHB) offered in the individual and small group markets. Which of the following is the most accurate way to describe EHB to Joe?

Select the best answer and then click Check Your Answer.

- A. The Affordable Care Act requires that all health plans offered in the individual and small group markets offer EHB to their members.
- B. EHB do not vary by state; health plans in all service areas nationwide must offer the same health care benefits.
- C. EHB include items and services within 10 benefit categories that take into account the health care needs of diverse segments of the population.



### Prompt

Select the best answer and then click Check Your Answer.

### Question

You begin your meeting with Joe by obtaining his consent prior to assisting him and providing him a Privacy Notice Statement that describes the authorized uses and disclosures of any of Joe's personally identifiable information that is collected. Then you review the Affordable Care Act's basic provisions designed to help ensure that consumers have access to affordable health care coverage and to limit their costs, such as guaranteed issue and guaranteed renewability requirements, prohibition on coverage limitations or exclusions based on pre-existing conditions, and young adult coverage. You spend some time reviewing the essential health benefits (EHB) offered in the individual and small group markets. Which of the following is the most accurate way to describe EHB to Joe?

### Options

- A. The Affordable Care Act requires that all health plans offered in the individual and small group markets offer EHB to their members.
- B. EHB do not vary by state; health plans in all service areas nationwide must offer the same health care benefits.
- C. EHB include items and services within 10 benefit categories that take into account the health care needs of diverse segments of the population.

### **Correct Answer**

С

### **Positive Feedback**

You are right! EHB must include items and services within at least the following 10 categories: ambulatory patient services, such as doctor visits; hospitalization; mental health and substance use disorder services, including behavioral health treatment; rehabilitative and habilitative services and devices; laboratory services; emergency services; maternity and newborn care; prescription drugs; preventive and wellness services and chronic disease management; and pediatric services

(pediatric oral care may be included, or in the Marketplace, offered as part of a stand-alone dental plan).Remember, grandfathered health plans are exempted from many changes required under the Affordable Care Act, including the requirement to offer EHB. Also, specific health care benefits may vary by state. Even within the same state, there can be differences between health insurance plans. When a consumer fills out an application and compares plans, he or she will see the specific health care benefits each plan offers.

# Scenario 1: Health Care Benefits Required by the Affordable Care Act

Scenario 1: Question 2

Joe asks for more detail about the Affordable Care Act provisions to cover pre-existing health conditions and young adults. He tells you about his 20-year-old son, Peter, who has been diagnosed with depression. Joe expresses concern about Peter's current treatment options and notes he did not think Peter would qualify for individual market health coverage because of his depression diagnosis. Joe wonders if he enrolls his family in a Marketplace qualified health plan (QHP), if Peter would be able to get covered under that plan. Which of the following Affordable Care Act provisions would be appropriate to point out to Joe to explain how this action would be a good choice to address his concerns about Peter?

3/4 Exit >

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

- A Under the Affordable Care Act, health plans that cover children as dependents must make dependent coverage available to children up to age 26. Peter could be covered under Joe's plan up to age 26.
- B. The Affordable Care Act generally prohibits group health plans and health insurance issuers from limiting or excluding coverage related to preexisting health conditions. Peter's prior depression diagnosis does not prohibit him from obtaining health coverage.
- C. Reassure Joe that QHP issuers must offer mental health and substance use disorder services as an EHB, and that these services must be generally equivalent to medical/surgical benefits with respect to annual and lifetime dollar limits, financial requirements, and treatment limitations.

| Check Your Answer                               | Reset                       |         |
|---|-----------------------------|---------|
| Health Insurance Marketplace®<br>Plan Year 2020 | Henu Help Glossary Job Aids | (B) (B) |

### Prompt

Select all that apply and then click Check Your Answer.

### Question

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### Options

- A. Under the Affordable Care Act, health plans that cover children as dependents must make dependent coverage available to children up to age 26. Peter could be covered under Joe's plan up to age 26.
- B. The Affordable Care Act generally prohibits group health plans and health insurance issuers from limiting or excluding coverage related to pre-existing health conditions. Peter's prior depression diagnosis does not prohibit him from obtaining health coverage.
- C. Reassure Joe that QHP issuers must offer mental health and substance use disorder services as an EHB, and that these services must be generally equivalent to medical/surgical benefits with respect to annual and lifetime dollar limits, financial requirements, and treatment limitations.

#### **Correct Answer**

A, B, C

### **Positive Feedback**

You are right! The Affordable Care Act contains a number of provisions aimed at ensuring that most individuals have access to health insurance coverage. Health insurance issuers generally may not deny coverage or charge higher premiums based on

health status or gender; may not impose coverage limitations or exclusions based on pre-existing conditions; and, when a plan offers dependent coverage of children, the plan must cover dependent children up to age 26, even if they:

- Are married (coverage does not extend to a married child's spouse)
- Are not living with a parent
- Are not attending school
- Are not financially dependent on a parent
- Are eligible to enroll in their own employer's plan
- Have or adopt a child

Remember, the Affordable Care Act requires coverage of mental health and substance use disorder services as one of 10 EHB categories. QHP issuers are prohibited from imposing less favorable financial requirements (such as coinsurance) and treatment limitations (such as visit limits) on those benefits than on medical/surgical benefits.

# Scenario 1: Health Care Benefits Required by the Affordable Care Act

Scenario 1: Completion

In this scenario, you learned that:

- Health insurance issuers generally must offer health insurance plans that cover benefits in at least 10 categories, called essential health benefits.
- The Affordable Care Act contains a number of provisions aimed at ensuring that most individuals have access to health insurance coverage.

You have completed Scenario 1. Return to the Menu and proceed to Scenario 2.





## Page Text

In this scenario, you learned that:

- Health insurance issuers generally must offer health insurance plans that cover benefits in at least 10 categories, called essential health benefits.
- The Affordable Care Act contains a number of provisions aimed at ensuring that most individuals have access to health insurance coverage.

You have completed Scenario 1. Return to the Menu and proceed to Scenario 2.

### Alt Text

A blue graphic with multiple hexagons adjacent to each other; within each hexagon is a health-related icon.

4/4 Exit >

(<)<sub>B</sub> (>)

### Page: 1 of 12: Scenario 2: Narrative - Part 1

# **Basics Review for Returning Agents and Brokers**

1/12 | Exit >

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Narrative - Part 1

Rhonda Perkins is a licensed insurance agent and has completed the FFM registration requirements for the past four years. She enjoys helping consumers obtain and renew their health coverage through the Marketplace and is looking forward to another busy Open Enrollment period.

This year Rhonda has agreed to mentor a new agent in her office, Daniel Kim, who has just completed the training and registration requirements to participate in the Marketplace. Rhonda is meeting with Daniel to ensure he understands his role and what he must do to ensure he is compensated for assisting consumers with enrolling in QHPs through the Marketplace.



### Page Text

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This year Rhonda has agreed to mentor a new agent in her office, Daniel Kim, who has just completed the training and registration requirements to participate in the Marketplace. Rhonda is meeting with Daniel to ensure he understands his role and what he must do to ensure he is compensated for assisting consumers with enrolling in QHPs through the Marketplace.

### Alt Text

Woman sitting at a table with a desk; she is smiling and holding a coffee cup

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Narrative - Part 2



2/12 | Exit >

# Alt Text

Man and woman sitting at a desk next to him. The man is writing in a book. They are having a dialog. See Long Description for more details.

# Long Description

Dialog between Daniel and Rhonda: Daniel: Hi Rhonda. Thanks for meeting with me. Rhonda: My pleasure. Let's talk about the agent and broker training that you recently completed. I know there was a lot of information in there. Do you have any questions about your role in assisting consumers seeking health coverage through the Marketplace?

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Question 1 Narrative



3/12 | Exit >

# Alt Text

Man and woman sitting next to each other and having a dialog. See Long Description for more details.

## Long Description

Dialog between Daniel and Rhonda: Daniel: Yes, it was a lot of training, but I feel like I am much better prepared to help my clients now. I have a few follow-up questions for you. What should I say if a consumer asks me if he or she is eligible for the premium tax credit to help pay the QHP premium for health coverage?

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Question 1

### How should Rhonda best respond to Daniel's question?

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

A. She should remind Daniel that as an agent or broker, he is not authorized to make Marketplace eligibility determinations, but he can assist clients with completing the application to determine their eligibility for insurance affordability programs, such as advance payments for the premium tax credit and cost-sharing reductions for eligible plans.

4/12 | Exit >

- B. She should tell Daniel that he should not respond to this question, as agents and brokers can only assist with Marketplace enrollments and not eligibility determinations.
- C. She should tell Daniel that generally the best answer is "Yes," because this answer will encourage more clients to seek health coverage through the Marketplace and because the majority of individuals who apply qualify for financial help to make their monthly premiums more affordable.





### Prompt

Select the best answer and then click Check Your Answer.

### Question

How should Rhonda best respond to Daniel's question?

### Options

- A. She should remind Daniel that as an agent or broker, he is not authorized to make Marketplace eligibility determinations, but he can assist clients with completing the application to determine their eligibility for insurance affordability programs, such as advance payments for the premium tax credit and cost-sharing reductions for eligible plans.
- B. She should tell Daniel that he should not respond to this question, as agents and brokers can only assist with Marketplace enrollments and not eligibility determinations.
- C. She should tell Daniel that generally the best answer is "Yes", because this answer will encourage more clients to seek health coverage through the Marketplace and because the majority of individuals who apply qualify for financial help to make their monthly premiums more affordable.

### **Correct Answer**

A

### **Positive Feedback**

You are right! While agents and brokers should encourage individuals to apply to determine if they are eligible for financial help through the Marketplace, they are not authorized to make an eligibility determination. Remember, agents and brokers who participate in the Marketplace can play an important role in helping consumers understand the criteria to be eligible for financial help, report their income correctly, submit requests for an eligibility determination, and respond to any Marketplace requests for additional information. You may point your clients to the plan preview tools available at HealthCare.gov if they are not ready to apply, but wish to obtain an estimate of the savings for which they may qualify.

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Question 2 Narrative



5/12 | Exit >

# Alt Text

Man and woman sitting next to each other and having a dialog. See Long Description for more

## Long Description

Dialog between Daniel and Rhonda: Daniel: Thank you for clearing that up for me! In the agent and broker training, I learned that there are "web-brokers" who can also assist consumers in the Marketplace. How do those web-brokers differ from us?

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Question 2

#### How should Rhonda best respond to Daniel's question?

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

- A. She should tell Daniel that web-brokers have a higher level of expertise in the Marketplace coverage options than they do, and he should refer any client who has complex needs to a web-broker for assistance.
- B. She should explain to Daniel that web-brokers assist consumers in the QHP selection and enrollment process through the web-brokers' websites.

6/12 | Exit >

 $\langle B \rangle$ 

C. She should tell Daniel that web-brokers can only assist consumers who have already applied for and received an eligibility determination from a Marketplace, and are ready to compare plans and select a QHP.





### Prompt

Select the best answer and then click Check Your Answer.

#### Question

How should Rhonda best respond to Daniel's question?

#### Options

- A. She should tell Daniel that web-brokers have a higher level of expertise in the Marketplace coverage options than they do, and he should refer any client who has complex needs to a web-broker for assistance.
- B. She should explain to Daniel that web-brokers assist consumers in the QHP selection and enrollment process through the web-brokers' websites.
- C. She should tell Daniel that web-brokers can only assist consumers who have already applied for and received an eligibility determination from a Marketplace, and are ready to compare plans and select a QHP.

#### **Correct Answer**

В

### Positive Feedback

You are right! Web-brokers assist consumers with the same eligibility and enrollment functions as other agents and brokers in the Individual Marketplace. Web-brokers are a kind of entity (along with QHP issuers) that may participate in the Direct Enrollment Pathway, where consumers can complete the eligibility application and determination process, redirect to HealthCare.gov to receive an eligibility determination, and return securely to the web-broker's site to complete a QHP enrollment. 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 <u>Private Partner Enrollment and Client Management Capabilities Directory</u>.

Web-brokers must comply with federal regulatory requirements for the content and user functionality of the websites through which they provide this assistance, including providing language access services, and are subject to additional monitoring to ensure they comply with program requirements and the FFM privacy and security standards. Web-brokers offering the Enhanced Direct Enrollment Pathway must also must retain an independent third-party auditor to validate compliance with program requirements.

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Question 3 Narrative - Part 1



7/12 | Exit >

# Alt Text

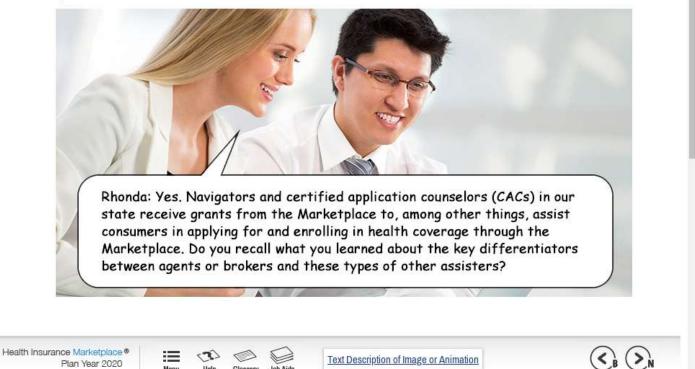
Man and woman sitting next to each other and having a dialog. See Long Description for more details.

# Long Description

Dialog between Daniel and Rhonda: Daniel: OK, I get it now. Thank you! In the training, I also learned that there are other kinds of assisters who can help consumers with enrollments through the Marketplace. I think they were called "Navigators." Are there any of these types of assisters in our state?

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Question 3 Narrative - Part 2



8/12 | Exit >

# Alt Text

Man and woman sitting next to each other and having a dialog. See Long Description for more details.

## Long Description

Dialog between Daniel and Rhonda: Rhonda: Yes. Navigators and certified application counselors (CACs) in our state receive grants from the Marketplace to, among other things, assist consumers in applying for and enrolling in health coverage through the Marketplace. Do you recall what you learned about the key differentiators between agents or brokers and these types of other assisters?

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Question 3 Narrative - Part 3



9/12 | Exit >

# Alt Text

Man and woman sitting next to each other and looking at a tablet and having a dialog. See Long Description for more details.

## Long Description

Dialog between Daniel and Rhonda: Daniel: I think so. I know they have to remain impartial and cannot make specific plan recommendations to consumers. Also, as you mentioned, they are compensated through federal grants and not by any health insurance issuer or issuer of stop loss insurance.

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Question 3

#### Which of the following is another key point to remember about the impartiality requirements for assisters in the Marketplace?

10/12 Exit >

 $\langle B \rangle$ 

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

- A. If pressed by a consumer to recommend a specific plan, an assister should pick the plan that best represents the consumer's expressed interests and health needs.
- B. Assisters can create and maintain a list of preferred agents and brokers in their service areas and, if pressed by a consumer to recommend a specific plan, can direct the consumer to contact one of those specific agents or brokers for a plan recommendation.
- C. An assister may not make referrals to any specific agent or broker.





### Prompt

Select the best answer and then click Check Your Answer.

### Question

Which of the following is another key point to remember about the impartiality requirements for assisters in the Marketplace?

### Options

- A. If pressed by a consumer to recommend a specific plan, an assister should pick the plan that best represents the consumer's expressed interests and health needs.
- B. Assisters can create and maintain a list of preferred agents and brokers in their service areas and, if pressed by a consumer to recommend a specific plan, can direct the consumer to contact one of those specific agents or brokers for a plan recommendation.
- C. An assister may not make referrals to any specific agent or broker.

### **Correct Answer**

С

## **Positive Feedback**

You are right! The assister may inform the consumer of the availability of agents and brokers who are state licensed and registered with the Marketplace, and who can make specific plan recommendations. However, the assister should not make a referral to any specific agent or broker. Agents and brokers are not prohibited from working with Marketplace assisters, although they should take into the account the following guidelines:

- Understand the constraints placed on Navigators and CACs in the Marketplace.
- Ensure consumers know they can go to local Navigators and CACs for help if the agent or broker is unable to assist a consumer with, for example, applying for Medicaid through a Marketplace.
- Find Navigators and CACs by going to Find Local Help at HealthCare.gov.

- Participate in community events.
- Avoid establishing an exclusive referral relationship with Navigators and CACs. They are strictly forbidden from endorsing specific agents or brokers or referring consumers to specific agents and brokers.
- Avoid offering 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.

Remember, Navigators and CACs are prohibited from making plan recommendations because federal standards require assisters to remain fair and impartial.

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Question 4

Next, Rhonda reviews the agent and broker compensation requirements with Daniel. She reminds him that the Marketplace does not directly appoint or compensate agents or brokers, and to receive compensation for assisting with an enrollment in a QHP through the Marketplace, Daniel is responsible for becoming appointed and having a compensation arrangement with QHP issuers in accordance with state law. What should Daniel do next to ensure he receives compensation for his work to assist consumers with obtaining health coverage through the Marketplace?

Select all that apply and then click Check Your Answer.

- A. Seek appointments from the QHP issuers he wishes to represent.
- B. Confirm that his National Producer Number (NPN) displays as valid on the Agent and Broker FFM Registration Completion List.
- C. Ensure that the consumers he assists using the Marketplace Pathway enter his name and NPN during the QHP selection process, and that he enters his name and NPN on the application when assisting consumers using the Classic or Enhanced Direct Enrollment Pathway.





### Prompt

Select all that apply and then click Check Your Answer.

### Question

Next, Rhonda reviews the agent and broker compensation requirements with Daniel. She reminds him that the Marketplace does not directly appoint or compensate agents or brokers, and to receive compensation for assisting with an enrollment in a QHP through the Marketplace, Daniel is responsible for becoming appointed and having a compensation arrangement with QHP issuers in accordance with state law. What should Daniel do next to ensure he receives compensation for his work to assist consumers with obtaining health coverage through the Marketplace?

### Options

- A. Seek appointments from the QHP issuers he wishes to represent.
- B. Confirm that his National Producer Number (NPN) displays as valid on the Agent and Broker FFM Registration Completion List.
- C. Ensure that the consumers he assists using the Marketplace Pathway enter his name and NPN during the QHP selection process, and that he enters his name and NPN on the application when assisting consumers using the Classic or Enhanced Direct Enrollment Pathway.

### **Correct Answer**

А

### **Positive Feedback**

You are right! Daniel should obtain appointments with the QHP issuers he wishes to represent in the Marketplace, and he is responsible for agreeing to the compensation terms in his agreement with each of those issuers. QHP issuers will verify that an agent or broker has an active state license that is approved for a health-related line of authority by the state(s) where they plan to sell coverage (e.g., a New York broker enrolling a client in Florida must be licensed in Florida) and will check the <u>Agent and Broker FFM Registration Completion List</u> to confirm if an agent or broker has completed all the FFM registration

11/12 Exit >

 $\langle \rangle_{B} \langle \rangle_{N}$ 

requirements prior to issuing compensation to that agent or broker for Marketplace enrollments.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.Thus, Daniel should check to make sure his NPN displays as valid on that list for the applicable plan year. Finally, Daniel should make sure that each of the clients whom he assists using the Marketplace Pathway records his name and NPN on the Marketplace application to indicate that he assisted with the enrollment.

# Scenario 2: Roles of Agents, Brokers, Web-brokers, and Other Assisters

Scenario 2: Completion

In this scenario, you learned that:

- Agents and brokers can assist individuals, employers, and employees with enrollment in QHPs through the Marketplace. Web-brokers can assist consumers in the Individual Marketplace to select and enroll in a QHP through the web-brokers' own website.
- Web-brokers must comply with additional federal regulatory requirements for the content and user functionality of the websites through which they provide this assistance.
- Navigators and CACs are prohibited from making plan recommendations because federal standards require assisters to remain fair and impartial.
- QHP issuers check the <u>Agent and Broker FFM Registration Completion List</u> to confirm an agent or broker has completed all the FFM registration requirements and has an active state license that is approved for a health-related line of authority by the state(s) where the agent or broker plans to sell coverage prior to issuing compensation to that agent or broker for Marketplace enrollments.
- 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.

You have completed Scenario 2. Return to the Menu and proceed to Scenario 3.



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## Page Text

In this scenario, you learned that:

- Agents and brokers can assist individuals, employers, and employees with enrollment in QHPs through the Marketplace. Web-brokers can assist consumers in the Individual Marketplace to select and enroll in a QHP through the web-brokers' own website.
- Web-brokers must comply with additional federal regulatory requirements for the content and user functionality of the websites through which they provide this assistance.
- Navigators and CACs are prohibited from making plan recommendations because federal standards require assisters to remain fair and impartial.
- QHP issuers check the <u>Agent and Broker FFM Registration Completion List</u> to confirm an agent or broker has completed all the FFM registration requirements and has an active state license that is approved for a health-related line of authority by the state(s) where the agent or broker plans to sell coverage prior to issuing compensation to that agent or broker for Marketplace enrollments.
- 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.

You have completed Scenario 2. Return to the Menu and proceed to Scenario 3.

## Alt Text

Green chalkboard with the words FFM Agent/Broker Registration Complete; under the words is a square box with a check mark.

## Page: 1 of 10: Scenario 3: Narrative

# Basics Review for Returning Agents and Brokers

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# Scenario 3: Oversight of Agents and Brokers

Scenario 3: Narrative

Lauren Davis is a newly licensed insurance agent and has just completed the FFM registration requirements. She is excited about helping consumers and looking forward to the Open Enrollment period.

The FFM has established standards of conduct for agents and brokers per a federal regulation (45 CFR § 155.220(j)). The standards protect against conduct that is harmful to consumers or prevents the efficient operation of the Marketplace.



## Page Text

Lauren Davis is a newly licensed insurance agent and has just completed the FFM registration requirements. She is excited about helping consumers and looking forward to the Open Enrollment period. The FFM has established standards of conduct for agents and brokers per a federal regulation (45 CFR § 155.220(j)). The standards protect against conduct that is harmful to consumers or prevents the efficient operation of the Marketplace.

## Alt Text

Woman sitting at a table with a laptop; she appears to be having a conversation with a person not pictured.

# Scenario 3: Oversight of Agents and Brokers Scenario 3: Question 1 Which of the following is NOT a standard of conduct that Marketplace agents and brokers must follow? Select the best answer and then click Check Your Answer. A. Provide consumers and the Marketplace with correct information. B. Obtain the consent of the individual, employer, or employee prior to conducting an online person search, assisting with applying for financial assistance or enrollment through the Marketplace, and making updates to a consumer's eligibility application or subsequent plan selection and enrollment. $\bigcirc$ C. Notify the Marketplace of any disciplinary order issued by a state Department of Insurance. D. Refrain from marketing or conduct that is misleading (including by having a direct enrollment website that the Department of Health & Human Services (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. **Check Your Answer** Reset Health Insurance Marketplace® Plan Year 2020

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## Prompt

Select the best answer and then click Check Your Answer.

## Question

Which of the following is NOT a standard of conduct that Marketplace agents and brokers must follow?

## Options

- A. Provide consumers and the Marketplace with correct information.
- B. Obtain the consent of the individual, employer, or employee prior to conducting an online person search, assisting with applying for financial assistance or enrollment through the Marketplace, and making updates to a consumer's eligibility application or subsequent plan selection and enrollment.
- C. Notify the Marketplace of any disciplinary order issued by a state Department of Insurance.
- D. Refrain from marketing or conduct that is misleading (including by having a direct enrollment website that the Department of Health & Human Services (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.

### **Correct Answer**

С

## **Positive Feedback**

You are right! There is no standard of conduct that requires an agent or broker to notify the Marketplace of any disciplinary order issued to the agent or broker by a state Department of Insurance. Remember, all registered agents and brokers must provide consumers with correct information, without omission of material fact, regarding the Marketplace, QHPs offered through the Marketplace, and insurance affordability programs. They must also provide the Marketplace with correct information under section 1411(b) of the Affordable Care Act, and obtain a consumer's consent prior to conducting an online person search or assisting that consumer with a Marketplace application or enrollment. 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. The consumer's consent 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. Agents and brokers who participate in the Marketplace may not have a direct enrollment website that HHS determines could mislead a consumer into believing he or she is visiting HealthCare.gov.

## 3/10 | Exit >

# Scenario 3: Oversight of Agents and Brokers

Scenario 3: Question 2 Narrative - Part 1

Lauren knows that the Marketplace has strict eligibility rules for special enrollment periods (SEPs) to avoid any potential misuse of SEPs to sign up for coverage only after a consumer becomes sick or injured. She has a potential client, Roger, who contacts her in February wondering whether he can apply for health coverage through the Marketplace. Although it is outside of the annual Open Enrollment period, Lauren meets with Roger to discuss whether he may qualify for an SEP.



## Page Text

Lauren knows that the Marketplace has strict eligibility rules for special enrollment periods (SEPs) to avoid any potential misuse of SEPs to sign up for coverage only after a consumer becomes sick or injured. She has a potential client, Roger, who contacts her in February wondering whether he can apply for health coverage through the Marketplace. Although it is outside of the annual Open Enrollment period, Lauren meets with Roger to discuss whether he may qualify for an SEP.

4/10 | Exit >

# Scenario 3: Oversight of Agents and Brokers

Scenario 3: Question 2 Narrative - Part 2



## Alt Text

Man and woman sitting next to each other and having a dialog while looking at a laptop screen. See Long Description for more details.

## Long Description

Dialog between Roger and Lauren: Roger: Thanks for meeting with me. I don't have health insurance and I need to get it to cover a needed hip replacement. I work in landscaping so I'm hoping to get this done as soon as possible so I'm recovered and ready for the busy spring season. Can I sign up for a Marketplace health plan? I haven't done so in the past 'cause I never get sick. Lauren: OK, let's explore your options. The Marketplace Open Enrollment period ended on December 15 last year, so you must qualify for a special enrollment period to be able to add coverage for this year.

5/10 | Exit >

# Scenario 3: Oversight of Agents and Brokers

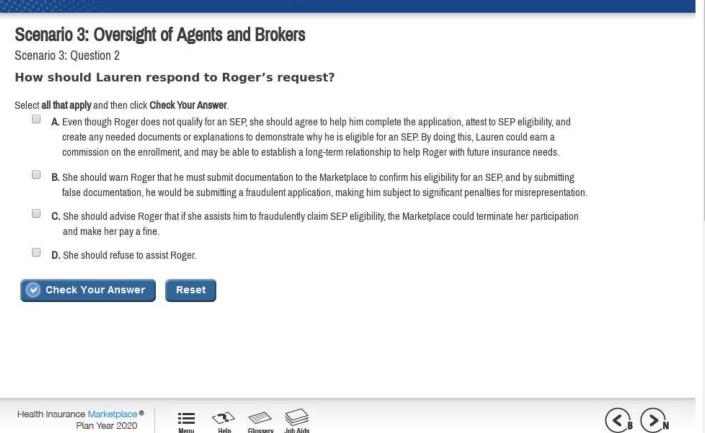
Scenario 3: Question 2 Narrative - Part 3



## Alt Text

Man and woman sitting next to each other and having a dialog while looking at a laptop screen. See Long Description for more details.

Roger: Yeah, I looked that part up online, but I don't meet any of the conditions. I was hoping you could help me figure something out to demonstrate that I qualify. What if I say I lost other coverage or come up with some exceptional circumstance?



6/10 | Exit >

### Prompt

Select all that apply and then click Check Your Answer.

### Question

How should Lauren respond to Roger's request?

### Options

- A. Even though Roger does not qualify for an SEP, she should agree to help him complete the application, attest to SEP eligibility, and create any needed documents or explanations to demonstrate why he is eligible for an SEP. By doing this, Lauren could earn a commission on the enrollment, and may be able to establish a long-term relationship to help Roger with future insurance needs.
- B. She should warn Roger that he must submit documentation to the Marketplace to confirm his eligibility for an SEP, and by submitting false documentation, he would be submitting a fraudulent application, making him subject to significant penalties for misrepresentation.
- C. She should advise Roger that if she assists him to fraudulently claim SEP eligibility, the Marketplace could terminate her participation and make her pay a fine.
- D. She should refuse to assist Roger.

### **Correct Answer**

B, C, D

## **Positive Feedback**

You are right! The FFM standards regarding program integrity for SEPs are very clear. Encouraging, convincing, or knowingly assisting a consumer to abuse the special enrollment process by facilitating an SEP enrollment based on false attestations, false documents, or other false information would be a violation of these standards, and subject the agent or broker to civil money penalties as described in § 155.285 and suspension or termination of an agent's or broker's Marketplace Agreement(s) with CMS.

Scenario 3: Oversight of Agents and Brokers

Scenario 3: Question 3

Lauren has very high ethical standards and feels she may wish to report any potentially fraudulent practices that she learns of through her interactions with consumers and other agents who participate in the Marketplace. Which of the following are options Lauren may use if she wishes to report a concern or a specific complaint about potential fraudulent practices in the Marketplace?

Select all that apply and then click Check Your Answer.

- A Lauren should report her concerns to the Agent/Broker Email Help Desk via email at FFMProducer-AssisterHelpDesk@cms.hhs.gov.
- B. Lauren should file a complaint with the HHS Office of Inspector General Hotline at 1-800-HHS-TIPS (1-800-447-8477) or via https://forms.oig.hhs.gov/hotlineoperations/index.aspx.
- C. Lauren should report her concerns to the Federal Trade Commission (https://www.ftccomplaintassistant.gov), the nation's consumer protection agency.





## Prompt

Select all that apply and then click Check Your Answer.

### Question

Lauren has very high ethical standards and feels she may wish to report any potentially fraudulent practices that she learns of through her interactions with consumers and other agents who participate in the Marketplace. Which of the following are options Lauren may use if she wishes to report a concern or a specific complaint about potential fraudulent practices in the Marketplace?

## Option

- A. Lauren should report her concerns to the Agent/Broker Email Help Desk via email at <u>FFMProducer-AssisterHelpDesk@cms.hhs.gov</u>.
- B. Lauren should file a complaint with the HHS Office of Inspector General Hotline at 1-800-HHS-TIPS (1-800-447-8477) or via <a href="https://forms.oig.hhs.gov/hotlineoperations/index.aspx">https://forms.oig.hhs.gov/hotlineoperations/index.aspx</a>.
- C. Lauren should report her concerns to the Federal Trade Commission (<u>https://www.ftccomplaintassistant.gov</u>), the nation's consumer protection agency.

### **Correct Answer**

A, B, C

## **Positive Feedback**

You are right! Lauren may use any of these options to report potentially fraudulent activity she observes in connection with her participation in the Marketplace. If you suspect a consumer has submitted false information to the Marketplace, you should report it to the Agent/Broker Email Help Desk via email at <u>FFMProducer-AssisterHelpDesk@cms.hhs.gov</u>.

7/10 | Exit >

 $\langle B \rangle$ 

# Scenario 3: Oversight of Agents and Brokers

Scenario 3: Question 4

Lauren is subject to monitoring and oversight from her state Department of Insurance, the QHP issuers that she is affiliated with, and CMS in its role as administrator of the Marketplace. If Lauren fails to comply with the FFM requirements or standards of conduct, HHS may terminate or suspend her Marketplace Agreement(s) with CMS for cause. What impact would this have on Lauren's participation in the Marketplace?

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

- A. Termination or suspension means Lauren can continue to assist consumers with eligibility determinations and enrollments through the Marketplace, but she cannot be compensated for that assistance.
- B. Termination or suspension means Lauren is no longer registered with the FFM and is not permitted to assist consumers with eligibility determinations, enrollments, or account updates through the Marketplace.
- C. Termination or suspension means Lauren must retake the Marketplace agent and broker training and sign a new Marketplace Agreement with CMS before she can continue to assist consumers with eligibility determinations and enrollments through the Marketplace.



Plan Year 2020

### Prompt

Select the best answer and then click Check Your Answer.

#### Question

Lauren is subject to monitoring and oversight from her state Department of Insurance, the QHP issuers that she is affiliated with, and CMS in its role as administrator of the Marketplace. If Lauren fails to comply with the FFM requirements or standards of conduct, HHS may terminate or suspend her Marketplace Agreement(s) with CMS for cause. What impact would this have on Lauren's participation in the Marketplace?

#### Options

- A. Termination or suspension means Lauren can continue to assist consumers with eligibility determinations and enrollments through the Marketplace, but she cannot be compensated for that assistance.
- B. Termination or suspension means Lauren is no longer registered with the FFM and is not permitted to assist consumers with eligibility determinations, enrollments, or account updates through the Marketplace.
- C. Termination or suspension means Lauren must retake the Marketplace agent and broker training and sign a new Marketplace Agreement with CMS before she can continue to assist consumers with eligibility determinations and enrollments through the Marketplace.

#### **Correct Answer**

В

### **Positive Feedback**

You are right! Lauren would not be permitted to assist any individual, employer, or employee with applying for financial assistance or enrollment through the Marketplace. In order to inform states, QHP issuers, and members of the public of the agents and brokers who have had their Marketplace Agreement(s) 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 <u>Registration Termination List</u> that includes impacted NPNs and effective dates for the termination or suspension action (updated monthly, or as needed to reflect new termination or suspension actions)
- Advises issuers of updates to the Registration Termination List in the QHP issuer newsletter

Remember, agents and brokers who have not completed the FFM registration requirements cannot assist clients with eligibility determinations, enrollments, or account updates through the Marketplace, even if they are not compensated for that assistance. A terminated or suspended agent or broker cannot re-take the agent and broker training curriculum to resolve the issue of noncompliance with the FFM requirements or standards of conduct that led to the termination or suspension.

 $\langle B \rangle$ 

# Scenario 3: Oversight of Agents and Brokers

Scenario 3: Question 5

If Lauren's violation involved the provision of false or fraudulent information to the Marketplace or the improper use or disclosure of information, what kind of penalty may HHS issue?

Select all that apply and then click Check Your Answer.

- A. Termination of Lauren's Marketplace Agreement(s)
- B. Revocation of her state license
- C. A civil money penalty





### Prompt

Select all that apply and then click Check Your Answer.

#### Question

If Lauren's violation involved the provision of false or fraudulent information to the Marketplace or the improper use or disclosure of information, what kind of penalty may HHS issue?

### Options

- A. Termination of Lauren's Marketplace Agreement(s)
- B. Revocation of her state license
- C. A civil money penalty

#### **Correct Answer**

A, C

### **Positive Feedback**

You are right! HHS may terminate Lauren's Marketplace Agreement(s) with CMS, because this would be noncompliant with the FFM standards of conduct. Lauren may also be subject to a civil money penalty. The maximum amount\* of the penalty may vary between \$28,195 for each application for failure to provide correct information to the Marketplaces, \$281,949 for each application when Lauren knowingly and willingly provided false information to the Marketplaces, and/or \$28,195 per use or disclosure if Lauren knowingly and willfully uses or discloses information in violation of the FFM privacy and security standards. Remember, states maintain their current roles overseeing licensing for the agents and brokers in their insurance markets.\*2018 maximum penalty amount

# Scenario 3: Oversight of Agents and Brokers

Scenario 3: Completion

In this scenario, you learned that:

- All agents and brokers who participate in the Marketplace must comply with standards of conduct to
  protect against conduct that is harmful to consumers or prevents the efficient operation of the
  Marketplace.
- An agent or broker who encourages, convinces, or knowingly assists a consumer to abuse the special enrollment process by facilitating an SEP enrollment based on false attestations, false documents, or other false information is subject to civil money penalties as described in § 155.285 and suspension or termination of an agent's or broker's Marketplace Agreement(s).
- Termination or suspension of an agent's or broker's Marketplace Agreement(s) means the agent or broker is no longer registered with the FFM and is not permitted to assist with eligibility determinations, enrollments, or account updates through the Marketplace.
- HHS may prohibit an agent or broker from participating in the Marketplace in future years, and/or may impose a civil money penalty.

You have completed Scenario 3. Return to the Menu and proceed to the Key Points for this Review.





## Page Text

In this scenario, you learned that:

- All agents and brokers who participate in the Marketplace must comply with standards of conduct to protect against conduct that is harmful to consumers or prevents the efficient operation of the Marketplace.
- An agent or broker who encourages, convinces, or knowingly assists a consumer to abuse the special enrollment process by facilitating an SEP enrollment based on false attestations, false documents, or other false information is subject to civil money penalties as described in § 155.285 and suspension or termination of an agent's or broker's Marketplace Agreement(s).
- Termination or suspension of an agent's or broker's Marketplace Agreement(s) means the agent or broker is no longer registered with the FFM and is not permitted to assist with eligibility determinations, enrollments, or account updates through the Marketplace.
- HHS may prohibit an agent or broker from participating in the Marketplace in future years, and/or may impose a civil money penalty.

You have completed Scenario 3. Return to the Menu and proceed to the Key Points for this Review.

### Alt Text

Two keyboard keys - one purple labeled Cause and the other blue labeled Effect

10/10 Exit >

(<)<sub>B</sub> (>)

## Page: 1 of 2: Module Summary



## Long Description

Interactive graphic: A collage of icons representing module-specific concepts is displayed; three equally-sized rectangular buttons are shown from left to right across 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. Affordable Care Act Provisions

• The Affordable Care Act contains a number of provisions aimed at ensuring that most individuals have access to health insurance coverage, including requiring non-grandfathered health insurance issuers generally to offer health insurance plans that cover benefits in at least 10 categories, called EHB.

Roles and Responsibilities

- Agents and brokers can assist individuals, employers, and employees with enrollment in QHPs through the Marketplace. Web-brokers can assist consumers in the Individual Marketplace to select and enroll in a QHP through the web-brokers' own website.
- Web-brokers must comply with additional federal regulatory requirements for the content and user functionality of the websites through which they provide this assistance.
- Navigators and CACs are prohibited from making plan recommendations because federal standards require assisters to remain fair and impartial.

### Compensation

• 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.

• QHP issuers check the Agent and Broker FFM Registration Completion List to confirm an agent or broker has completed all the FFM registration requirements and has an active state license that is approved for a health-related line of authority by the state(s) where the agent or broker plans to sell coverage prior to issuing compensation to that agent or broker for Marketplace enrollments.

# Compliance

- All agents and brokers who participate in the Marketplace must comply with standards of conduct to protect against conduct that is harmful to consumers or prevents the efficient operation of the Marketplace.
- An agent or broker who encourages, convinces, or knowingly assists a consumer to abuse the special enrollment process by facilitating an SEP enrollment based on false attestations, false documents, or other false information is subject to civil money penalties as described in §155.285 and suspension or termination of an agent's or broker's Marketplace Agreement(s).
- Termination or suspension of an agent's or broker's Marketplace Agreement(s) means the agent or broker is no longer registered with the FFM and is not permitted to assist with eligibility determinations, enrollments, or account updates through the Marketplace.
- In addition to terminating an agent's or broker's Marketplace Agreement(s), HHS may prohibit an agent or broker from participating in the Marketplace in future years, and/or may impose a civil money penalty.

# **Key Points**

Module Completion

Congratulations! You have completed the Basics Review for Returning Agents and Brokers.





## Page Text

Congratulations! You have completed the Basics Review for Returning Agents and Brokers.

## Alt Text

A person standing on top of a mountain peak with arms outstretched

2/2 Exit >