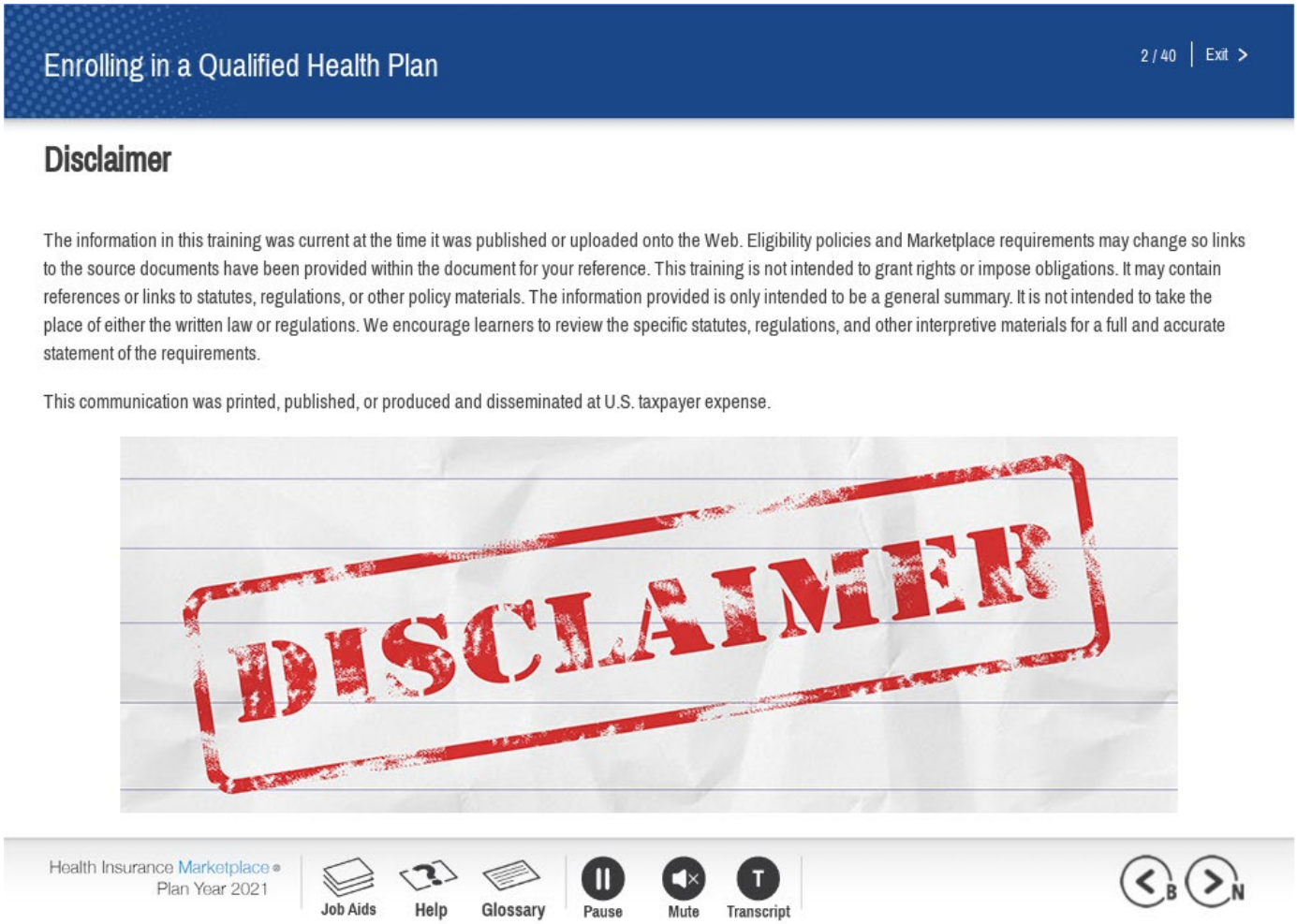
Page: 1 of 40: Welcome to the ENROLLING IN A QUALIFIED HEALTH PLAN Module

Long Description

Animated introduction screen containing the following text at the top and left of the screen: Welcome to the Enrolling in a Qualified Health Plan Module Beneath this text on the left is the logo for the Department of Health & Human Services (HHS), which is made up of the profiles of people, stacked on top of each other, resulting in the profile of an eagle. The words "Department of Health & Human Services USA" form a circle that extends out and to the left from the profiles. To the right of the logo are the words “Health Insurance Marketplace®.” On the right side of the screen are three images from the module representing module-specific concepts. The health caduceus symbol is behind these images.

Page: 2 of 40: Disclaimer



Page Text

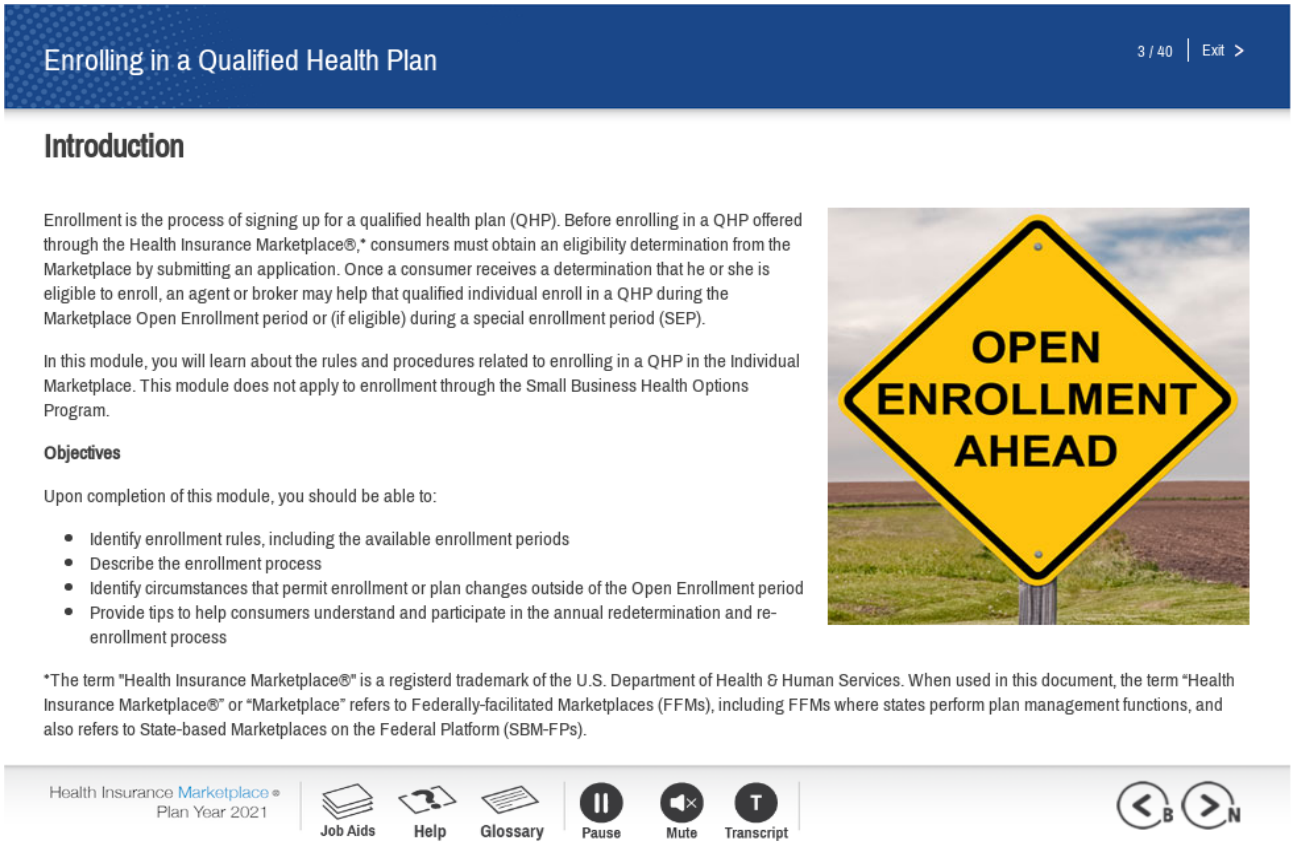
The information in this training was current at the time it was published or uploaded onto the Web. Eligibility policies and Marketplace requirements may change so links to the source documents have been provided within the document for your reference. This training is not intended to grant rights or 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.

Alt Text

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

Page: 3 of 40: Introduction



Page Text

Enrollment is the process of signing up for a qualified health plan (QHP). Before enrolling in a QHP offered through the Health Insurance Marketplace®,* consumers must obtain an eligibility determination from the Marketplace by submitting an application. Once a consumer receives a determination that he or she is eligible to enroll, an agent or broker may help that qualified individual enroll in a QHP during the Marketplace Open Enrollment period or (if eligible) during a special enrollment period (SEP). In this module, you will learn about the rules and procedures related to enrolling in a QHP in the Individual Marketplace. This module does not apply to enrollment through the Small Business Health Options Program.

Objectives

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

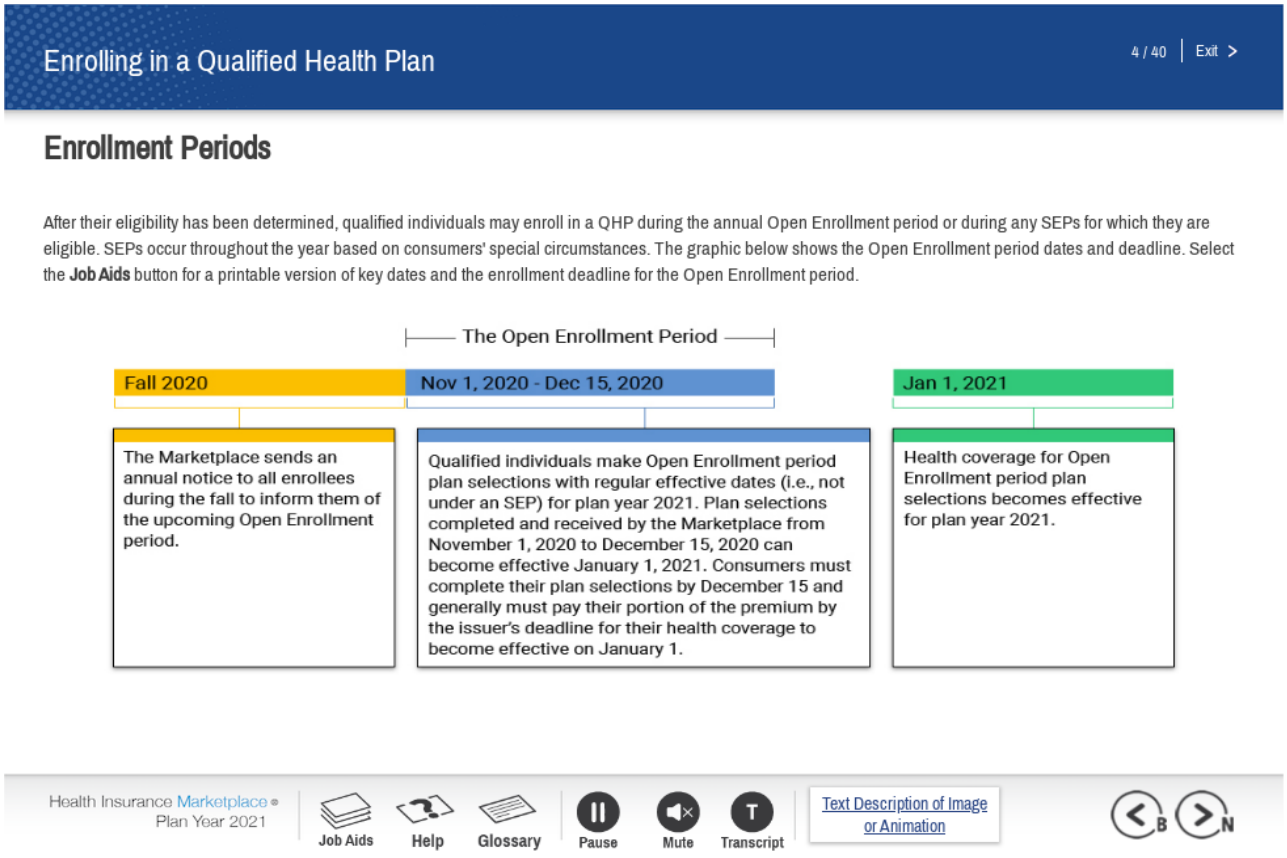
- Identify enrollment rules, including the available enrollment periods
- Describe the enrollment process
- Identify circumstances that permit enrollment or plan changes outside of the Open Enrollment period
- Provide tips to help consumers understand and participate in the annual redetermination and re-enrollment process

*The term "Health Insurance Marketplace®" is a registerd trademark of the U.S. Department of Health & Human Services. 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).

Alt Text

A yellow road sign with a black border that reads "OPEN ENROLLMENT AHEAD"

Page: 4 of 40: Enrollment Periods



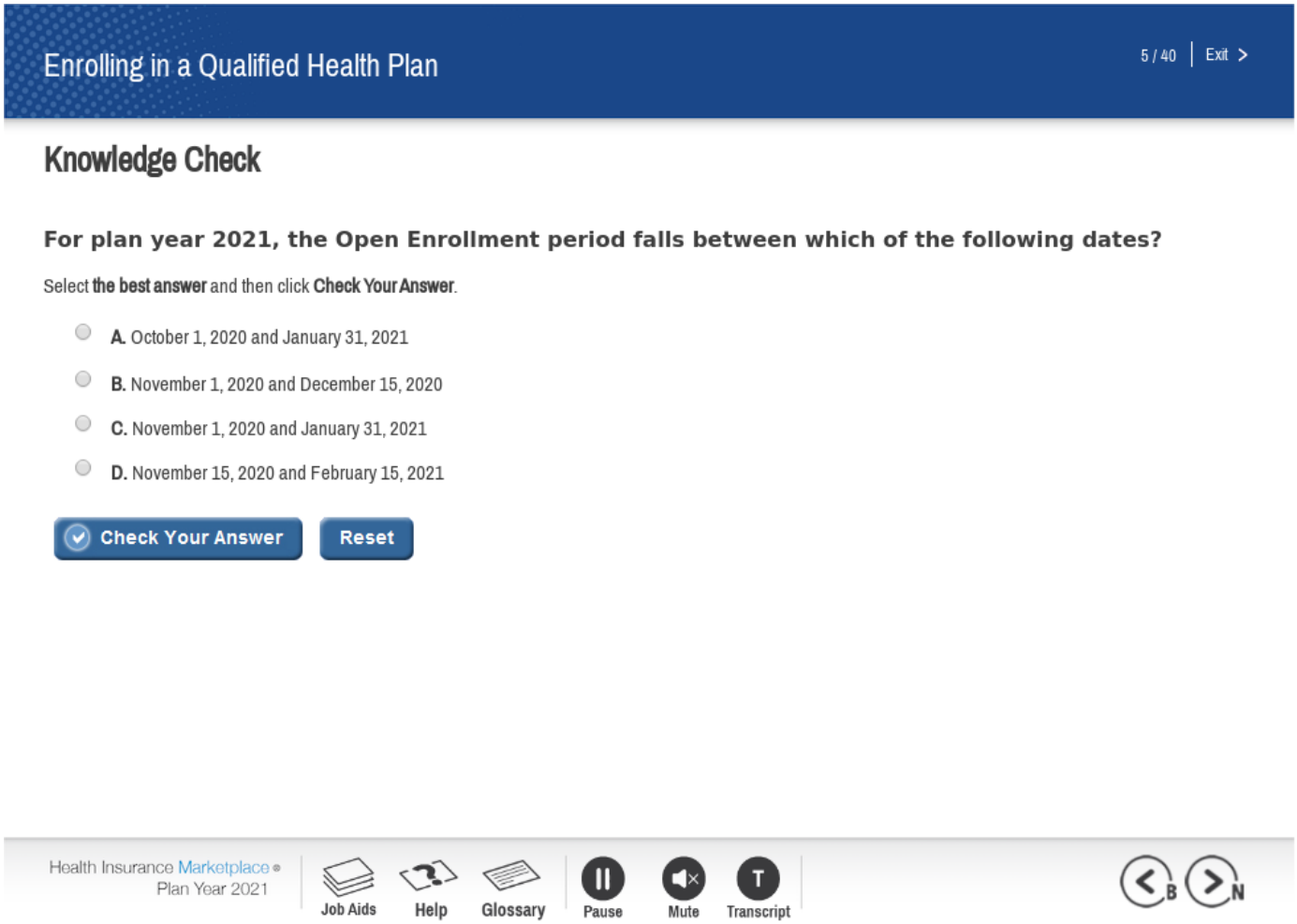
Long Description

Image of a graphic providing information about enrollment periods.

The text above the graphic is: After their eligibility has been determined, qualified individuals may enroll in a QHP during the annual Open Enrollment period, or during any SEPs for which they are eligible. SEPs occur throughout the year based on consumers' special circumstances.

The graphic below shows the Open Enrollment period dates and deadline. Select the **Job Aids** button for a printable version of key dates and the enrollment deadline for the Open Enrollment period. There are 3 boxes labeled Fall 2020, Nov 1, 2020-Dec 15, 2020, and Jan 1, 2021. The Open Enrollment Period spans from November 1, 2020 through December 15, 2020. Fall 2020: The Marketplace sends an annual notice to all enrollees during the fall to inform them of the upcoming Open Enrollment period. November 1, 2020 - December 15, 2020: Qualified individuals make Open Enrollment period plan selections with regular effective dates (i.e., not under an SEP) for plan year 2021. Plan selections completed and received by the Marketplace from November 1, 2020 to December 15, 2020 can become effective January 1, 2021. Consumers must complete their plan selections by December 15 and generally must pay their portion of the premium by the issuer's deadline for their health coverage to become effective on January 1. January 1, 2021: Health coverage for Open Enrollment period plan selections becomes effective for plan year 2021.

Page: 5 of 40: Knowledge Check



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

Question
For plan year 2021, the Open Enrollment period falls between which of the following dates?

Options

A. October 1, 2020 and January 31, 2021

B. November 1, 2020 and December 15, 2020

C. November 1, 2020 and January 31, 2021

D. November 15, 2020 and February 15, 2021

Correct Answer
B

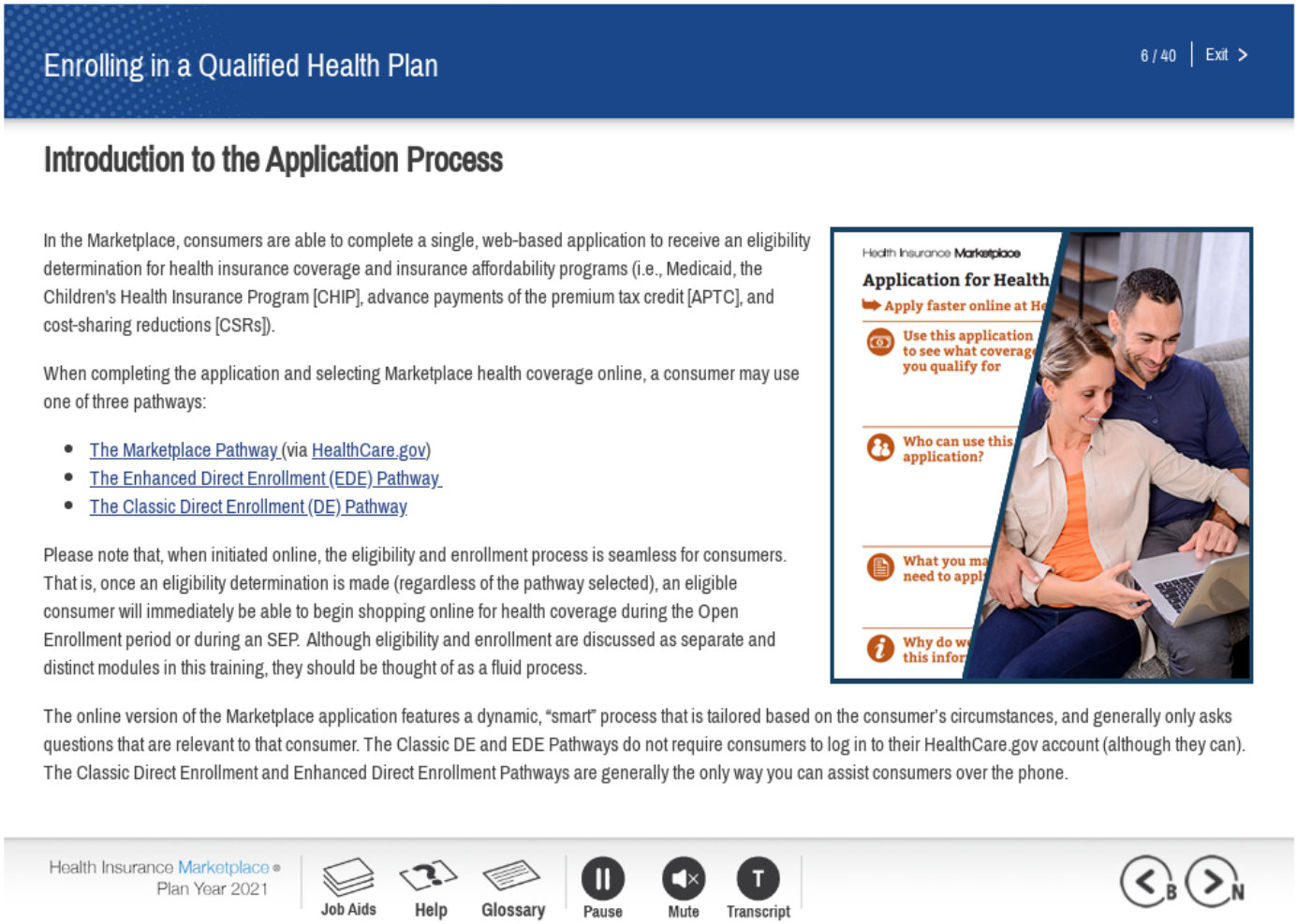
Positive Feedback

Correct! The plan year 2021 Open Enrollment period falls between November 1, 2020 and December 15, 2020. Consumers must complete their plan selections by December 15 and generally must pay their portion of the premium by the issuer's deadline for their health coverage to become effective on January 1. There are no opportunities to make an Open Enrollment plan selection after December 15.

Negative Feedback

Incorrect. The correct answer is B. The plan year 2021 Open Enrollment period falls between November 1, 2020 and December 15, 2020. Consumers must complete their plan selections by December 15 and generally must pay their portion of the premium by the issuer's deadline for their health coverage to become effective on January 1. There are no opportunities to make an Open Enrollment plan selection after December 15.

Page: 6 of 40: Introduction to the Application Process



Page Text

In the Marketplace, consumers are able to complete a single, web-based application to receive an eligibility determination for health insurance coverage and insurance affordability programs (i.e., Medicaid, the Children's Health Insurance Program [CHIP], advance payments of the premium tax credit [APTC], and cost-sharing reductions [CSRs]).

When completing the application and selecting Marketplace health coverage online, a consumer may use one of three pathways:

- The Marketplace Pathway (via HealthCare.gov)
- The Enhanced Direct Enrollment (EDE) Pathway
- The Classic Direct Enrollment (DE) Pathway

Please note that, when initiated online, the eligibility and enrollment process is seamless for consumers. That is, once an eligibility determination is made (regardless of the pathway selected), an eligible consumer will immediately be able to begin shopping online for health coverage during the Open Enrollment period or during an SEP. Although eligibility and enrollment are discussed as separate and distinct modules in this training, they should be thought of as a fluid process.

The online version of the Marketplace application features a dynamic, "smart" process that is tailored based on the consumer's circumstances, and generally only asks questions that are relevant to that consumer. The Classic DE and EDE Pathways do

not require consumers to log in to their HealthCare.gov account (although they can). The Classic Direct Enrollment and Enhanced Direct Enrollment Pathways are generally the only way you can assist consumers over the phone.

Pop Up Text

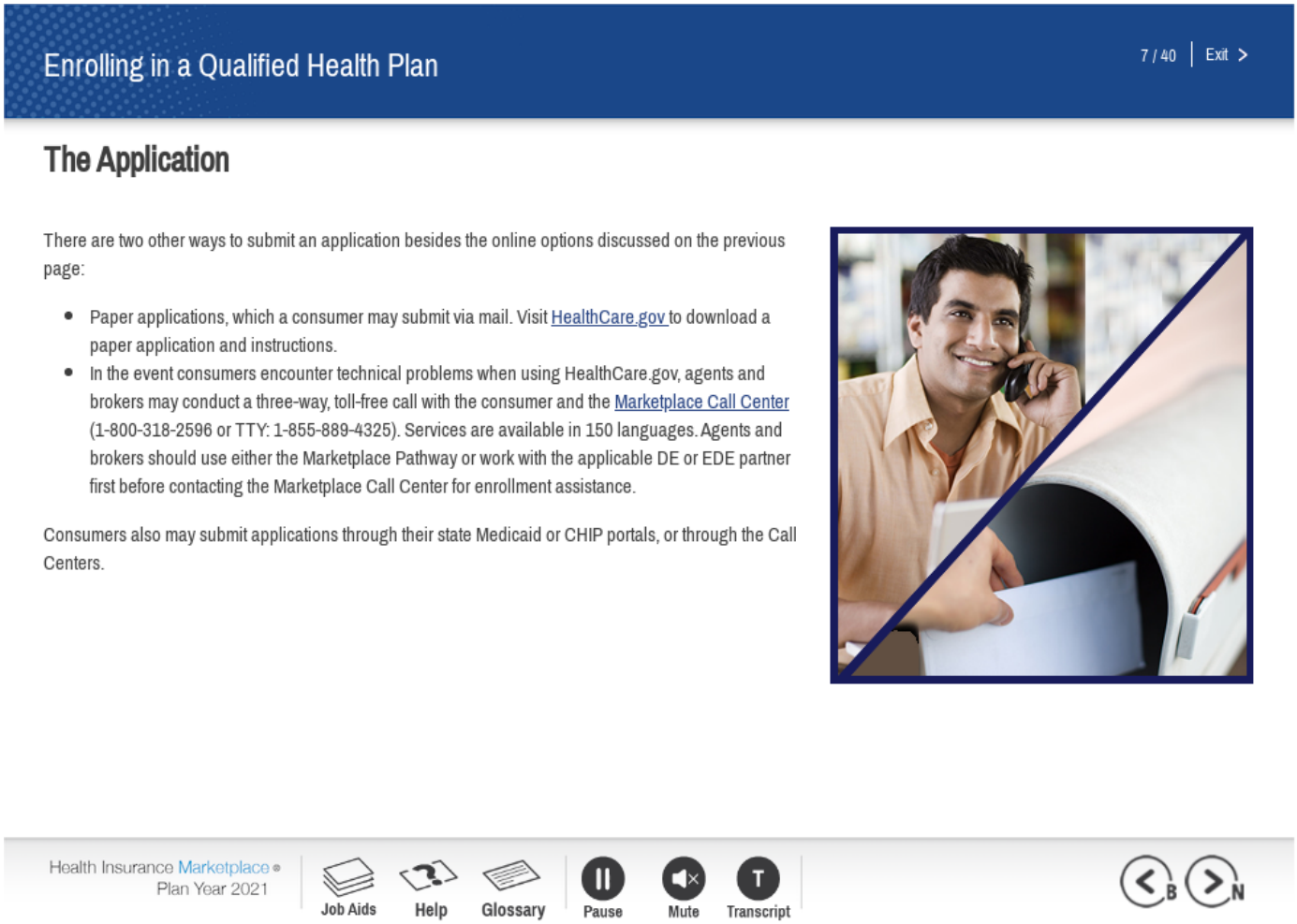
The Marketplace Pathway (via HealthCare.gov)
In this pathway, registered agents and brokers help a consumer obtain an eligibility determination and select a plan directly at HealthCare.gov. The consumer creates an account, logs in to the site with a consumer account, and “drives” the process; the agent or broker does not log in to HealthCare.gov. Generally, the Marketplace Pathway requires agents and brokers to be sitting side by side with the consumer because the consumer must sign in to HealthCare.gov without sharing his or her log-in credentials with anyone.

The Enhanced Direct Enrollment (EDE) Pathway
In this pathway, registered agents and brokers affiliated with approved QHP issuers or web-brokers (referred to as "approved partners") have the ability to assist individuals in applying for and enrolling in Marketplace coverage directly from the QHP issuer’s or web-broker’s website. Approved partners may provide the full one-site experience for application, enrollment, and post-enrollment support on their own websites, without the secure redirect to and from the HealthCare.gov website. They may customize the Marketplace application, as long as they do not alter the substance of the Marketplace application, potentially simplifying and streamlining the questions that consumers are asked. Through secure data transfers, the Marketplace will determine a consumer's eligibility for QHP coverage, Medicaid, or CHIP, as well as the applicable APTC or CSR amounts.

The Classic Direct Enrollment (Classic DE) Pathway
In this pathway, registered agents and brokers affiliated with approved QHP issuers or web-brokers use the double redirect to connect to HealthCare.gov through the QHP issuer’s or web-broker’s website to submit the consumer's application and get an eligibility determination from the Marketplace and, if the consumer is eligible, then return to the QHP issuer's or web-broker's website to select a QHP.

Alt Text
A diagonally split screen with an application for health coverage on the left side; on the right side of the image is a couple sitting on a couch looking at a laptop screen.

Page: 7 of 40: The Application



Page Text

There are two other ways to submit an application besides the online options discussed on the previous page:

- Paper applications, which a consumer may submit via mail. Visit HealthCare.gov to download a paper application and instructions.
- In the event consumers encounter technical problems when using HealthCare.gov, agents and brokers may conduct a three-way, toll-free call with the consumer and the Marketplace Call Center (1-800-318-2596 or TTY: 1-855-889-4325). Services are available in 150 languages. Agents and brokers should use either the Marketplace Pathway or work with the applicable DE or EDE partner first before contacting the Marketplace Call Center for enrollment assistance.

Consumers also may submit applications through their state Medicaid or CHIP portals, or through the Call Centers.

Pop Up Text

Obtaining Consumer Authorization When Using the Marketplace Call Center

Consumers can contact the Marketplace Call Center to authorize a registered agent or broker to access their information and work with the Call Center's Customer Service Representatives on their behalf for up to 365 days. This Marketplace authorization is not the same as ensuring the agent's or broker's National Producer Number (NPN) is on the consumer's application for payment purposes with issuers. Consumers should:

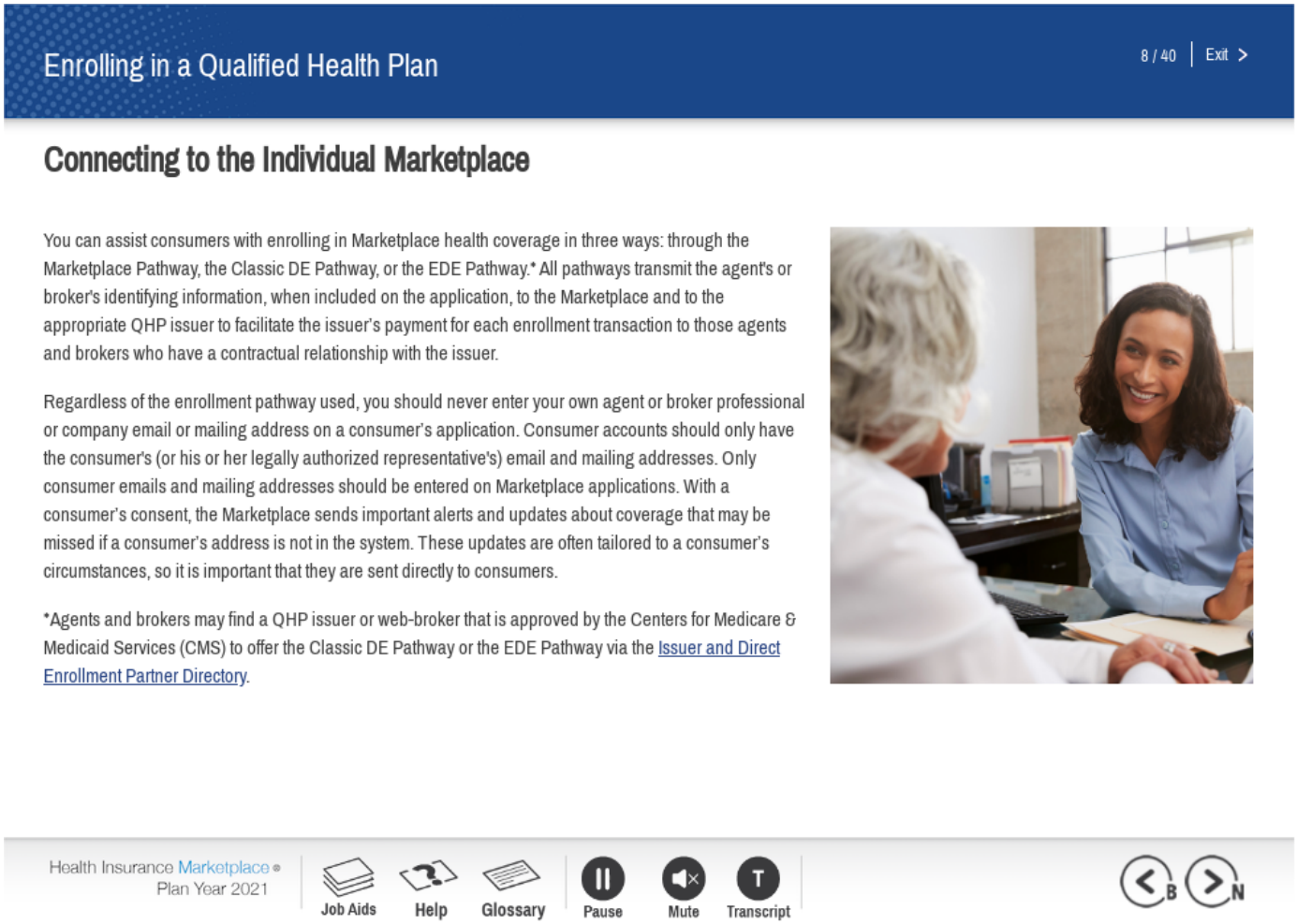
- Provide the Marketplace Call Center with the agent's or broker's full name and NPN
- Complete the authorization prior to the beginning of Open Enrollment
- Call the Marketplace Call Center every 365 days to reauthorize the agent's or broker's access

You should encourage the clients you work with to contact you if they need to enroll or make any changes to their Marketplace enrollment. However, if your client needs to seek support directly from the Marketplace Call Center, you should encourage your client to instruct the Call Center Representative to include or maintain your full name and NPN on the enrollment or re-enrollment transaction. Even if there is a previous authorization/NPN record, instruct your client to always respond "yes" and provide your name and NPN if a Marketplace Call Center Representative asks if anyone helped him or her.

Alt Text

Split image of a man on his cell phone on the left and someone inserting mail into a mailbox on the right

Page: 8 of 40: Connecting to the Individual Marketplace



Page Text

You can assist consumers with enrolling in Marketplace health coverage in three ways: through the Marketplace Pathway, the Classic DE Pathway, or the EDE Pathway.* All pathways transmit the agent's or broker's identifying information, when included on the application, to the Marketplace and to the appropriate QHP issuer to facilitate the issuer's payment for each enrollment transaction to those agents and brokers who have a contractual relationship with the issuer.

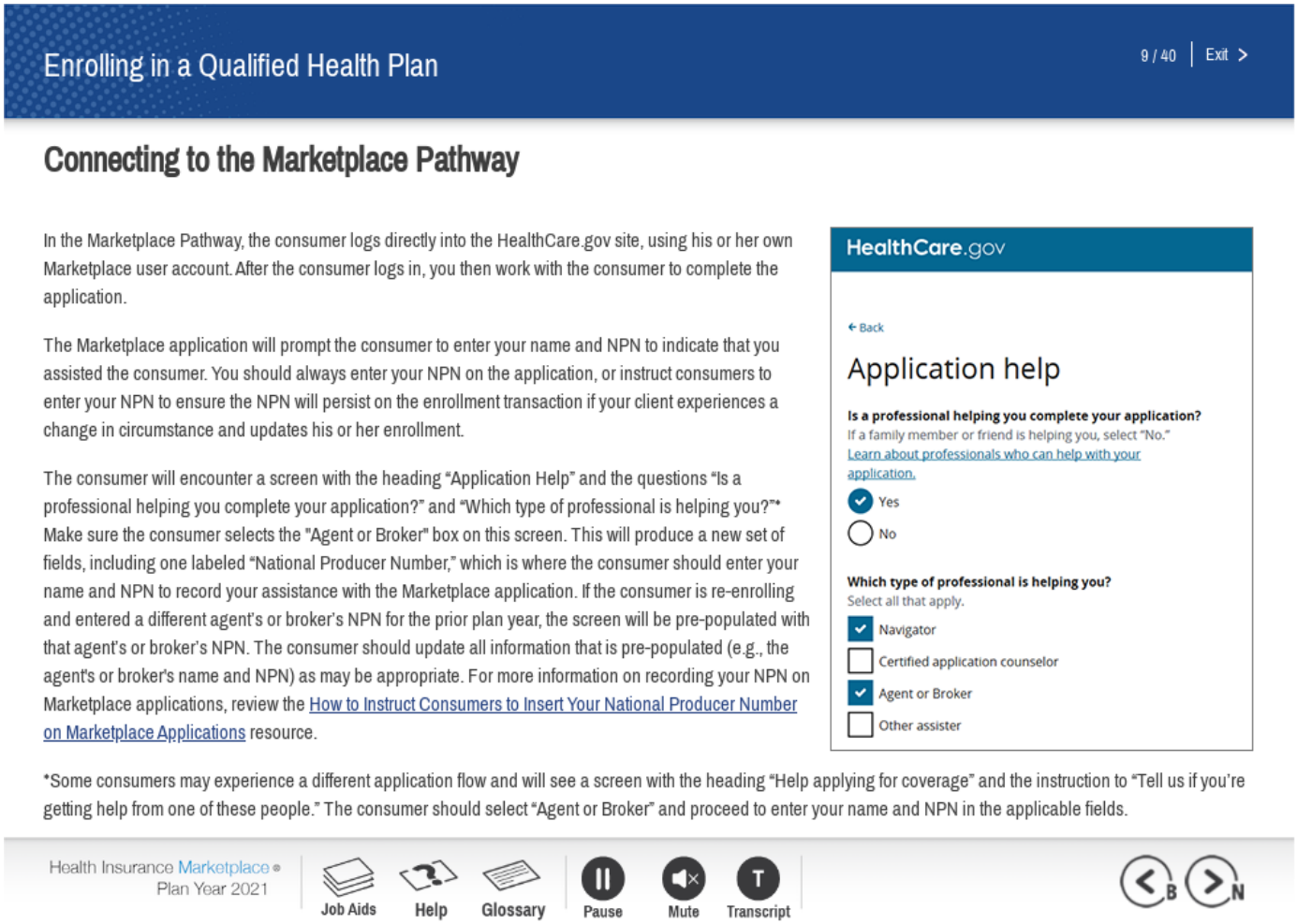
Regardless of the enrollment pathway used, you should never enter your own agent or broker professional or company email or mailing address on a consumer's application. Consumer accounts should only have the consumer's (or his or her legally authorized representative's) email and mailing addresses. Only consumer emails and mailing addresses should be entered on Marketplace applications. With a consumer's consent, the Marketplace sends important alerts and updates about coverage that may be missed if a consumer's address is not in the system. These updates are often tailored to a consumer's circumstances, so it is important that they are sent directly to consumers.

*Agents and brokers may find a QHP issuer or web-broker that is approved by the Centers for Medicare & Medicaid Services (CMS) to offer the Classic DE Pathway or the EDE Pathway via the Issuer and Direct Enrollment Partner Directory.

Alt Text

A younger woman sitting at a desk looking at an older woman on the other side of the desk

Page: 9 of 40: Connecting to the Marketplace Pathway



Page Text

In the Marketplace Pathway, the consumer logs directly into the HealthCare.gov site, using his or her own Marketplace user account. After the consumer logs in, you then work with the consumer to complete the application. The Marketplace application will prompt the consumer to enter your name and NPN to indicate that you assisted the consumer. You should always enter your NPN on the application, or instruct consumers to enter your NPN to ensure the NPN will persist on the enrollment transaction if your client experiences a change in circumstance and updates his or her enrollment.

The consumer will encounter a screen with the heading "Application Help" and the questions "Is a professional helping you complete your application?" and "Which type of professional is helping you?"* Make sure the consumer selects the "Agent or Broker" box on this screen. This will produce a new set of fields, including one labeled "National Producer Number," which is where the consumer should enter your name and NPN to record your assistance with the Marketplace application. If the consumer is re-enrolling and entered a different agent's or broker's NPN for the prior plan year, the screen will be pre-populated with that agent's or broker's NPN. The consumer should update all information that is pre-populated (e.g., the agent's or broker's name and NPN) as may be appropriate. For more information on recording your NPN on Marketplace applications, review the How to Instruct Consumers to Insert Your National Producer Number on Marketplace Applications resource.

*Some consumers may experience a different application flow and will see a screen with the heading “Help applying for coverage” and the instruction to “Tell us if you’re getting help from one of these people.” The consumer should select “Agent or Broker” and proceed to enter your name and NPN in the applicable fields.

Alt Text
HealthCare.gov website showing the "Application help" screen

Page: 10 of 40: Marketplace Pathway

Long Description
Interactive table with steps of the process/Pathway on the left side of the screen. When selected, text and images (where applicable) related to each step appear to the right. To the right of the screen is an agent or broker showing a laptop screen to a smiling couple.

Prompt Text: You can assist consumers directly via HealthCare.gov using the Marketplace Pathway. To help a consumer using this pathway, follow the general steps below. Select each step to learn more.

Pop Up Text

Step 1

Obtain consumer consent, preferably in writing, that you have permission to: 1) conduct an online person search, 2) assist with completing a Marketplace application, 3) assist with plan selection and enrollment, and 4) assist with ongoing account/enrollment maintenance.

Step 2

Advise the consumer to gather the appropriate documents he or she needs to complete the application. Use the Marketplace Application Checklist to assist with this step.

Step 3

Help guide the consumer in setting up his or her own Marketplace user account. You can assist the consumer in creating his or her account, if needed, but the consumer or a legally authorized representative must enter his or her own information into the application. The consumer or legally authorized representative must also create his or her own Marketplace username and password and should not share this information with third parties, including agents and brokers. You may **not** log in as the consumer, using the consumer's ID and password when assisting a consumer using the Marketplace Pathway. Doing so violates the terms and conditions of using Marketplace systems. It is also a violation of the Marketplace Agreement(s) that you sign.

Step 4

You can then help guide the consumer as he or she completes the application at HealthCare.gov.

Step 5

In the application, the consumer is prompted to enter your name and NPN on the application to indicate that you assisted him or her. You should provide this information to the consumer and help ensure that the consumer correctly fills in this information. This is important for receiving your applicable commissions.

Step 6

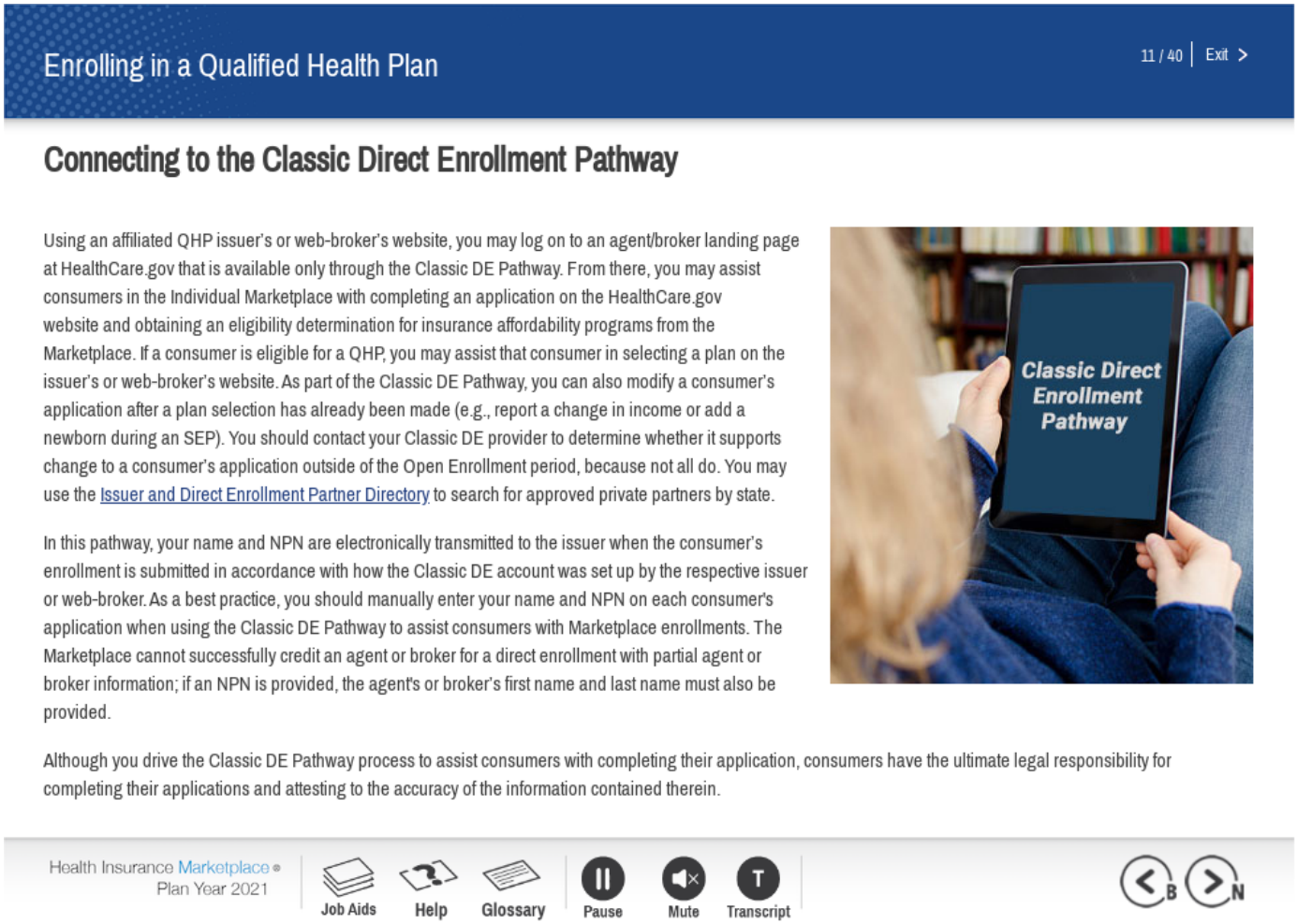
The consumer will receive an eligibility determination. Please have the consumer save or print it for his or her records.

Step 7

If the consumer is determined eligible for a QHP, help the consumer use the plan shopping feature at HealthCare.gov. You can assist the consumer in comparing QHPs and qualified dental plans* at HealthCare.gov and submitting the consumer's selection. When a Marketplace receives a QHP selection from a qualified individual, it promptly notifies the applicable QHP issuer of the requested enrollment and transmits the needed eligibility and enrollment information, including your agent or broker identifying information if the consumer indicated that you assisted him or her with the application.

*Consumers cannot enroll in a Marketplace dental plan unless they are selecting a health plan at the same time.

Page: 11 of 40: Connecting to the Classic Direct Enrollment Pathway



Page Text

Using an affiliated QHP issuer's or web-broker's website, you may log on to an agent/broker landing page at HealthCare.gov that is available only through the Classic DE Pathway. From there, you may assist consumers in the Individual Marketplace with completing an application on the HealthCare.gov website and obtaining an eligibility determination for insurance affordability programs from the Marketplace. If a consumer is eligible for a QHP, you may assist that consumer in selecting a plan on the issuer's or web-broker's website. As part of the Classic DE Pathway, you can also modify a consumer's application after a plan selection has already been made (e.g., report a change in income or add a newborn during an SEP). You should contact your Classic DE provider to determine whether it supports change to a consumer's application outside of the Open Enrollment period, because not all do. You may use the Issuer and Direct Enrollment Partner Directory to search for approved private partners by state.

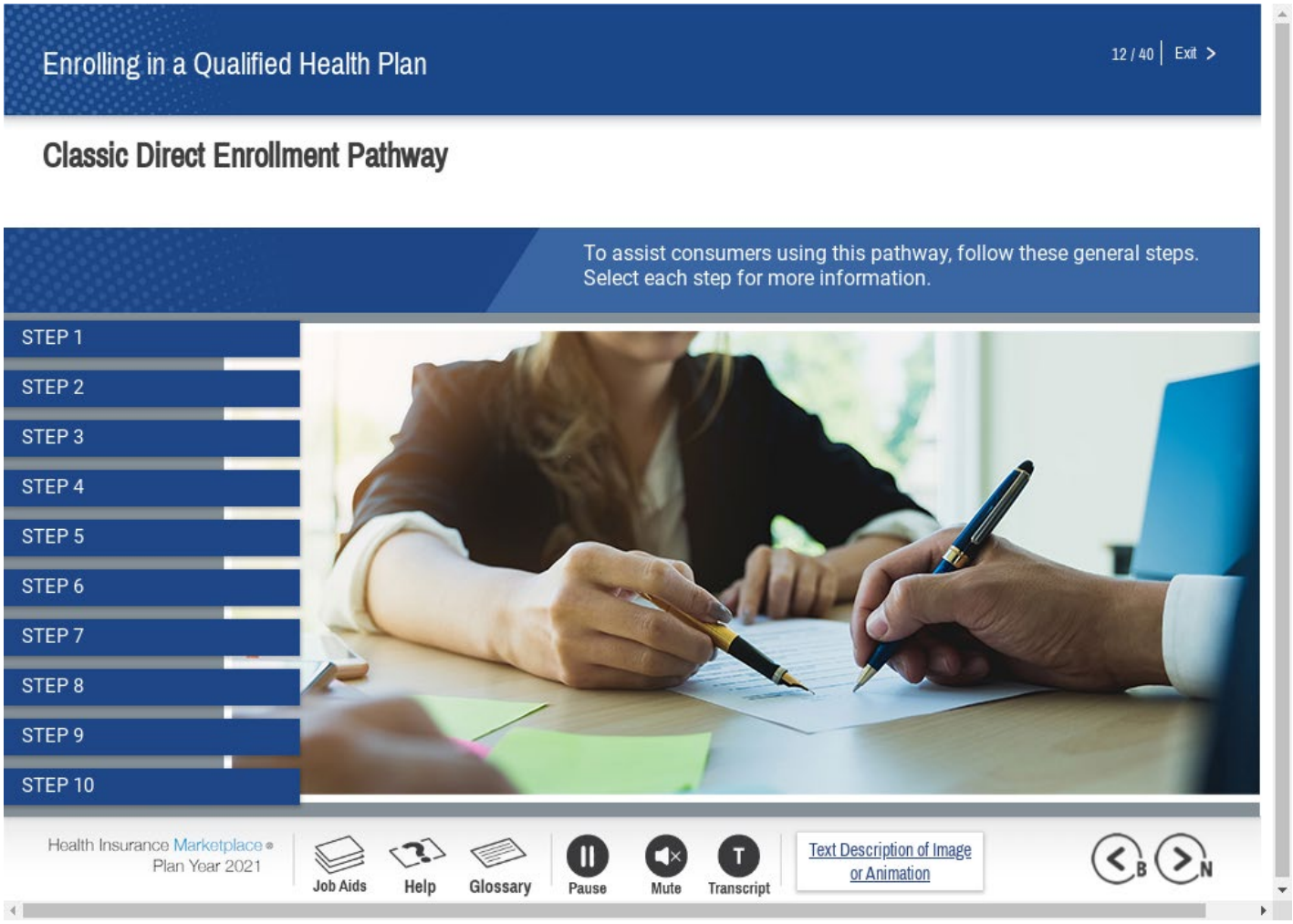
In this pathway, your name and NPN are electronically transmitted to the issuer when the consumer's enrollment is submitted in accordance with how the Classic DE account was set up by the respective issuer or web-broker. As a best practice, you should manually enter your name and NPN on each consumer's application when using the Classic DE Pathway to assist consumers with Marketplace enrollments. The Marketplace cannot successfully credit an agent or broker for a direct enrollment with partial agent or broker information; if an NPN is provided, the agent's or broker's first name and last name must also be provided.

Although you drive the Classic DE Pathway process to assist consumers with completing their application, consumers have the ultimate legal responsibility for completing their applications and attesting to the accuracy of the information contained therein.

Alt Text

A person holding a tablet screen that displays the text "Classic Direct Enrollment Pathway"

Page: 12 of 40: Classic Direct Enrollment Pathway



Long Description
Interactive table with steps of the process/Pathway on the left side of the screen. When selected, text and images (where applicable) related to each step appear to the right. To the right of the screen is a closeup of a man's hand and part of a woman sitting at a conference table signing a document.

Prompt Text: To assist consumers using this pathway, follow these general steps. Select each step for more information.

Pop Up Text

Step 1

Obtain consumer consent, preferably in writing, that you have permission to: 1) conduct an online person search, 2) assist with completing a Marketplace application, 3) assist with plan selection and enrollment, and 4) assist with ongoing account/enrollment maintenance.

Step 2

Advise the consumer to gather the appropriate documents he or she needs to complete the application.

Step 3

Log on to the issuer's or web-brokers' agent/broker portal and supply your agent or broker credentials as required by the issuer or web-broker.

Step 4

You will be securely redirected from the issuer's or web-broker's portal to an agent/broker landing page at HealthCare.gov where you will then log in to the HealthCare.gov system. Please note that you must be working with an issuer or web-broker that supports Classic DE in order to access the agent/broker landing page at HealthCare.gov.

Step 5

Search to determine whether the consumer has an existing Marketplace application (see the "Tips to Avoid Duplicate Enrollments" section of this training module).

Step 6

With the consumer, complete the consumer's application at HealthCare.gov. Please note that the consumer will not set up Marketplace account username and password when using the Classic DE Pathway, but can return to HealthCare.gov separately to set up a Marketplace account username and password if he or she does not already have one.* Although you may enter the information on behalf of the consumer, the consumer has the ultimate legal responsibility for completing the application and attesting to the accuracy of the information contained therein. As a best practice, you should manually enter your name and NPN on the application to ensure it is included in the official Marketplace enrollment record sent to the issuer.

*Note that consumers may also use an issuer's or web-broker's Classic Direct Enrollment Pathway to complete the application on their own. If consumers choose this option, they will be required to create an account on HealthCare.gov, if they do not already have one.

Step 7

Once you have completed the application with the consumer, you will receive the consumer's eligibility determination from the Marketplace. Review the eligibility determination with the consumer. If the eligibility determination reflects that the consumer has an outstanding data matching issue or an SEP verification issue (see the "Pre-enrollment SEP Verification Process" section of this module), assist the consumer with uploading the necessary verification documentation before the deadline indicated in the eligibility determination notice.

Step 8

If the consumer is eligible to select a QHP, you will be securely redirected to the issuer's or web-broker's website. (If the consumer is not eligible and disagrees with that determination, he or she may appeal the determination, as you learned in the Eligibility for Enrolling in a QHP module.) Once back on the issuer's or web-broker's site, compare and select a QHP with the consumer, who is now referred to as a "qualified individual" due to his or her positive eligibility determination.

Please note that when using an issuer's website, you will only be able to help the qualified individual choose among QHPs offered by that specific issuer. However, if you are working with a web-broker, the web-broker is required to display all Individual Marketplace QHPs available in the service area. If the consumer wishes to enroll in dental coverage, assist the consumer with comparing and selecting a dental plan offered on the issuer's or web-broker's site, or direct the consumer to go to HealthCare.gov to select a dental plan.*

* Consumers cannot enroll in a Marketplace dental plan unless they are selecting a health plan at the same time.

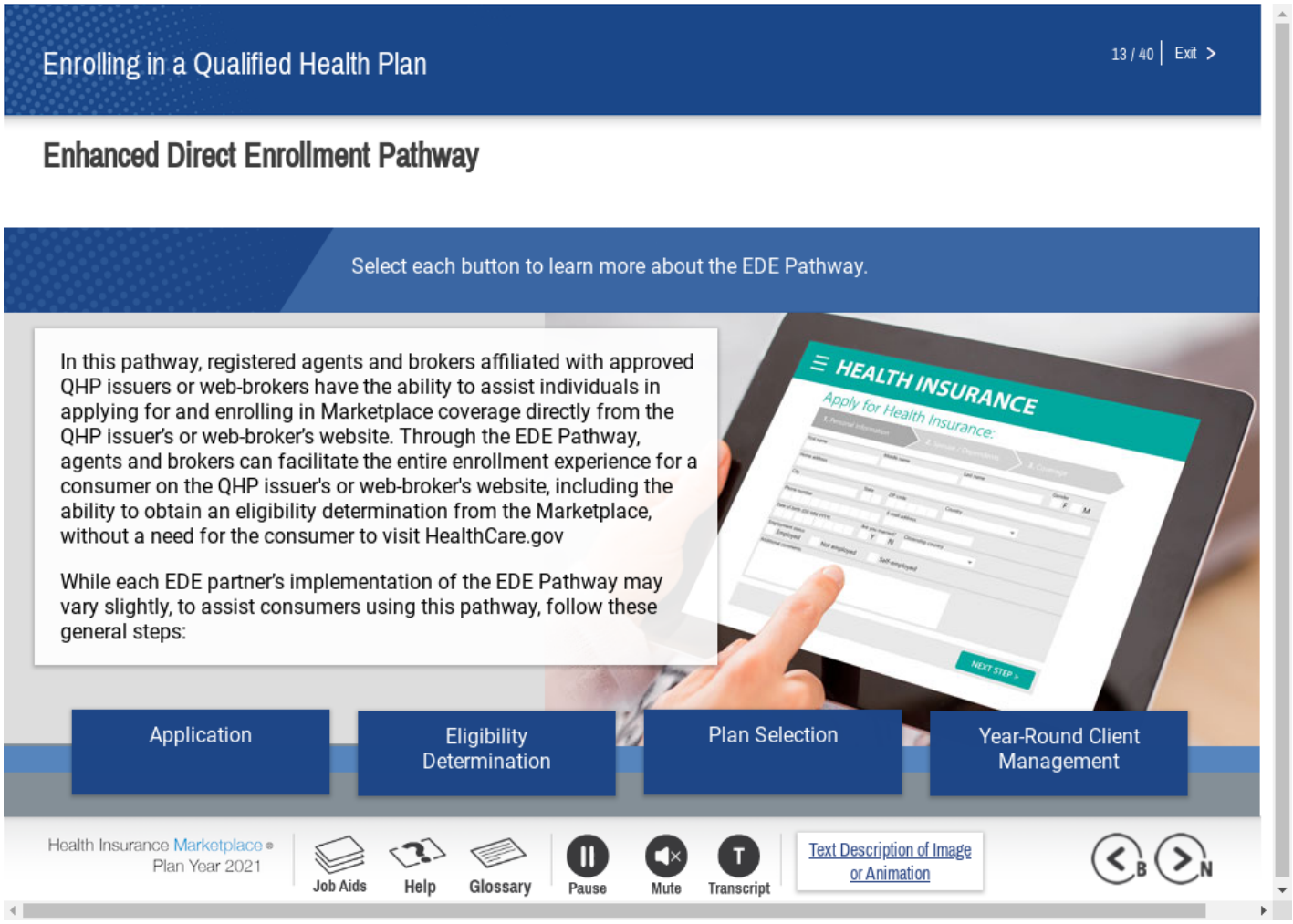
Step 9

If applicable, select the amount of APTC that the qualified individual would like to apply to his or her monthly insurance premiums.

Step 10

At this point, if a qualified individual decides to enroll, the issuer or web-broker submits the enrollment information to HealthCare.gov. When the Marketplace receives a QHP selection for a qualified individual, it promptly notifies the applicable QHP issuer of the requested enrollment and transmits the needed eligibility and enrollment information. Your agent or broker identifying information will be included in the official Marketplace enrollment record sent to the issuer.

Page: 13 of 40: Enhanced Direct Enrollment Pathway



Long Description
Interactive Element. Image of a person completing a health insurance application on a tablet. To the left of the image is a text box showing the Text below. There are four rectangular buttons from left to right labeled: Application, Eligibility Determination, Plan Selection, and Year-Round Client Management. When selected, each button reveals text.

Prompt Text: Select each button to learn more about the EDE Pathway.

Page Text: In this pathway, registered agents and brokers affiliated with approved QHP issuers or web-brokers have the ability to assist individuals in applying for and enrolling in Marketplace coverage directly from the QHP issuer's or web-broker's website. Through the EDE Pathway, agents and brokers can facilitate the entire enrollment experience for a consumer on the QHP issuer's or web-broker's website, including the ability to obtain an eligibility determination from the Marketplace, without a need for the consumer to visit HealthCare.gov.

While each EDE partner's implementation of the EDE Pathway may vary slightly, to assist consumers using this pathway, follow these general steps:

Pop Up Text

Application

1) Obtain consumer consent, preferably in writing, that you have permission to: 1) conduct an online person search, 2) assist with completing a Marketplace application, 3) assist with plan selection and enrollment, and 4) assist with ongoing account/enrollment maintenance.

2) Log in to the QHP issuer's or web-broker's EDE site. You may assist the consumer with creating an account on the issuer's or web-broker's website. However, the consumer should not share his or her log-in credentials with you and you should not share your log-in credentials with the consumer. The consumer may also wish to create a HealthCare.gov account so he or she can access Marketplace notices, upload documents, or update the application directly. See the Creating an Account resource for the steps for a consumer to create a HealthCare.gov account. You must also ensure that the consumer completes the required identity proofing by reviewing approved documents on the consumer's first in-person visit and certifying that you have done so. (Select the **Job Aids** button for a list of the approved documents.)

3) Search to determine whether the consumer has an existing Marketplace application (see the "Tips to Avoid Duplicate Enrollments" section in this module).

4) Assist the consumer with completing his or her Marketplace application. For some partner websites, you may have to help the consumer complete a set of screening questions to verify the application can support the consumer's circumstance. If consumers cannot be assisted through a QHP issuer's or web-broker's EDE Pathway because their circumstances are not supported by the hosted application, they will be redirected to the Marketplace Pathway or a partner's Classic DE Pathway.

Eligibility Determination

5) Review the eligibility determination from the Marketplace on the partner's website with the consumer.

6) If the eligibility determination reflects that the consumer has an outstanding data matching issue or an SEP verification issue (see the "Pre-enrollment SEP Verification Process" section of this module), assist the consumer with uploading the necessary verification documentation before the deadline indicated in the eligibility determination notice.

Plan Selection

7) If the consumer is eligible to select a QHP, assist the consumer in selecting the amount of APTC he or she would like to apply to his or her monthly insurance premiums. The consumer is now referred to as a "qualified individual" due to his or her positive eligibility determination.

8) Assist the qualified individual with the plan selection process. Please note that when using an issuer's website you will only be able to help the qualified individual choose among QHPs offered by that specific issuer. However, if you are working with a web-broker, the web-broker is required to display all Individual Marketplace QHPs available in the service area. If the qualified individual wishes to enroll in dental coverage, assist the qualified individual with comparing and selecting a dental plan offered on the issuer's or web-broker's site, or direct the qualified individual to go to HealthCare.gov to select a dental plan.*

9) If the qualified individual needs to make the initial premium payment, assist the qualified individual in doing so. EDE websites include payment functionality that allows the qualified individual to make the initial premium payment directly, or that allows the consumer to redirect to the applicable issuer website for the initial premium payment.

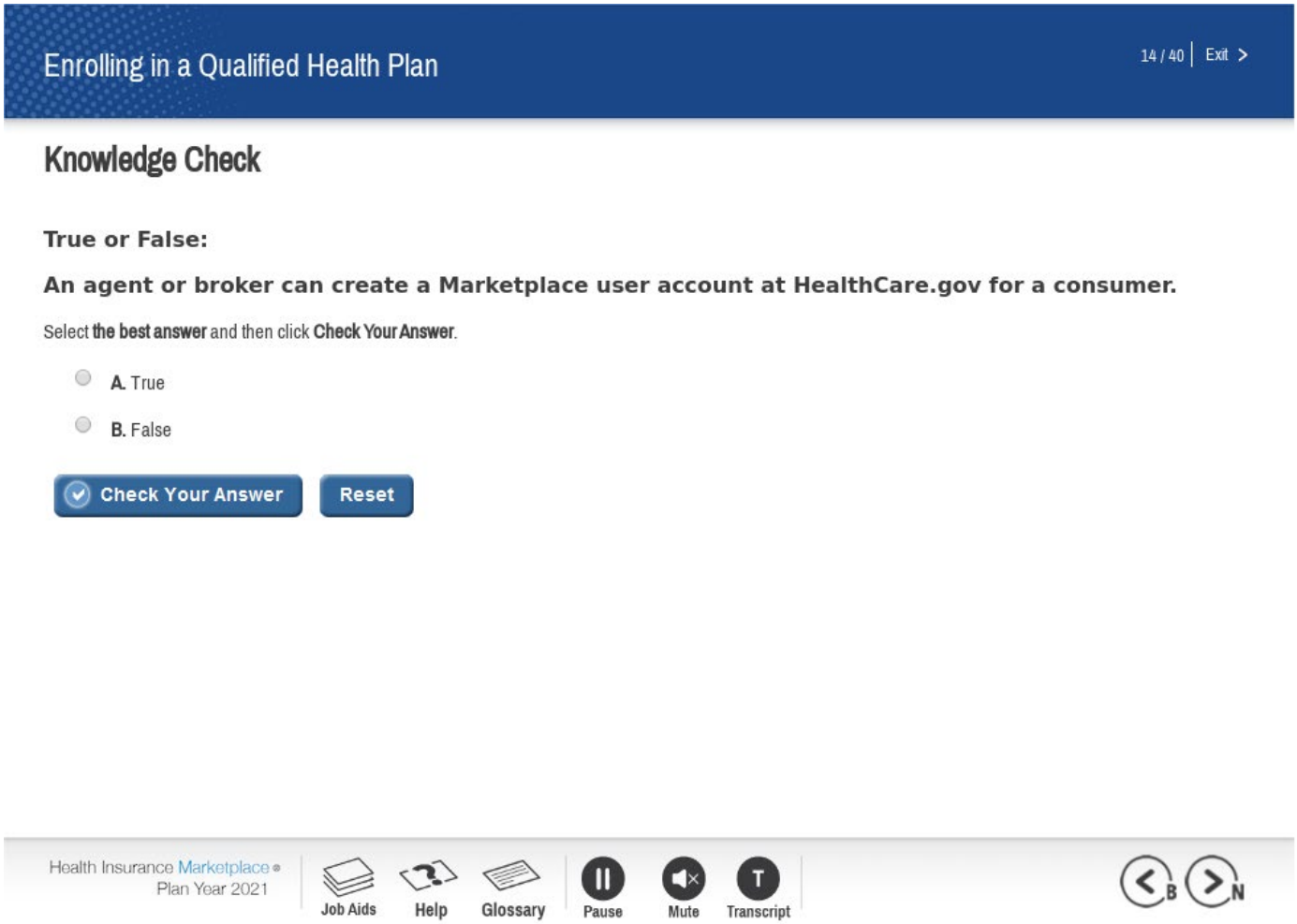
10) If a qualified individual decides to enroll, the issuer or web-broker submits the enrollment information to HealthCare.gov. When the Marketplace receives a QHP selection for a qualified individual, it promptly notifies the applicable QHP issuer of the requested enrollment and transmits the needed eligibility and enrollment information. Your agent or broker identifying information will be included in the official Marketplace enrollment record sent to the issuer.

*Consumers cannot enroll in a Marketplace dental plan unless they are selecting a health plan at the same time.

Year-Round Client Management

EDE partners may offer a range of client management functions for you to more easily assist consumers year-round. These capabilities may vary, but will generally include the ability to upload documents to adjudicate data-matching issues and SEP verification issues, view the status of those issues, download Marketplace notices (such as the Eligibility Determination Notice and Form 1095-A), and request coverage cancellations and terminations. Contact the approved QHP issuer and web-broker EDE partners for further details on what additional functionality they provide through their respective EDE Pathways.

Page: 14 of 40: Knowledge Check



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

Question
True or False: An agent or broker can create a Marketplace user account at HealthCare.gov for a consumer.

Options

A. True

B. False

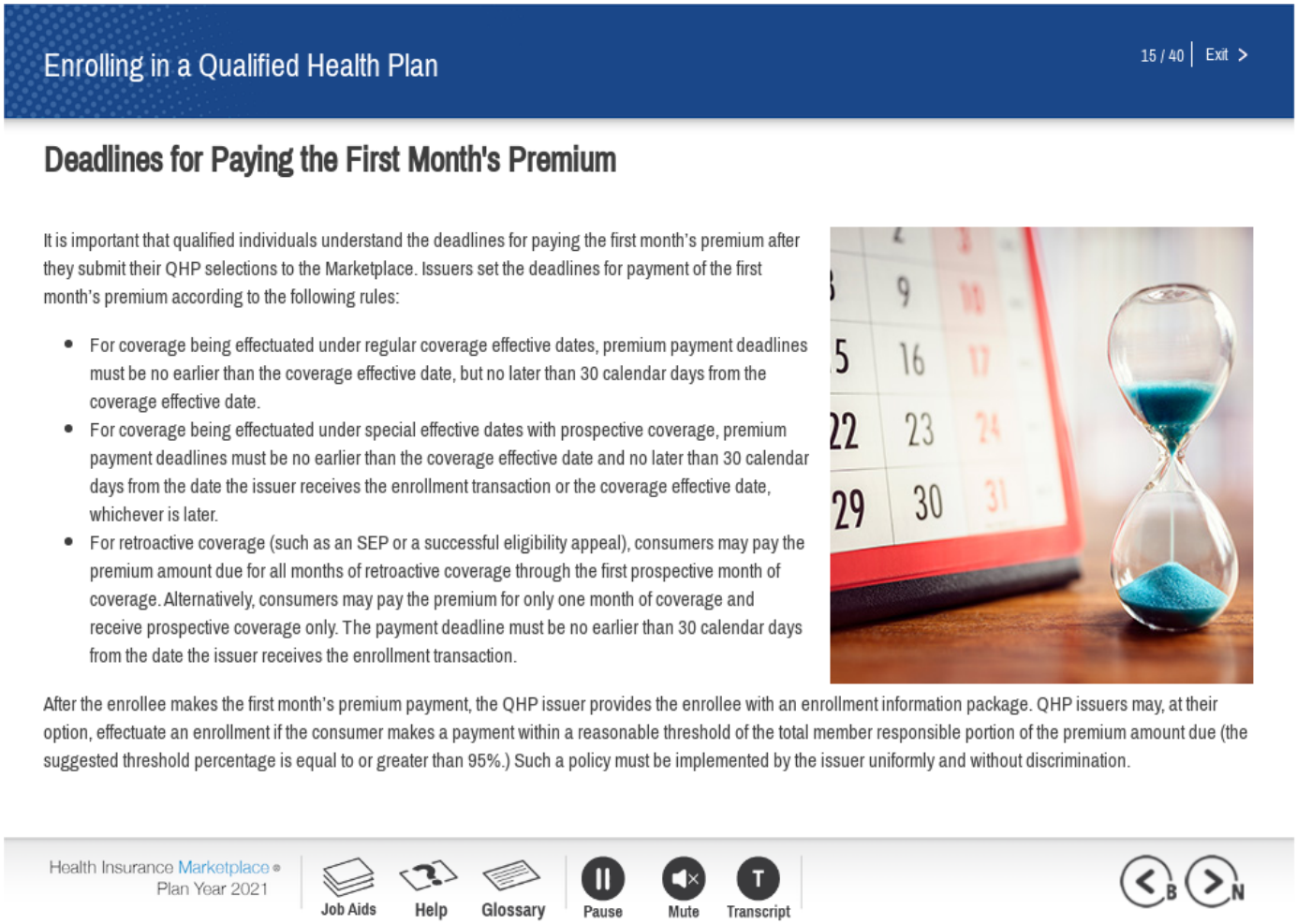
Correct Answer
B

Positive Feedback
Correct! An agent or broker may assist the consumer in creating the consumer's account if needed, but the consumer or a legally authorized representative must create his or her own Marketplace username and password and should not share this information with third parties, including agents and brokers. Agents and brokers may not log in as the consumer, using the consumer's username and password, when assisting consumers in the Marketplace Pathway.

Negative Feedback

Incorrect. The statement is false. An agent or broker may assist the consumer in creating the consumer's account if needed, but the consumer or a legally authorized representative must create his or her own Marketplace username and password and should not share this information with third parties, including agents and brokers. Agents and brokers may not log in as the consumer, using the consumer's username and password, when assisting consumers in the Marketplace Pathway.

Page: 15 of 40: Deadlines for Paying the First Month's Premium



Page Text

It is important that qualified individuals understand the deadlines for paying the first month's premium after they submit their QHP selections to the Marketplace. Issuers set the deadlines for payment of the first month's premium according to the following rules:

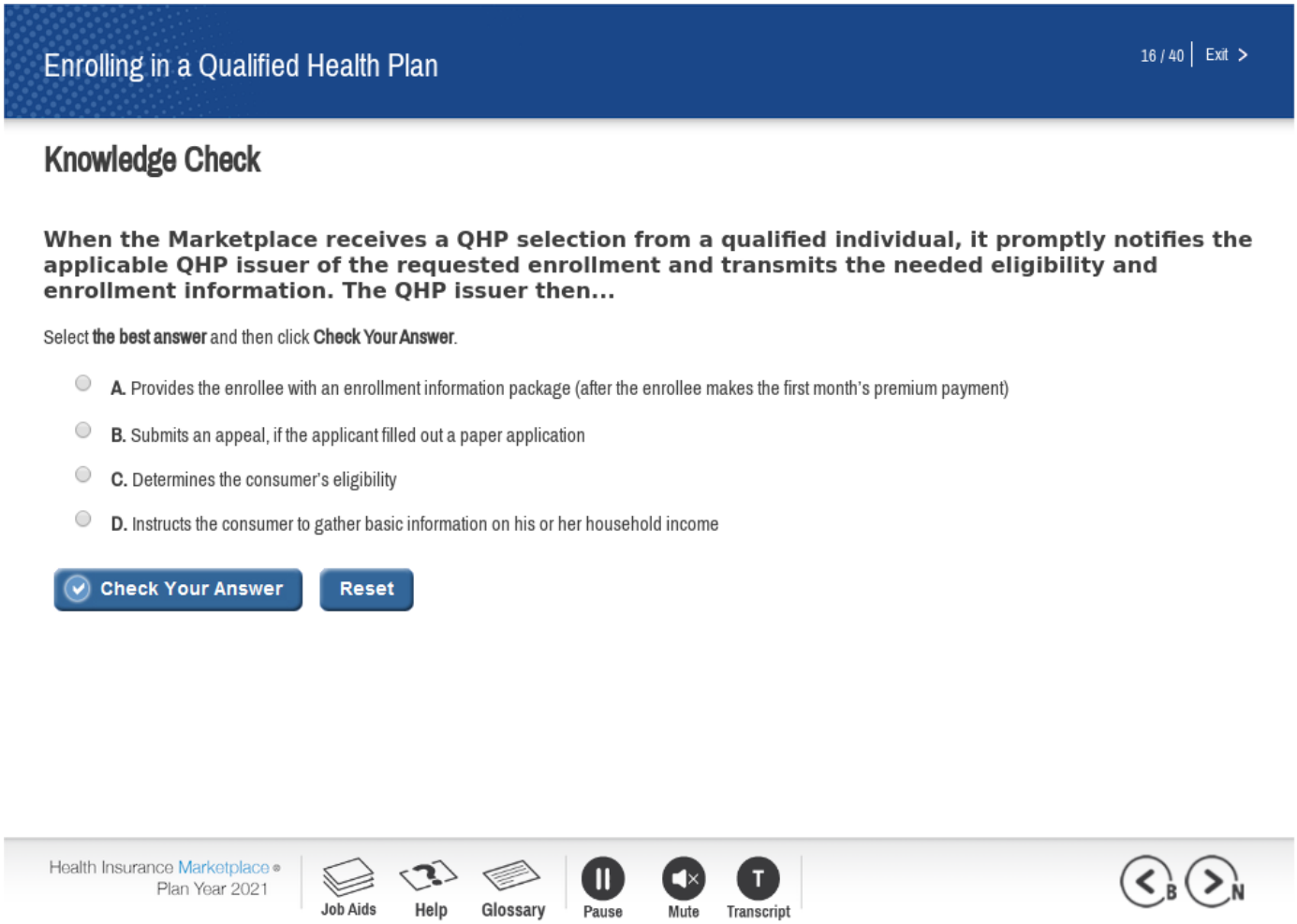
- For coverage being effectuated under regular coverage effective dates, premium payment deadlines must be no earlier than the coverage effective date, but no later than 30 calendar days from the coverage effective date.
- For coverage being effectuated under special effective dates with prospective coverage, premium payment deadlines must be no earlier than the coverage effective date and no later than 30 calendar days from the date the issuer receives the enrollment transaction or the coverage effective date, whichever is later.
- For retroactive coverage (such as an SEP or a successful eligibility appeal), consumers may pay the premium amount due for all months of retroactive coverage through the first prospective month of coverage. Alternatively, consumers may pay the premium for only one month of coverage and receive prospective coverage only. The payment deadline must be no earlier than 30 calendar days from the date the issuer receives the enrollment transaction.

After the enrollee makes the first month's premium payment, the QHP issuer provides the enrollee with an enrollment information package. QHP issuers may, at their option, effectuate an enrollment if the consumer makes a payment within a reasonable threshold of the total member responsible portion of the premium amount due (the suggested threshold

percentage is equal to or greater than 95%.) Such a policy must be implemented by the issuer uniformly and without discrimination.

Alt Text
An hourglass with blue sand; the hourglass is placed in front of a desk calendar.

Page: 16 of 40: Knowledge Check



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

Question
When the Marketplace receives a QHP selection from a qualified individual, it promptly notifies the applicable QHP issuer of the requested enrollment and transmits the needed eligibility and enrollment information. The QHP issuer then...

Options

A. Provides the enrollee with an enrollment information package (after the enrollee makes the first month's premium payment)

B. Submits an appeal, if the applicant filled out a paper application

C. Determines the consumer's eligibility

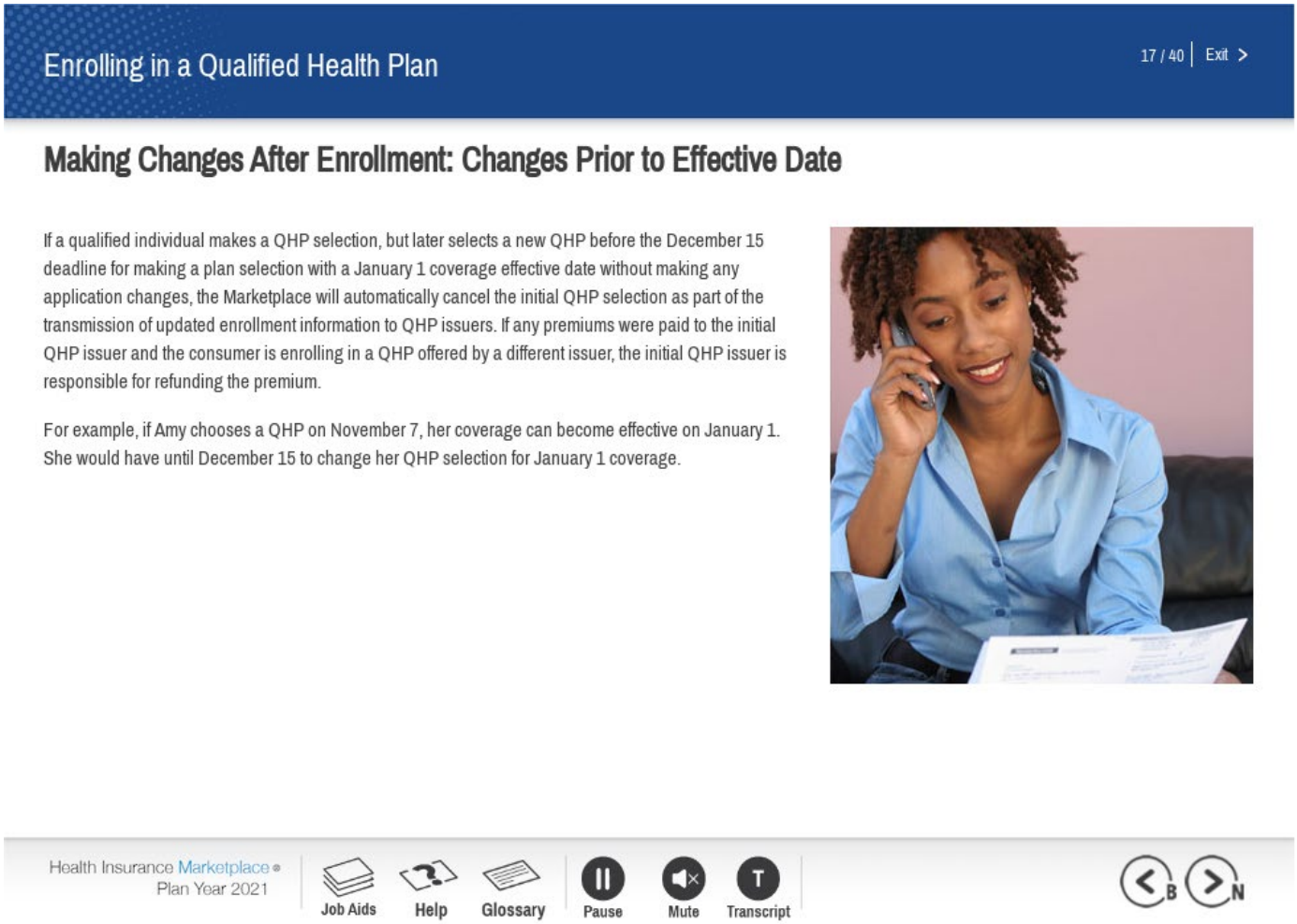
D. Instructs the consumer to gather basic information on his or her household income

Correct Answer
A

Positive Feedback
Correct! The QHP issuer then provides the enrollee with an enrollment information package after the enrollee makes the first month's premium payment.

Negative Feedback
Incorrect. The correct answer is A. The QHP issuer then provides the enrollee with an enrollment information package after the enrollee makes the first month's premium payment.

Page: 17 of 40: Making Changes After Enrollment: Changes Prior to Effective Date



Page Text

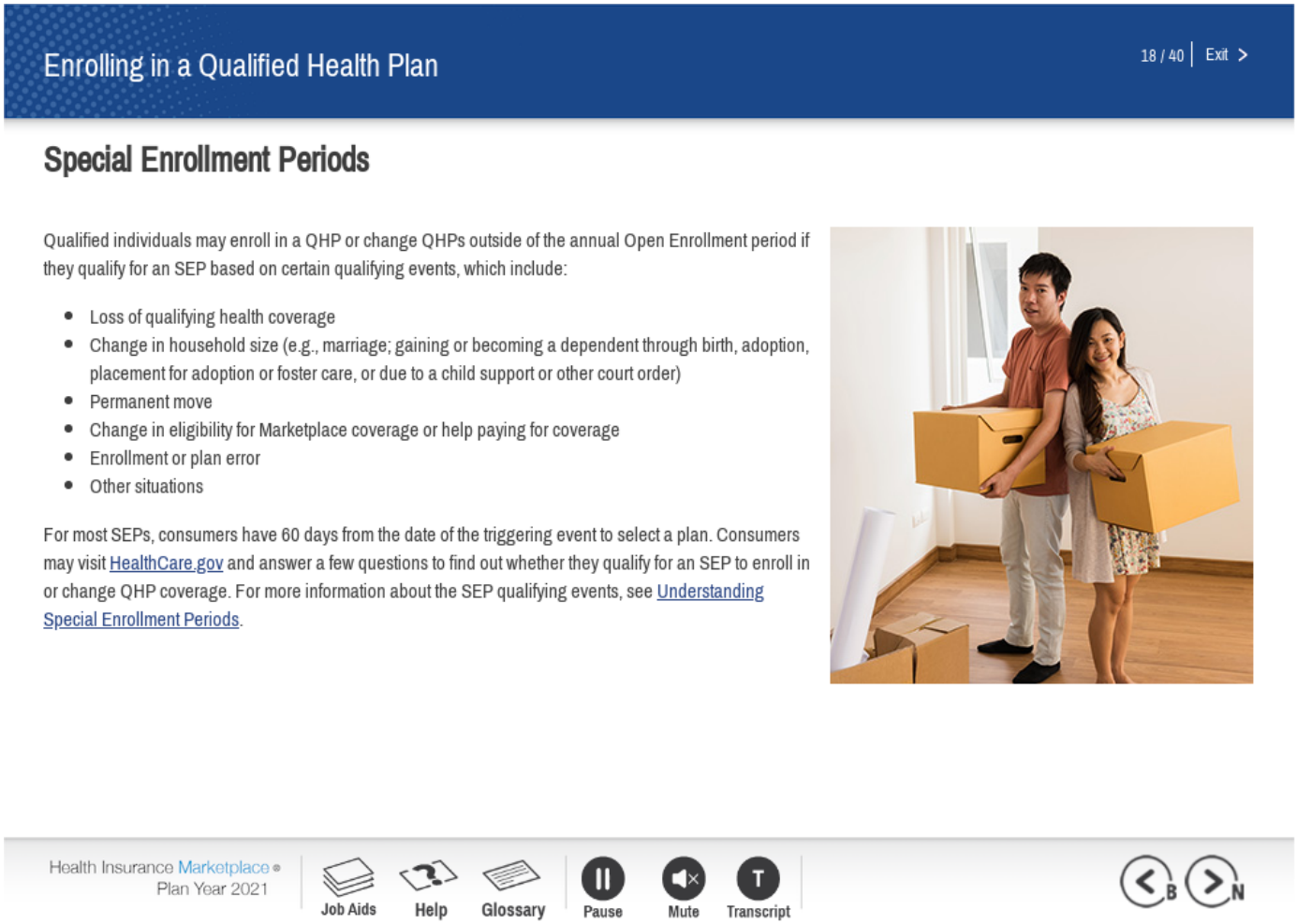
If a qualified individual makes a QHP selection, but later selects a new QHP before the December 15 deadline for making a plan selection with a January 1 coverage effective date without making any application changes, the Marketplace will automatically cancel the initial QHP selection as part of the transmission of updated enrollment information to QHP issuers. If any premiums were paid to the initial QHP issuer and the consumer is enrolling in a QHP offered by a different issuer, the initial QHP issuer is responsible for refunding the premium.

For example, if Amy chooses a QHP on November 7, her coverage can become effective on January 1. She would have until December 15 to change her QHP selection for January 1 coverage.

Alt Text

Young woman reviewing documents

Page: 18 of 40: Special Enrollment Periods



Page Text

Qualified individuals may enroll in a QHP or change QHPs outside of the annual Open Enrollment period if they qualify for an SEP based on certain qualifying events, which include:

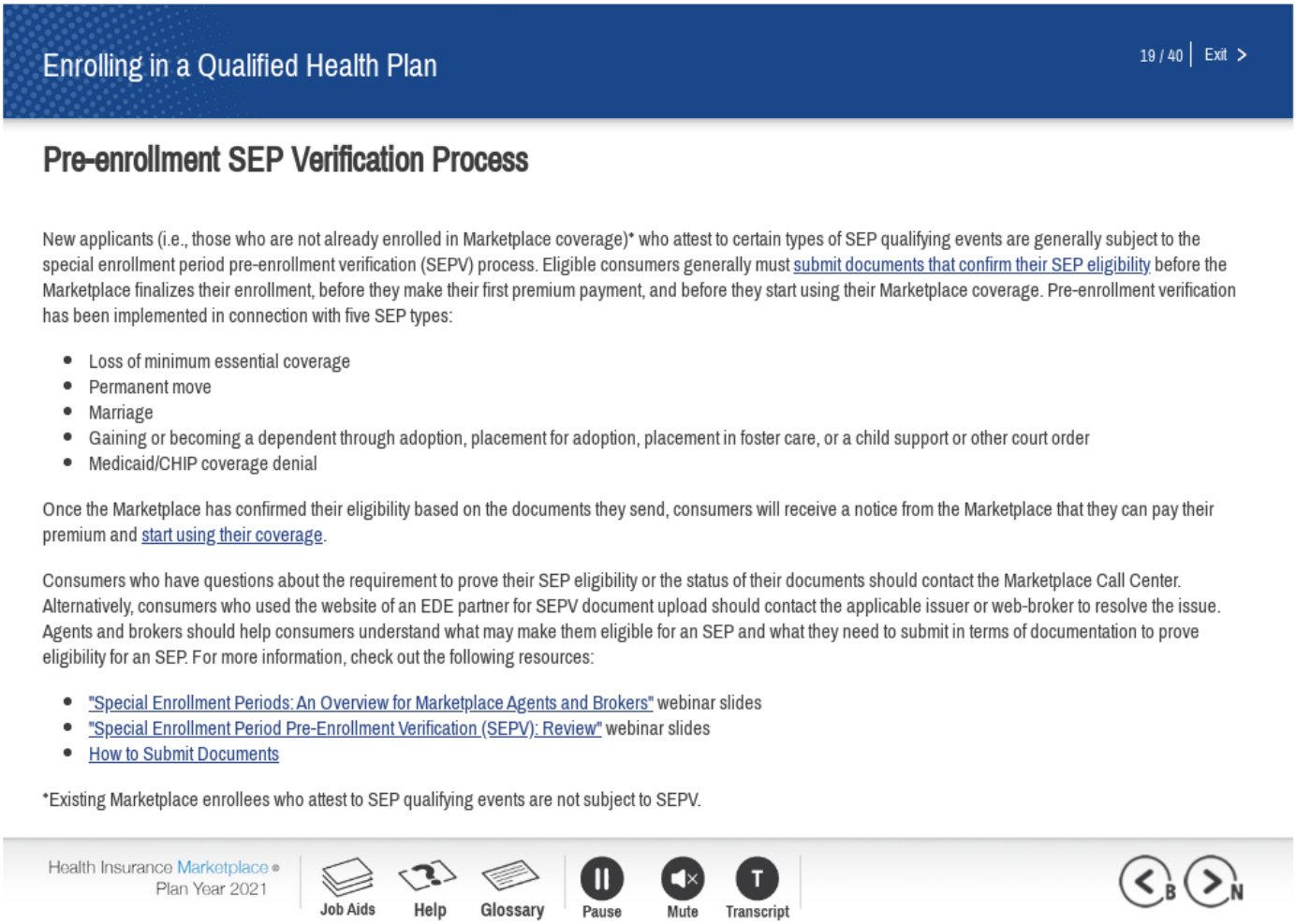
- Loss of qualifying health coverage
- Change in household size (e.g., marriage; gaining or becoming a dependent through birth, adoption, placement for adoption or foster care, or due to a child support or other court order)
- Permanent move
- Change in eligibility for Marketplace coverage or help paying for coverage
- Enrollment or plan error
- Other situations

For most SEPs, consumers have 60 days from the date of the triggering event to select a plan. Consumers may visit HealthCare.gov and answer a few questions to find out whether they qualify for an SEP to enroll in or change QHP coverage. For more information about the SEP qualifying events, see Understanding Special Enrollment Periods.

Alt Text

Image of a man and woman standing shoulder to shoulder in a living room; each person is holding a moving box.

Page: 19 of 40: Pre-enrollment SEP Verification Process



Page Text

New applicants (i.e., those who are not already enrolled in Marketplace coverage)* who attest to certain types of SEP qualifying events are generally subject to the special enrollment period pre-enrollment verification (SEPV) process. Eligible consumers generally must submit documents that confirm their SEP eligibility before the Marketplace finalizes their enrollment, before they make their first premium payment, and before they start using their Marketplace coverage. Pre-enrollment verification has been implemented in connection with five SEP types:

- Loss of minimum essential coverage
- Permanent move
- Marriage
- Gaining or becoming a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order
- Medicaid/CHIP coverage denial

Once the Marketplace has confirmed their eligibility based on the documents they send, consumers will receive a notice from the Marketplace that they can pay their premium and start using their coverage.

Consumers who have questions about the requirement to prove their SEP eligibility or the status of their documents should contact the Marketplace Call Center. Alternatively, consumers who used the website of an EDE partner for SEPV document upload should contact the applicable issuer or web-broker to resolve the issue. Agents and brokers should help consumers understand what may make them eligible for an SEP and what they need to submit in terms of documentation to prove eligibility for an SEP. For more information, check out the following resources:

- "Special Enrollment Periods: An Overview for Marketplace Agents and Brokers" webinar slides
- "Special Enrollment Period Pre-Enrollment Verification (SEPV): Review" webinar slides
- How to Submit Documents

*Existing Marketplace enrollees who attest to SEP qualifying events are not subject to SEPV.

Pop Up Text

Submitting Documents that Confirm SEP Eligibility
Consumers have 30 days after confirming their plan selection to upload their documents at HealthCare.gov or send them by mail to:

Health Insurance Marketplace

Attn: Supporting Documentation

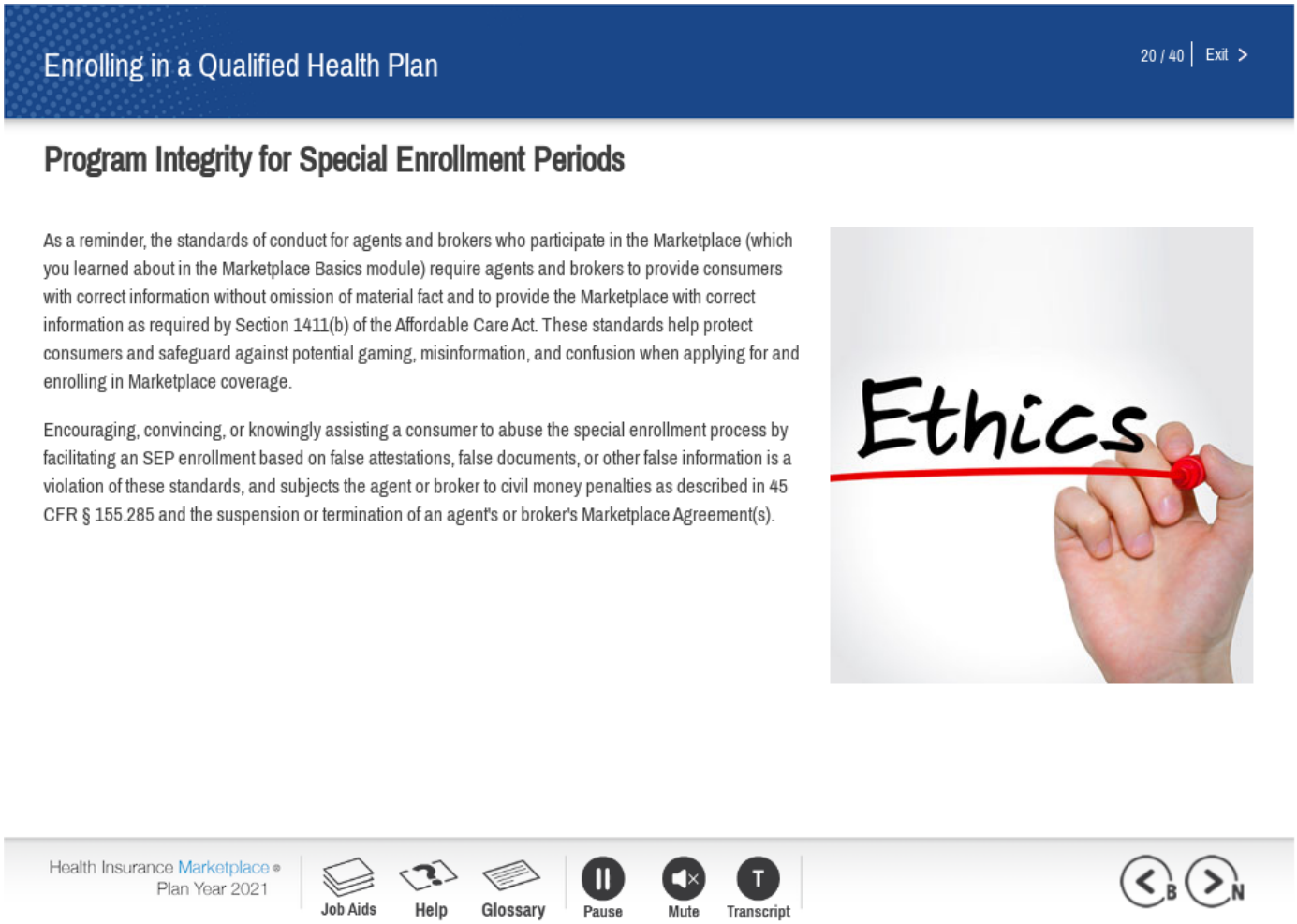
465 Industrial Blvd.

London, KY 40750-0001

EDE partners may also offer the ability to upload documents to adjudicate a consumer's SEPV issues

Start Using Coverage
Consumers' coverage will be effective based on their SEP type and date of plan selection, so in some cases, the effective date may be retroactive. The consumer has the option to pay the premium due for all months of retroactive coverage through the first prospective month of coverage, or only the premium for one month of coverage and receive prospective coverage only.

Page: 20 of 40: Program Integrity for Special Enrollment Periods



Page Text

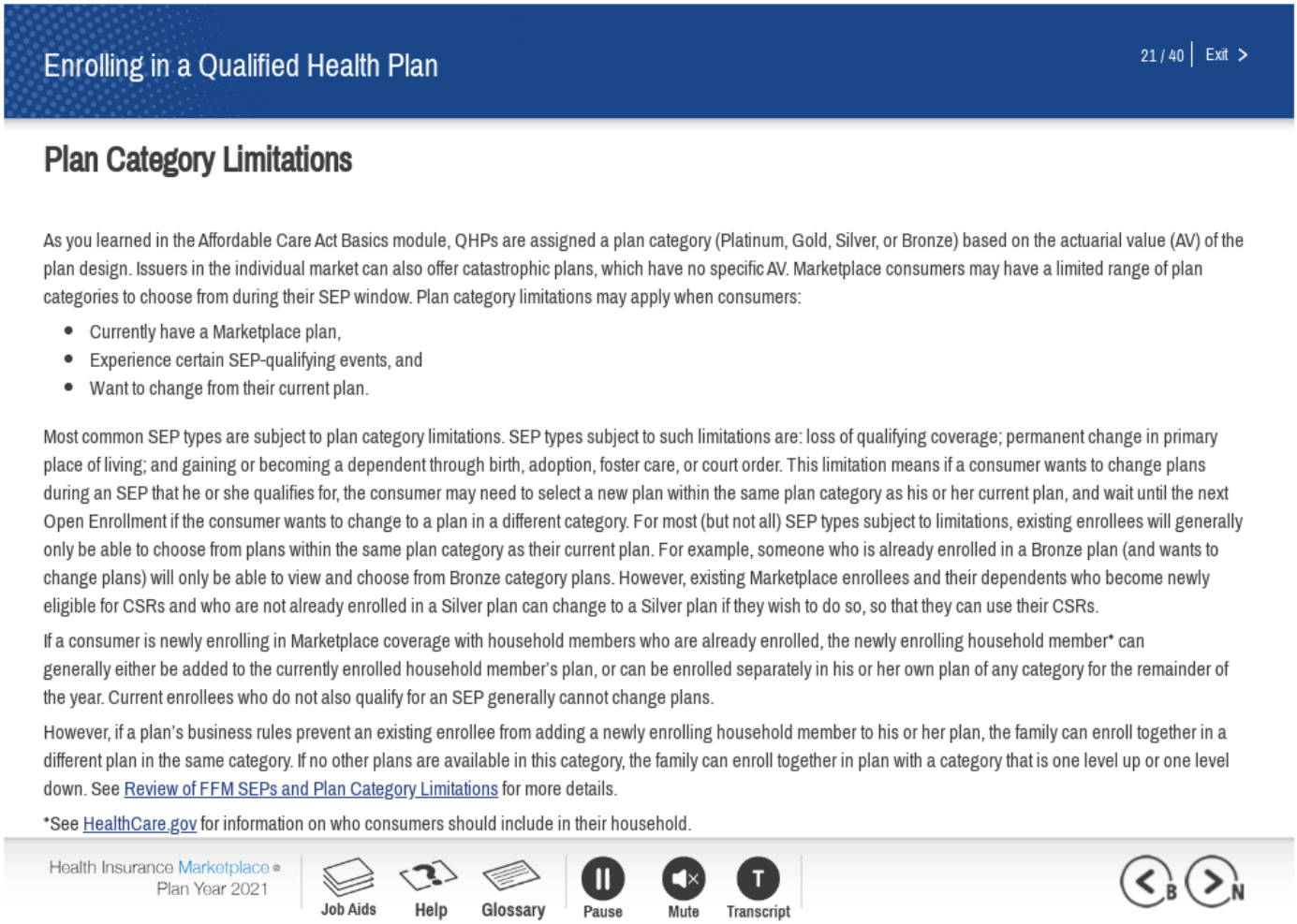
As a reminder, the standards of conduct for agents and brokers who participate in the Marketplace (which you learned about in the Marketplace Basics module) require agents and brokers to provide consumers with correct information without omission of material fact and to provide the Marketplace with correct information as required by Section 1411(b) of the Affordable Care Act. These standards help protect consumers and safeguard against potential gaming, misinformation, and confusion when applying for and enrolling in Marketplace coverage.

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 is a violation of these standards, and subjects the agent or broker to civil money penalties as described in 45 CFR § 155.285 and the suspension or termination of an agent's or broker's Marketplace Agreement(s).

Alt Text

A hand holding a red marker drawing a line under the word "Ethics"

Page: 21 of 40: Plan Category Limitations



Page Text

As you learned in the Affordable Care Act Basics module, QHPs are assigned a plan category (Platinum, Gold, Silver, or Bronze) based on the actuarial value (AV) of the plan design. Issuers in the individual market can also offer catastrophic plans, which have no specific AV. Marketplace consumers may have a limited range of plan categories to choose from during their SEP window. Plan category limitations may apply when consumers:

- Currently have a Marketplace plan,
- Experience certain SEP-qualifying events, and
- Want to change from their current plan.

Most common SEP types are subject to plan category limitations. SEP types subject to such limitations are: loss of qualifying coverage; permanent change in primary place of living; and gaining or becoming a dependent through birth, adoption, foster care, or court order. This limitation means if a consumer wants to change plans during an SEP that he or she qualifies for, the consumer may need to select a new plan within the same plan category as his or her current plan, and wait until the next Open Enrollment if the consumer wants to change to a plan in a different category. For most (but not all) SEP types subject to limitations, existing enrollees will generally only be able to choose from plans within the same plan category as their current plan. For example, someone who is already enrolled in a Bronze plan (and wants to change plans) will only be able to view and choose from Bronze category plans. However, existing Marketplace enrollees and their dependents who become newly

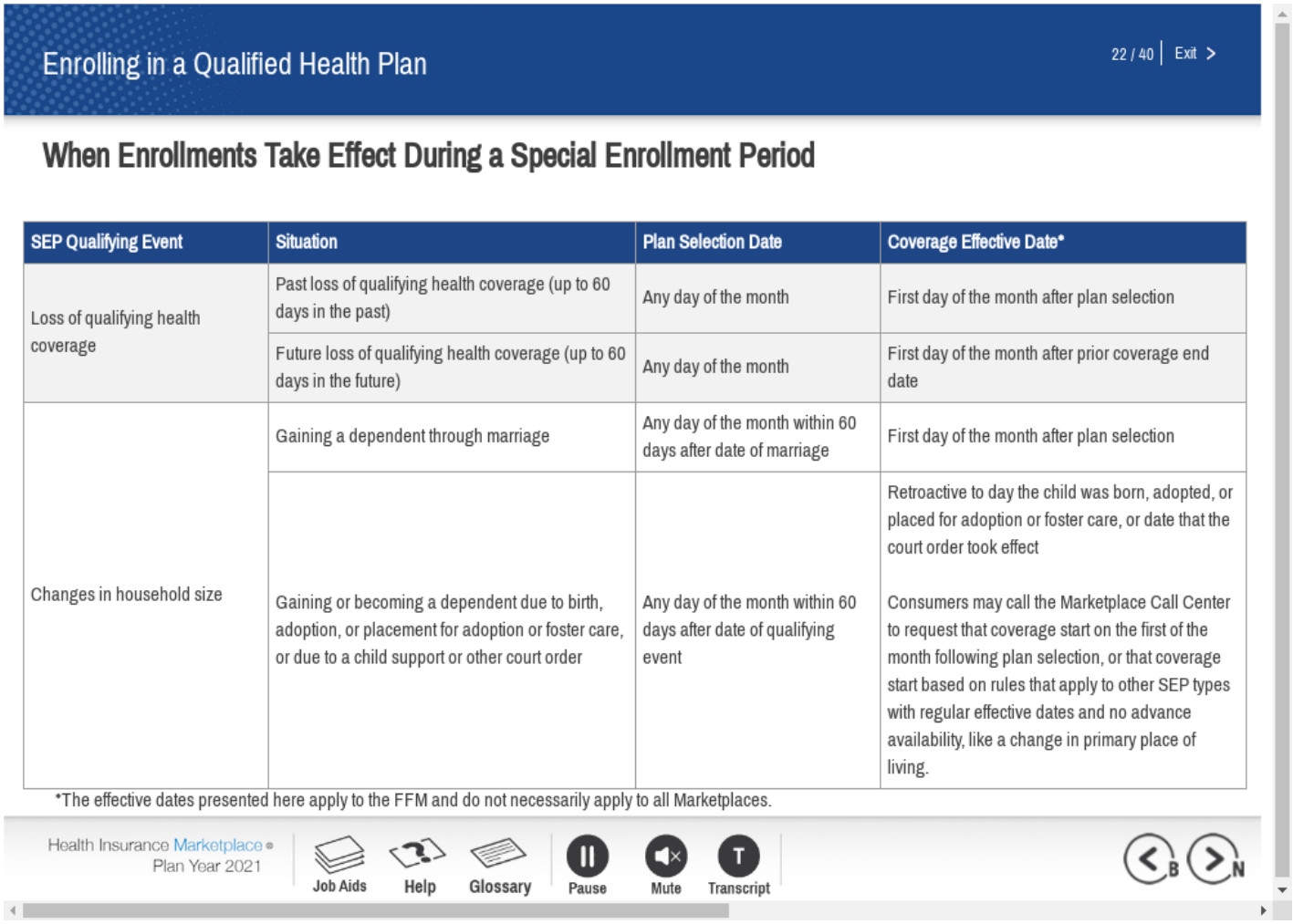
eligible for CSRs and who are not already enrolled in a Silver plan can change to a Silver plan if they wish to do so, so that they can use their CSRs.

If a consumer is newly enrolling in Marketplace coverage with household members who are already enrolled, the newly enrolling household member* can generally either be added to the currently enrolled household member's plan, or can be enrolled separately in his or her own plan of any category for the remainder of the year. Current enrollees who do not also qualify for an SEP generally cannot change plans.

However, if a plan's business rules prevent an existing enrollee from adding a newly enrolling household member to his or her plan, the family can enroll together in a different plan in the same category. If no other plans are available in this category, the family can enroll together in plan with a category that is one level up or one level down. See Review of FFM SEPs and Plan Category Limitations for more details.

*See HealthCare.gov for information on who consumers should include in their household.

Page: 22 of 40: When Enrollments Take Effect During a Special Enrollment Period



Page Text

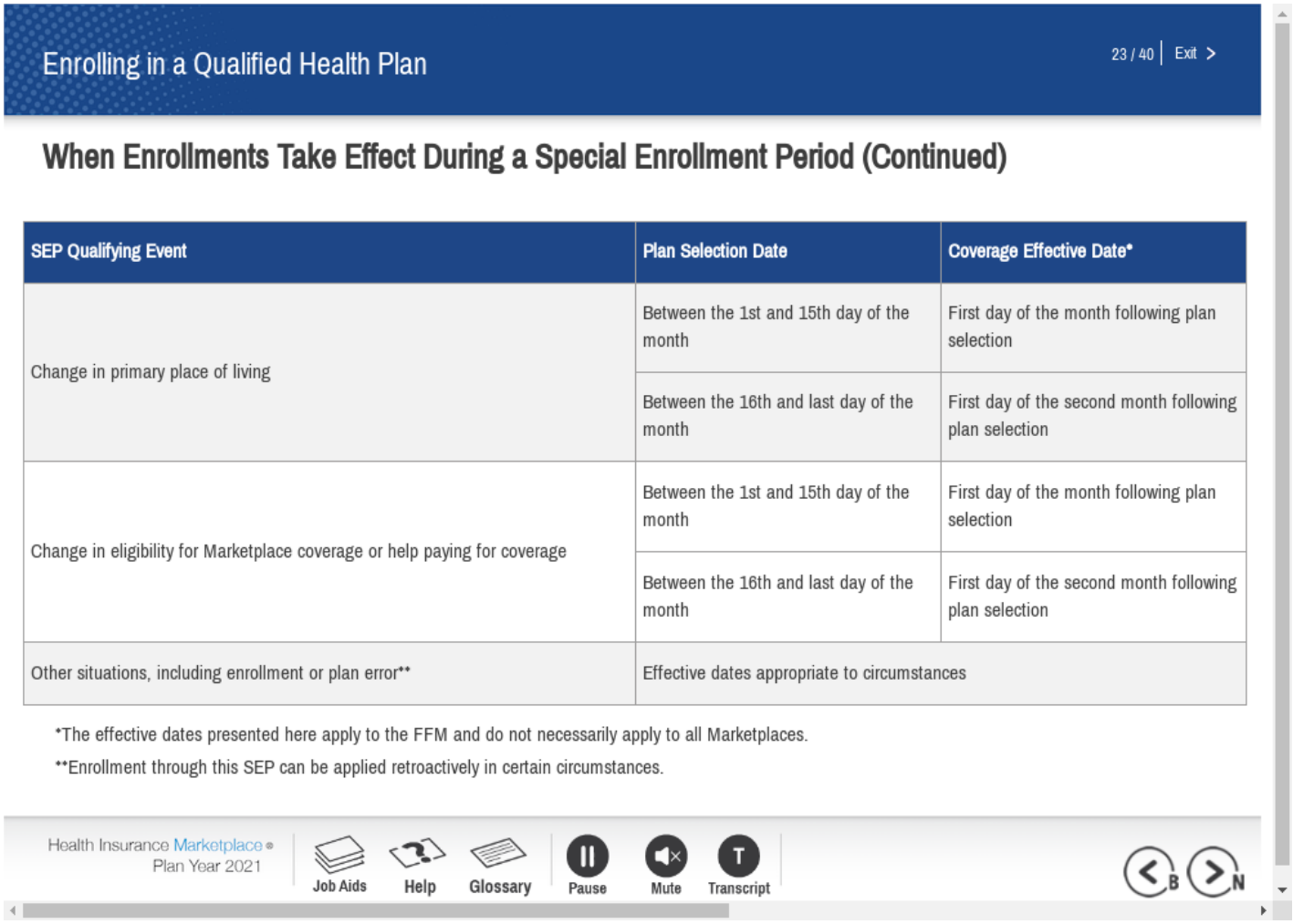
SEP Qualifying Event Situation Plan Selection Date Coverage Effective Date*

Loss of qualifying health coverage Past loss of qualifying health coverage (up to 60 days in the past) Any day of the month First day of the month after plan selection Future loss of qualifying health coverage (up to 60 days in the future) Any day of the month First day of the month after prior coverage end date

Changes in household size Gaining a dependent through marriage Any day of the month within 60 days after date of marriage First day of the month after plan selection Gaining or becoming a dependent due to birth, adoption, or placement for adoption or foster care, or due to a child support or other court order Any day of the month within 60 days after date of qualifying event Retroactive to day the child was born, adopted, or placed for adoption or foster care, or date that the court order took effect Consumers may call the Marketplace Call Center to request that coverage start on the first of the month following plan selection, or that coverage start based on rules that apply to other SEP types with regular effective dates and no advance availability, like a change in primary place of living.

*The effective dates presented here apply to the FFM and do not necessarily apply to all Marketplaces.

Page: 23 of 40: When Enrollments Take Effect During a Special Enrollment Period (Continued)



Page Text

SEP Qualifying Event Plan Selection Date Coverage Effective Date*

Change in primary place of living Between the 1st and 15th day of the month First day of the month following plan selection Between the 16th and last day of the month First day of the second month following plan selection

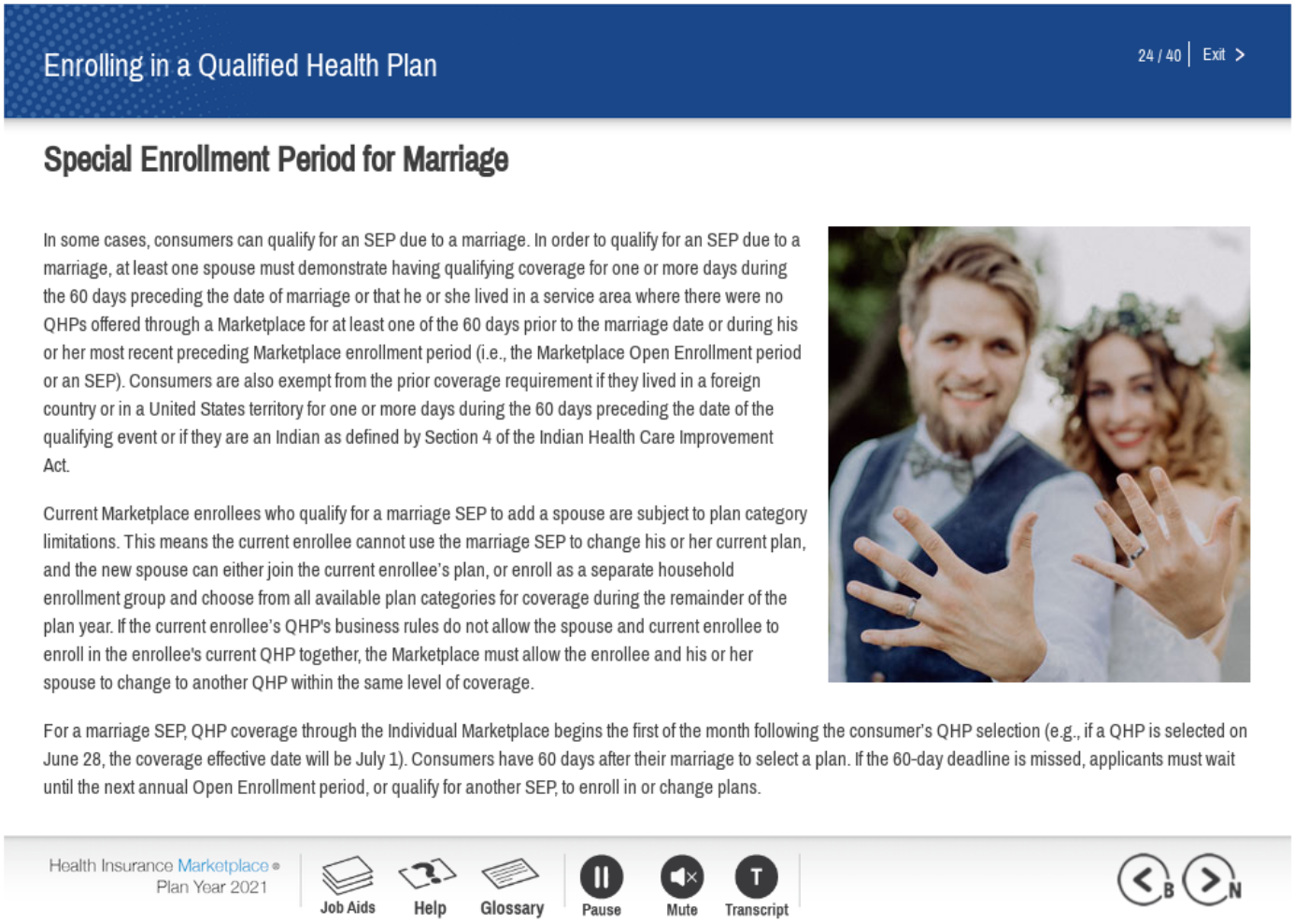
Change in eligibility for Marketplace coverage or help paying for coverage Between the 1st and 15th day of the month First day of the month following plan selection Between the 16th and last day of the month First day of the second month following plan selection

Other situations, including enrollment or plan error** Effective dates appropriate to circumstances

*The effective dates presented here apply to the FFM and do not necessarily apply to all Marketplaces.

**Enrollment through this SEP can be applied retroactively in certain circumstances.

Page: 24 of 40: Special Enrollment Period for Marriage



Page Text

In some cases, consumers can qualify for an SEP due to a marriage. In order to qualify for an SEP due to a marriage, at least one spouse must demonstrate having qualifying coverage for one or more days during the 60 days preceding the date of marriage or that he or she lived in a service area where there were no QHPs offered through a Marketplace for at least one of the 60 days prior to the marriage date or during his or her most recent preceding Marketplace enrollment period (i.e., the Marketplace Open Enrollment period or an SEP). Consumers are also exempt from the prior coverage requirement if they lived in a foreign country or in a United States territory for one or more days during the 60 days preceding the date of the qualifying event or if they are an Indian as defined by Section 4 of the Indian Health Care Improvement Act.

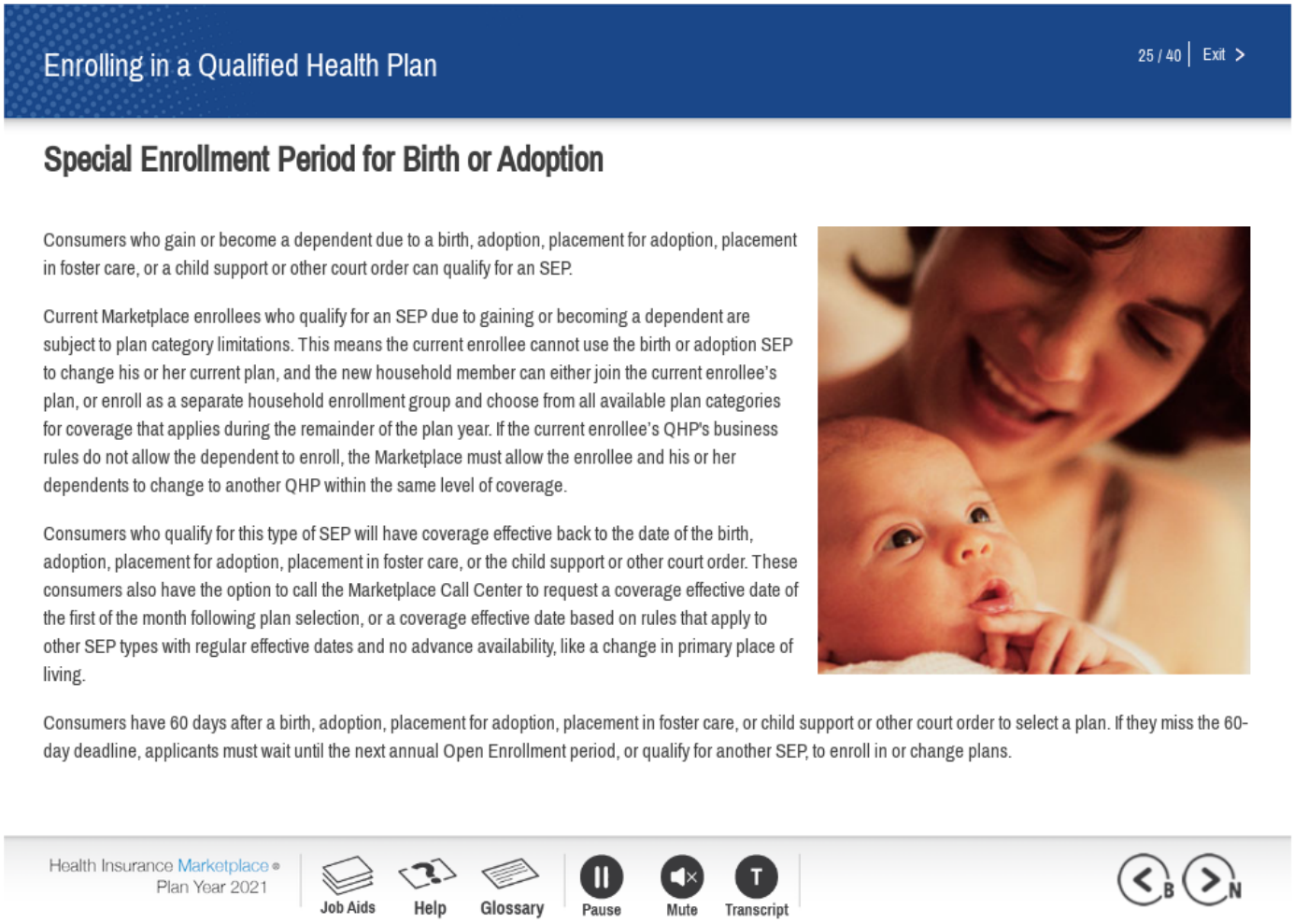
Current Marketplace enrollees who qualify for a marriage SEP to add a spouse are subject to plan category limitations. This means the current enrollee cannot use the marriage SEP to change his or her current plan, and the new spouse can either join the current enrollee's plan, or enroll as a separate household enrollment group and choose from all available plan categories for coverage during the remainder of the plan year. If the current enrollee's QHP's business rules do not allow the spouse and current enrollee to enroll in the enrollee's current QHP together, the Marketplace must allow the enrollee and his or her spouse to change to another QHP within the same level of coverage.

For a marriage SEP, QHP coverage through the Individual Marketplace begins the first of the month following the consumer's QHP selection (e.g., if a QHP is selected on June 28, the coverage effective date will be July 1). Consumers have 60 days

after their marriage to select a plan. If the 60-day deadline is missed, applicants must wait until the next annual Open Enrollment period, or qualify for another SEP, to enroll in or change plans.

Alt Text
A couple at their wedding reception

Page: 25 of 40: Special Enrollment Period for Birth or Adoption



Page Text

Consumers who gain or become a dependent due to a birth, adoption, placement for adoption, placement in foster care, or a child support or other court order can qualify for an SEP.

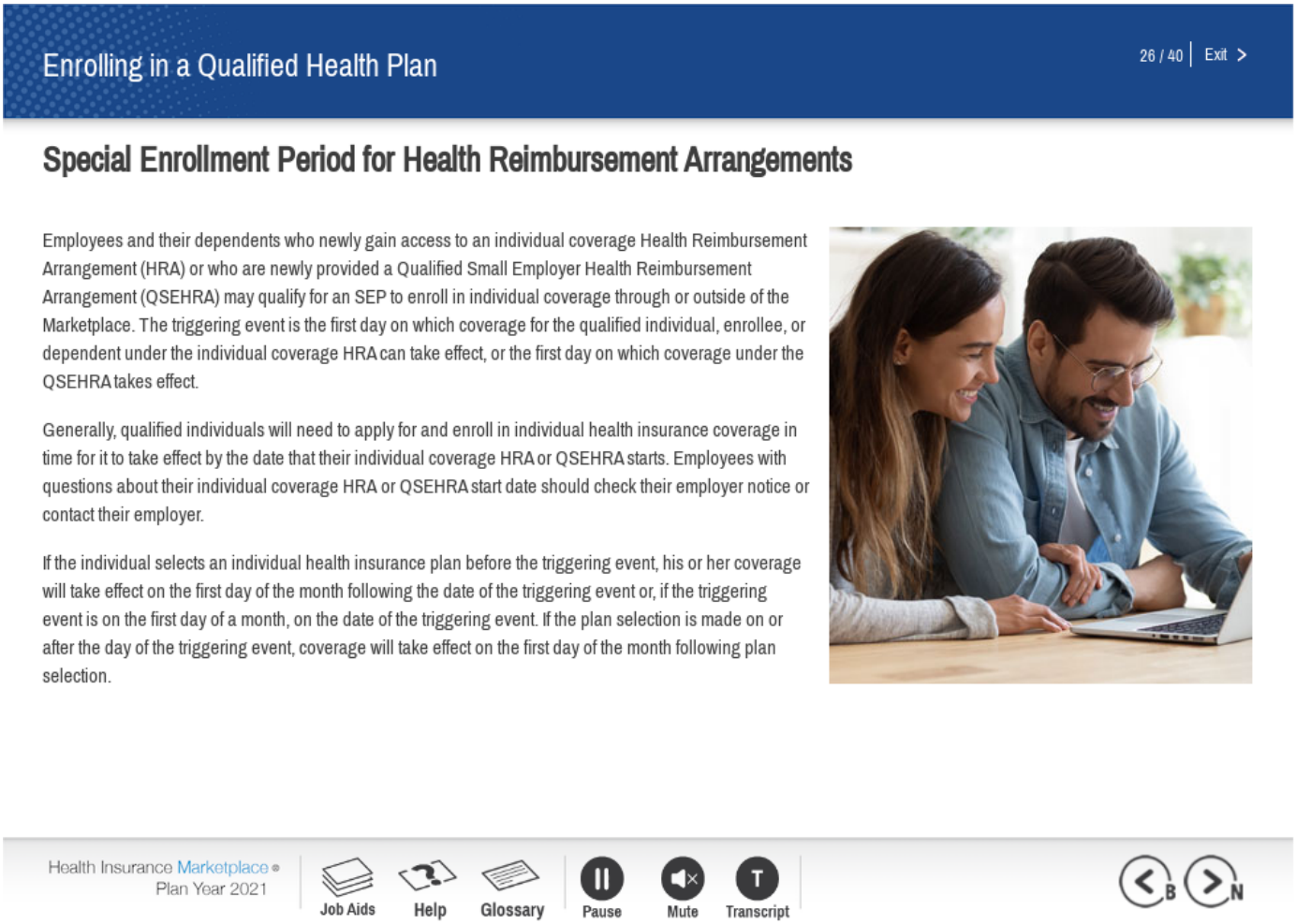
Current Marketplace enrollees who qualify for an SEP due to gaining or becoming a dependent are subject to plan category limitations. This means the current enrollee cannot use the birth or adoption SEP to change his or her current plan, and the new household member can either join the current enrollee's plan, or enroll as a separate household enrollment group and choose from all available plan categories for coverage that applies during the remainder of the plan year. If the current enrollee's QHP's business rules do not allow the dependent to enroll, the Marketplace must allow the enrollee and his or her dependents to change to another QHP within the same level of coverage. Consumers who qualify for this type of SEP will have coverage effective back to the date of the birth, adoption, placement for adoption, placement in foster care, or the child support or other court order. These consumers also have the option to call the Marketplace Call Center to request a coverage effective date of the first of the month following plan selection, or a coverage effective date based on rules that apply to other SEP types with regular effective dates and no advance availability, like a change in primary place of living.

Consumers have 60 days after a birth, adoption, placement for adoption, placement in foster care, or child support or other court order to select a plan. If they miss the 60-day deadline, applicants must wait until the next annual Open Enrollment period, or qualify for another SEP, to enroll in or change plans.

Alt Text

A close-up image of a woman smiling at a newborn baby

Page: 26 of 40: Special Enrollment Period for Health Reimbursement Arrangements



Page Text

Employees and their dependents who newly gain access to an individual coverage Health Reimbursement Arrangement (HRA) or who are newly provided a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) may qualify for an SEP to enroll in individual coverage through or outside of the Marketplace. The triggering event is the first day on which coverage for the qualified individual, enrollee, or dependent under the individual coverage HRA can take effect, or the first day on which coverage under the QSEHRA takes effect.

Generally, qualified individuals will need to apply for and enroll in individual health insurance coverage in time for it to take effect by the date that their individual coverage HRA or QSEHRA starts. Employees with questions about their individual coverage HRA or QSEHRA start date should check their employer notice or contact their employer.

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

Alt Text

Image of a husband and wife shopping for coverage plans online.

Page: 27 of 40: SEP for Denial of Medicaid/CHIP Ineligibility

Page Text

Consumers who apply for coverage during the annual Open Enrollment period through the Marketplace or at their state Medicaid/CHIP agency, are told that they may be eligible for Medicaid or CHIP, and are later determined ineligible for Medicaid or CHIP (outside of the Open Enrollment period) can qualify for an SEP to enroll in Marketplace coverage, if otherwise eligible. Additionally, consumers who apply for coverage through the Marketplace during the window for enrollment through another SEP qualifying event and are assessed as eligible for Medicaid or CHIP, but later determined ineligible, can qualify for an SEP allowing them to enroll in Marketplace coverage, if otherwise eligible. This SEP provides consumers with an effective date that is appropriate based on the circumstances, which in the FFM is typically a prospective, accelerated start date, effective the first of the month after they select a plan.

Consumers who started their coverage application at the Marketplace can request a retroactive effective date (back to the date their coverage would have started if the Marketplace had originally determined them eligible for QHP coverage) if they originally applied during the annual Open Enrollment period or due to a qualifying event. Consumers in this situation should call the Marketplace Call Center to request a retroactive coverage effective date.

Alt Text

A family sitting together; the two young girls are playing with a tablet and the parents are sitting beside them smiling.

Page: 28 of 40: Making Changes After Enrollment: Changes During the Year

Page Text

The Marketplace will redetermine a consumer's eligibility for QHP coverage and insurance affordability programs if a consumer contacts the Marketplace and updates his or her application information during the plan year (e.g., change in household income or size). If applicable, consumers will also be assessed or determined eligible for Medicaid or CHIP at that time. Consumers are required to report any changes to their application information within 30 days of the change in order to receive an updated eligibility determination. You should encourage your clients to make adjustments as soon as possible. There are three ways an individual can report changes to his or her application:

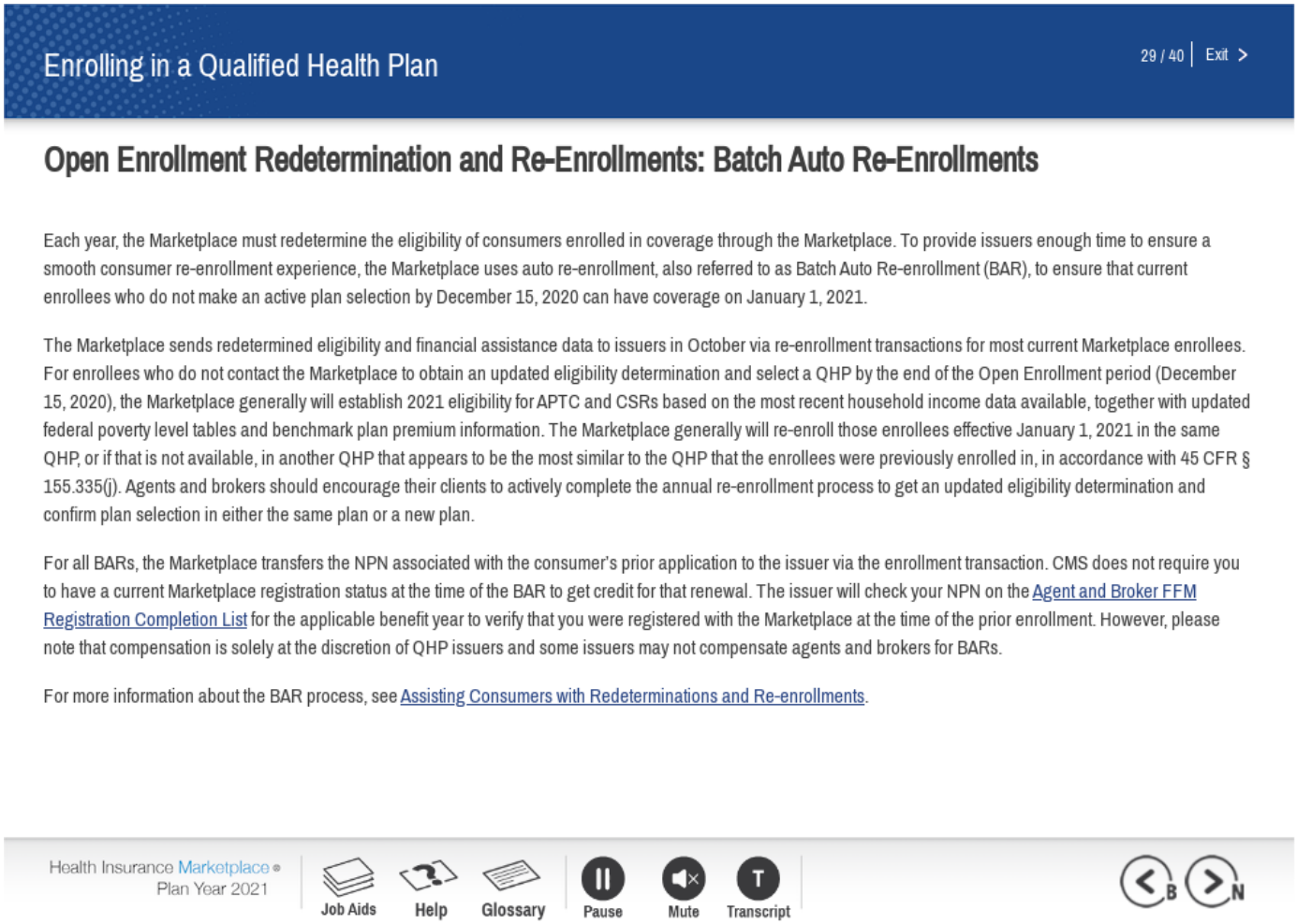
- Online. The individual can log in to his or her Marketplace account, select the application, and then select "Report a life change" from the menu on the left.
- Classic or EDE. Some DE partners and all EDE partners allow agents and brokers to initiate changes on behalf of their clients on their websites.
- By phone. The individual can contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

When a consumer who you previously assisted uses any of these methods to update his or her application during the year, your NPN stays with the application unless the consumer actively removes or changes it, or requests that the Marketplace Call Center representative change the agent or broker of record on the application. Marketplace Call Center Representatives will not remove an agent's or broker's NPN from an application unless requested by the consumer. Even if there is a previous

authorization/NPN record, instruct your client to always provide your name and NPN if a Marketplace Call Center Representative asks if anyone helped him or her.

Alt Text
Image of a man and a woman sitting on the floor next to several moving boxes; they appear to be having lunch.

Page: 29 of 40: Open Enrollment Redetermination and Re-Enrollments: Batch Auto Re-Enrollments



Page Text

Each year, the Marketplace must redetermine the eligibility of consumers enrolled in coverage through the Marketplace. To provide issuers enough time to ensure a smooth consumer re-enrollment experience, the Marketplace uses auto re-enrollment, also referred to as Batch Auto Re-enrollment (BAR), to ensure that current enrollees who do not make an active plan selection by December 15, 2020 can have coverage on January 1, 2021.

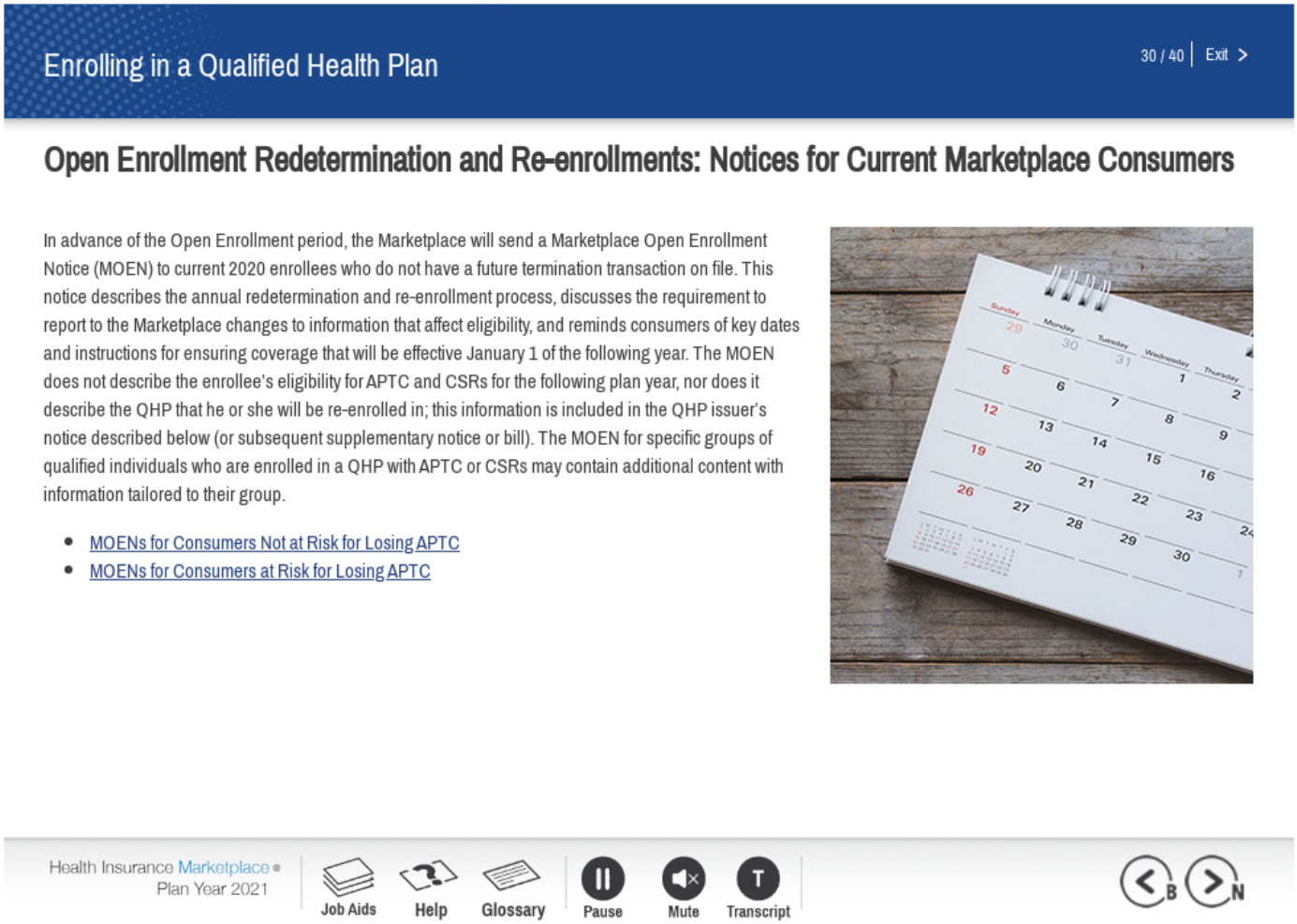
The Marketplace sends redetermined eligibility and financial assistance data to issuers in October via re-enrollment transactions for most current Marketplace enrollees. For enrollees who do not contact the Marketplace to obtain an updated eligibility determination and select a QHP by the end of the Open Enrollment period (December 15, 2020), the Marketplace generally will establish 2021 eligibility for APTC and CSRs based on the most recent household income data available, together with updated federal poverty level tables and benchmark plan premium information. The Marketplace generally will re-enroll those enrollees effective January 1, 2021 in the same QHP, or if that is not available, in another QHP that appears to be the most similar to the QHP that the enrollees were previously enrolled in, in accordance with 45 CFR § 155.335(j). Agents and brokers should encourage their clients to actively complete the annual re-enrollment process to get an updated eligibility determination and confirm plan selection in either the same plan or a new plan.

For all BARs, the Marketplace transfers the NPN associated with the consumer’s prior application to the issuer via the enrollment transaction. CMS does not require you to have a current Marketplace registration status at the time of the BAR to get credit for that renewal. The issuer will check your NPN on the Agent and Broker FFM Registration Completion List for the

applicable benefit year to verify that you were registered with the Marketplace at the time of the prior enrollment. However, please note that compensation is solely at the discretion of QHP issuers and some issuers may not compensate agents and brokers for BARs.

For more information about the BAR process, see Assisting Consumers with Redeterminations and Re-enrollments.

Page: 30 of 40: Open Enrollment Redetermination and Re-enrollments: Notices for Current Marketplace Consumers



Page Text

In advance of the Open Enrollment period, the Marketplace will send a Marketplace Open Enrollment Notice (MOEN) to current 2020 enrollees who do not have a future termination transaction on file. This notice describes the annual redetermination and re-enrollment process, discusses the requirement to report to the Marketplace changes to information that affect eligibility, and reminds consumers of key dates and instructions for ensuring coverage that will be effective January 1 of the following year. The MOEN does not describe the enrollee's eligibility for APTC and CSRs for the following plan year, nor does it describe the QHP that he or she will be re-enrolled in; this information is included in the QHP issuer's notice described below (or subsequent supplementary notice or bill). The MOEN for specific groups of qualified individuals who are enrolled in a QHP with APTC or CSRs may contain additional content with information tailored to their group.

- MOENs for Consumers Not at Risk for Losing APTC
- MOENs for Consumers at Risk for Losing APTC

Pop Up Text

MOENS for Consumers Not at Risk of Losing APTC

The information received in response to the Marketplace's request for updated tax return information from the IRS to redetermine an enrollee's eligibility for financial assistance dictates what additional language, if any, an enrollee should receive in the MOEN. An enrollee is not at risk for losing financial assistance if he or she meets one of the following criteria:

- The IRS indicates the enrollee had a change in household income, but still remains within the income range for APTC eligibility; or
- The IRS information does not indicate a change in the enrollee's household income.

However, the MOEN encourages these enrollees to contact the Marketplace to obtain an updated eligibility determination to ensure they are receiving the right amount of financial assistance.

MOENS for Consumers at Risk of Losing APTC

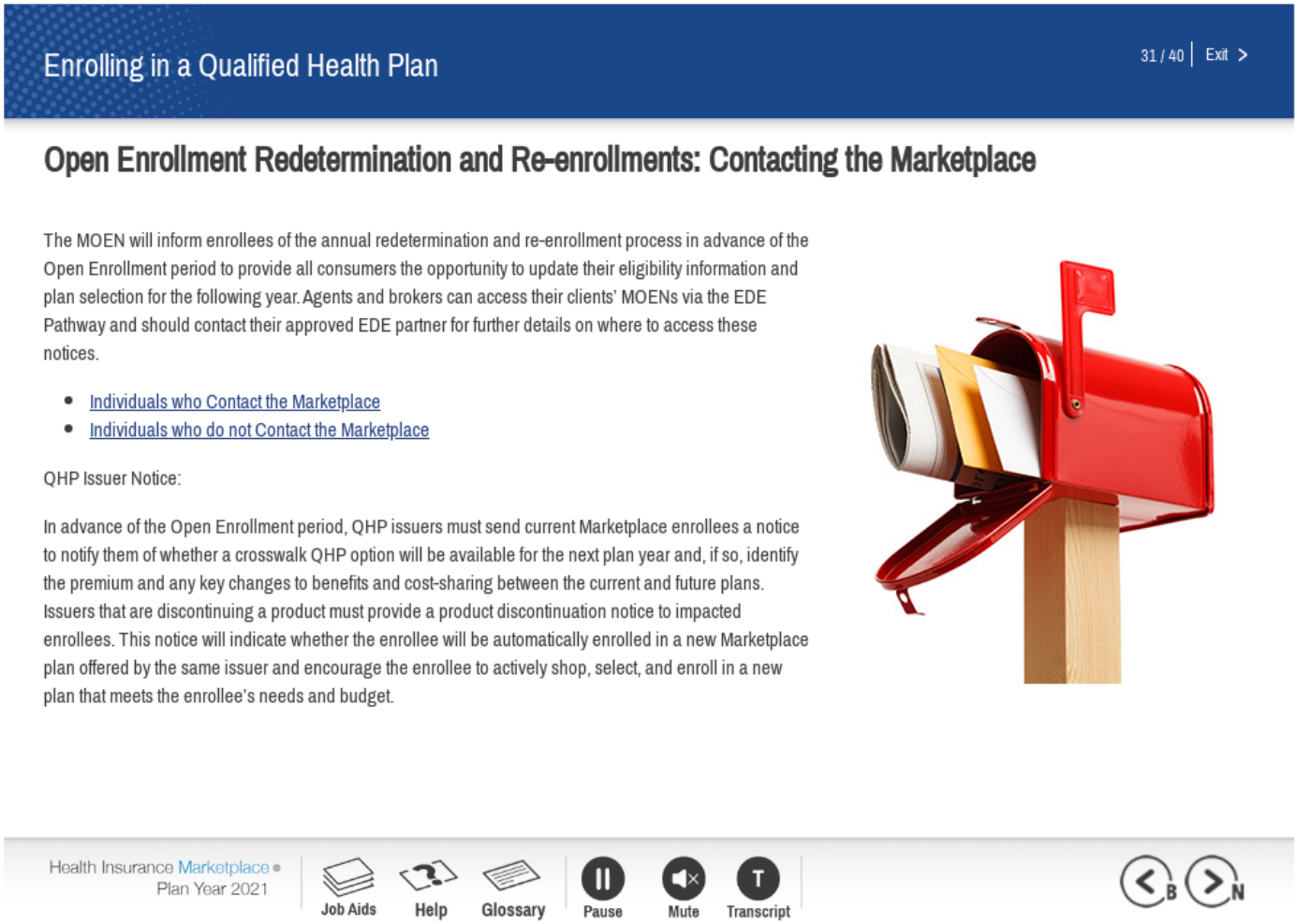
There are some enrollees who must take action in order to maintain APTC for the future plan year. The MOEN for these enrollees contains special content that directs them to update their application to ensure the Marketplace has the most accurate information available to redetermine eligibility for the future year.

An enrollee who does not take action as specified in the MOEN to contact the Marketplace and receive an updated eligibility determination and select a QHP by the deadline to select coverage effective January 1 of the following year will be auto re-enrolled into coverage for the following plan year, but will have his or her eligibility for APTC and CSRs discontinued at the end of the current plan year.

Alt Text

Image of a month view calendar

Page: 31 of 40: Open Enrollment Redetermination and Re-enrollments: Contacting the Marketplace



Page Text

The MOEN will inform enrollees of the annual redetermination and re-enrollment process in advance of the Open Enrollment period to provide all consumers the opportunity to update their eligibility information and plan selection for the following year. Agents and brokers can access their clients' MOENs via the EDE Pathway and should contact their approved EDE partner for further details on where to access these notices.

- Individuals who Contact the Marketplace
- Individuals who do not Contact the Marketplace

QHP Issuer Notice:

In advance of the Open Enrollment period, QHP issuers must send current Marketplace enrollees a notice to notify them of whether a crosswalk QHP option will be available for the next plan year and, if so, identify the premium and any key changes to benefits and cost-sharing between the current and future plans. Issuers that are discontinuing a product must provide a product discontinuation notice to impacted enrollees. This notice will indicate whether the enrollee will be automatically enrolled in a new Marketplace plan offered by the same issuer and encourage the enrollee to actively shop, select, and enroll in a new plan that meets the enrollee's needs and budget.

Pop Up Text

Individuals who Contact the Marketplace

During the Open Enrollment period, current enrollees should contact the Marketplace and update their eligibility information to ensure they receive an accurate eligibility determination for financial assistance, including the amount of financial assistance, and either select the same QHP (if available) or select a new plan. Active re-enrollment is always preferred because it ensures that the enrollee receives a more accurate financial assistance eligibility determination and that the consumer re-enrolls in a QHP of his or her choice.

Enrollees who proactively update their application information will receive an updated eligibility determination. In order for this updated eligibility determination to be sent to the issuer for the enrollee's selected QHP, the enrollee MUST confirm plan selection in either the same plan or a new plan. If the enrollee does not make this active selection, the Marketplace will establish the enrollees' eligibility for financial assistance and re-enroll the enrollee into 2021 coverage using rules outlined by the Marketplace. If applicable, the consumer must also renew his or her dental plan enrollment to continue coverage for plan year 2021.

Individuals who do not Contact the Marketplace

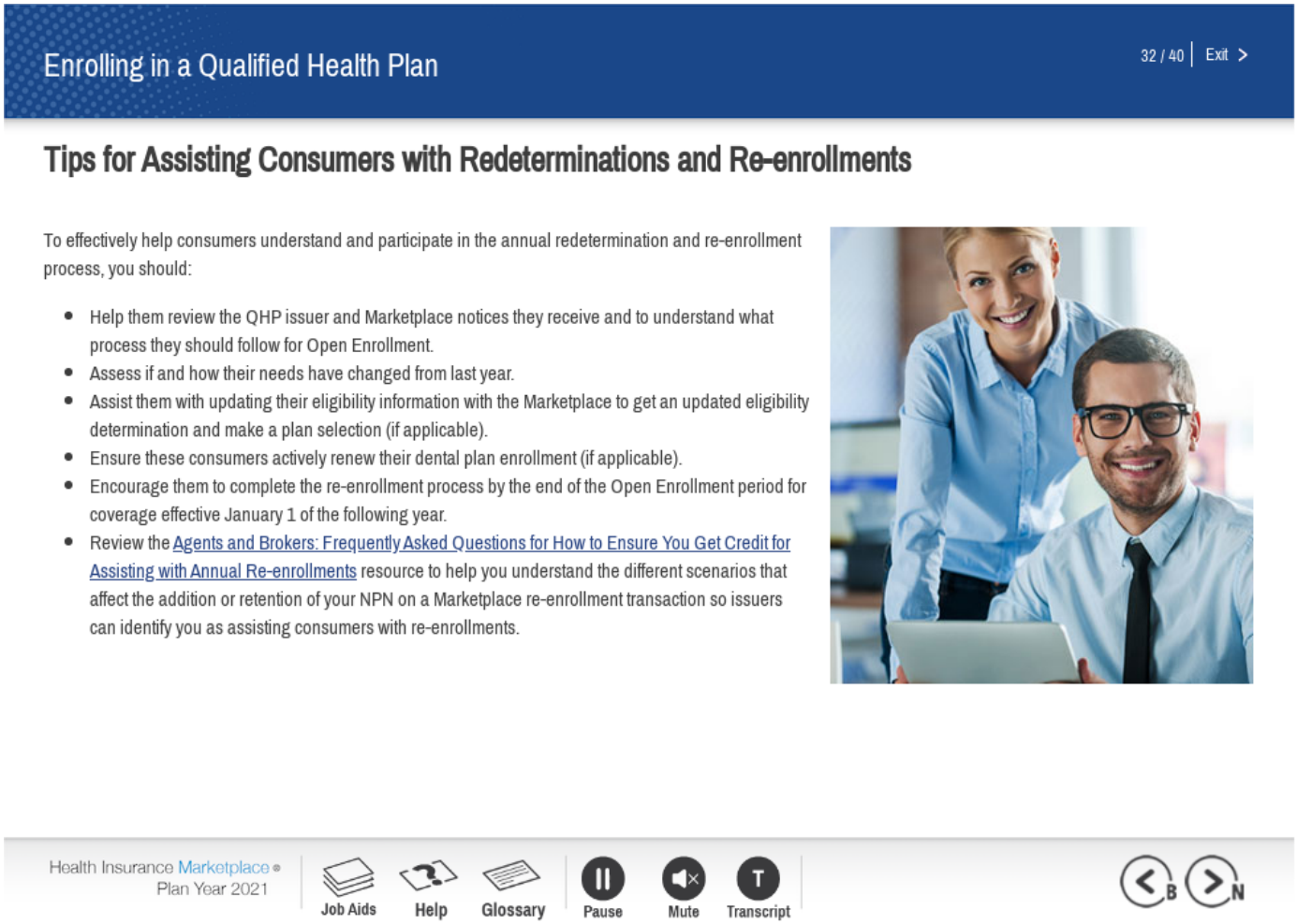
For plan year 2021, enrollees who do not contact the Marketplace to obtain an updated eligibility determination and select a plan by the end of the Open Enrollment period on December 15, 2020 will still receive an updated eligibility determination and will be automatically re-enrolled into coverage effective January 1, 2021, in accordance with 45 CFR § 155.335(j).

- Some enrollees will lose their financial assistance unless they actively apply. Enrollees who are at risk of losing APTC and receive direction to take action to update their information, as described on the previous page, will be automatically enrolled into coverage for the following year without APTC and CSRs.
- For enrollees in a QHP with APTC and/or CSRs and are not at risk of having their APTC discontinued, as described on the previous page, the Marketplace will use the most recent income data available to project their annual household income and determine their eligibility for APTC and CSRs for the following plan year. The Marketplace will automatically re-enroll current enrollees that do not make an active plan selection by December 15, 2020 to be covered starting January 1, 2021, in accordance with 45 CFR § 155.335(j).
- When enrollees are reenrolled in accordance with 45 CFR § 155.335(j), the Marketplace ill match enrollees with a plan offered by the same issuer, if available, or an alternate plan with a different issuer. In late December, the (new) issuer will send the consumer a confirmation of enrollment in the selected plan. Note that the consumer must make the first premium payment to effectuate this enrollment.

Alt Text

Image of a red mailbox on wooden post; the mailbox is open with mail sticking out of it.

Page: 32 of 40: Tips for Assisting Consumers with Redeterminations and Re-enrollments



Page Text

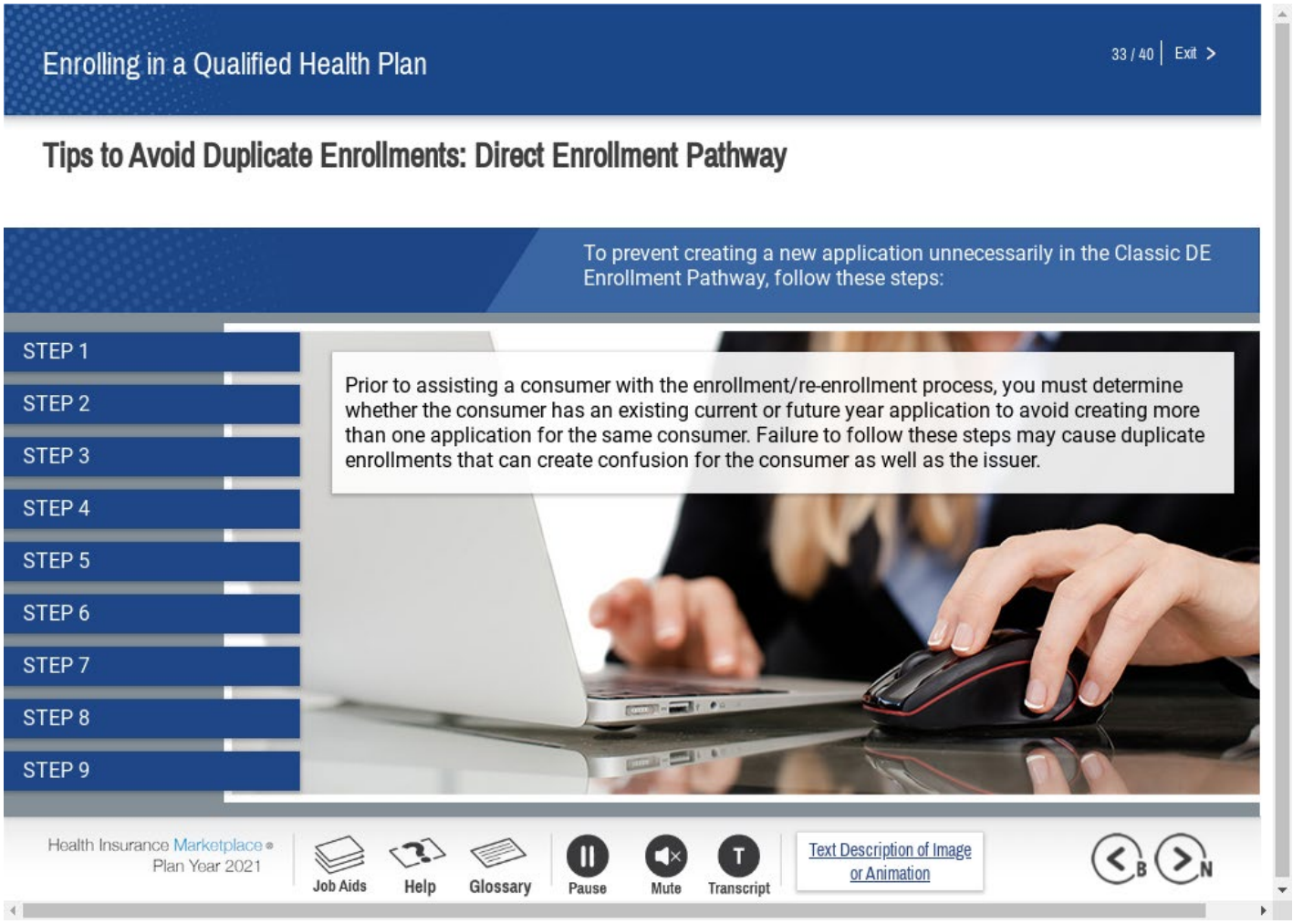
To effectively help consumers understand and participate in the annual redetermination and re-enrollment process, you should:

- Help them review the QHP issuer and Marketplace notices they receive and to understand what process they should follow for Open Enrollment.
- Assess if and how their needs have changed from last year.
- Assist them with updating their eligibility information with the Marketplace to get an updated eligibility determination and make a plan selection (if applicable).
- Ensure these consumers actively renew their dental plan enrollment (if applicable).
- Encourage them to complete the re-enrollment process by the end of the Open Enrollment period for coverage effective January 1 of the following year.
- Review the Agents and Brokers: Frequently Asked Questions for How to Ensure You Get Credit for Assisting with Annual Re-enrollments resource to help you understand the different scenarios that affect the addition or retention of your NPN on a Marketplace re-enrollment transaction so issuers can identify you as assisting consumers with re-enrollments.

Alt Text

An image of a man seated holding a tablet; a woman is standing over his shoulder. Both are smiling at the camera.

Page: 33 of 40: Tips to Avoid Duplicate Enrollments: Direct Enrollment Pathway



Long Description
Interactive element with steps for determining if a consumer has duplicate enrollments on the left side of the screen. When selected, text and images (where applicable) related to each step appear to the right. To the right of the screen is a closeup of a woman's hands using a mouse and typing on a laptop.

Prompt Text: To prevent creating a new application unnecessarily in the Classic DE Pathway, follow these steps:

Page Text: Prior to assisting a consumer with the enrollment/re-enrollment process, you must determine whether the consumer has an existing current or future year application to avoid creating more than one application for the same consumer. Failure to follow these steps may cause duplicate enrollments that can create confusion for the consumer as well as the issuer.

Pop Up Text
Step 1

Obtain consumer consent, preferably in writing, that you have permission to: 1) conduct an online person search, 2) assist with completing a Marketplace application, 3) assist with plan selection and enrollment, and 4) assist with ongoing account/enrollment maintenance.

Step 2

Access the Classic DE Pathway by logging in to a Classic DE Partner's site, where you will then redirect to the Classic DE landing page on HealthCare.gov to complete login. After logging in on HealthCare.gov, select the **Search for Application** button from the HealthCare.gov main agent/broker landing page and enter the consumer's information to see if he or she has an existing current or future year application. If an application exists for the current or future plan year, you should update the applicable application. Do not create a new application if there is an existing application that can be updated.* When an existing application is used, the application will be pre-populated using information the consumer entered on his or her most recent application version. After selecting to update the existing application, you should move the consumer through "Report a Life Change" to make updates and confirm information.
*Note: There are certain instances when a new application would be necessary, even if there is an existing application (e.g., if the consumer has moved to a new state).

Step 3

To find a client's existing Marketplace application, enter his or her information.

Step 4

If the consumer has an existing application that can be updated, scroll to the bottom and select the application ID number.

Step 5

Once HealthCare.gov redirects to the application's summary page, select the **Report a Life Change** radio button to update the consumer's application.

Step 6

Review the types of changes that should be reported under "Report a life change" to move forward with the updates.

Step 7

Select the **Report a change in my household's income, size, or other information** radio button on the pop-up screen and then select the **Continue** button to report the appropriate changes.

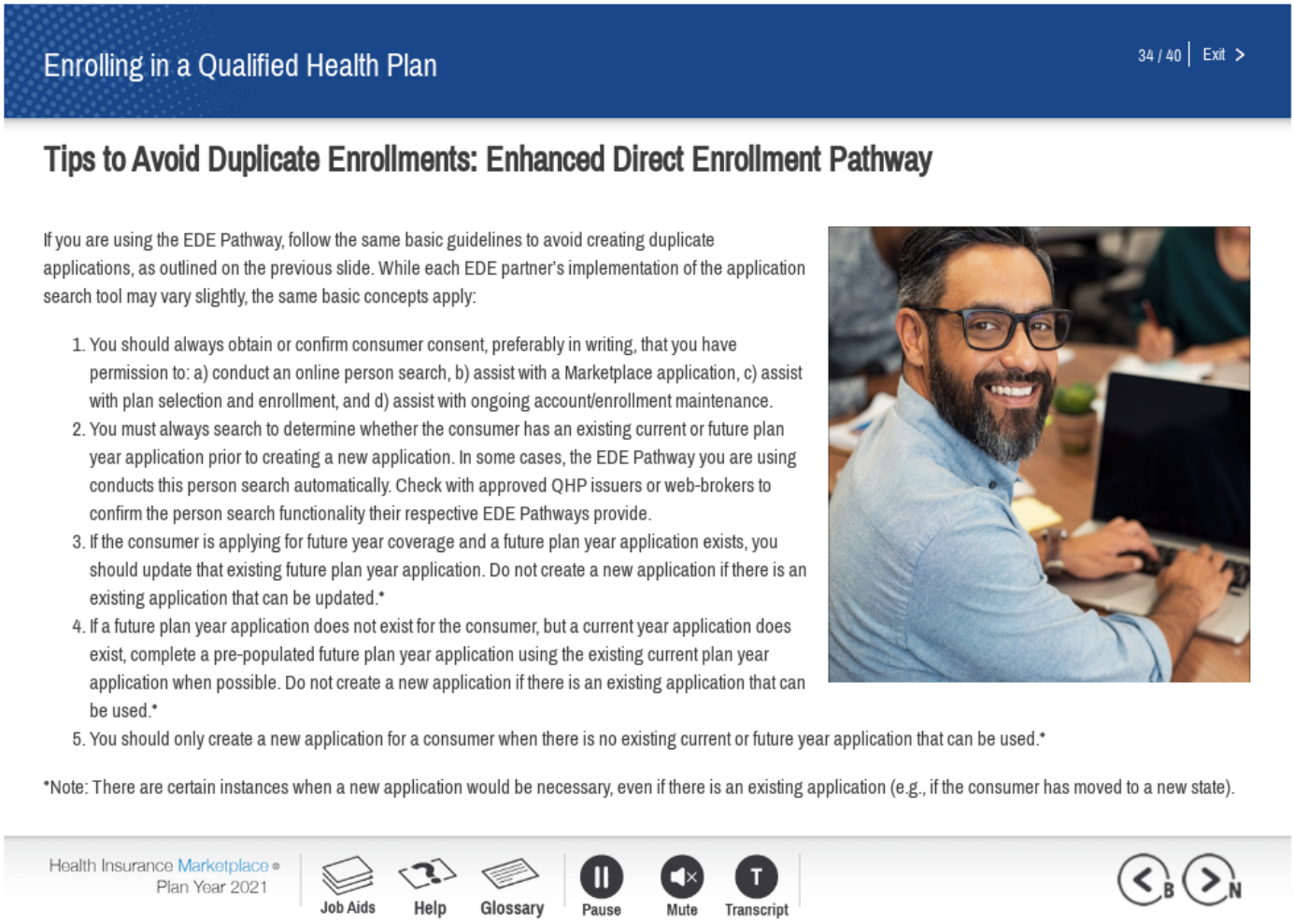
Step 8

If the consumer has Marketplace coverage for the current plan year and a future plan year application is not found by selecting the **Search for Application** option. Next, select the year and application state from the drop-down menus, then select the **Start Application** button that will display in the search results with the consumer's current year application.

Step 9

You should only start a new application after you have completed the above steps and confirmed that the consumer does not have an existing current or future year application.

Page: 34 of 40: Tips to Avoid Duplicate Enrollments: Enhanced Direct Enrollment Pathway



Page Text

If you are using the EDE Pathway, follow the same basic guidelines to avoid creating duplicate applications, as outlined on the previous slide. While each EDE partner's implementation of the application search tool may vary slightly, the same basic concepts apply:

1. You should always obtain or confirm consumer consent, preferably in writing, that you have permission to: a) conduct an online person search, b) assist with a Marketplace application, c) assist with plan selection and enrollment, and d) assist with ongoing account/enrollment maintenance.
2. You must always search to determine whether the consumer has an existing current or future plan year application prior to creating a new application. In some cases, the EDE Pathway you are using conducts this person search automatically. Check with approved QHP issuers or web-brokers to confirm the person search functionality their respective EDE Pathways provide.
3. If the consumer is applying for future year coverage and a future plan year application exists, you should update that existing future plan year application. Do not create a new application if there is an existing application that can be updated.*
4. If a future plan year application does not exist for the consumer, but a current year application does exist, complete a pre-populated future plan year application using the existing current plan year application when possible. Do not create a new application if there is an existing application that can be used.*

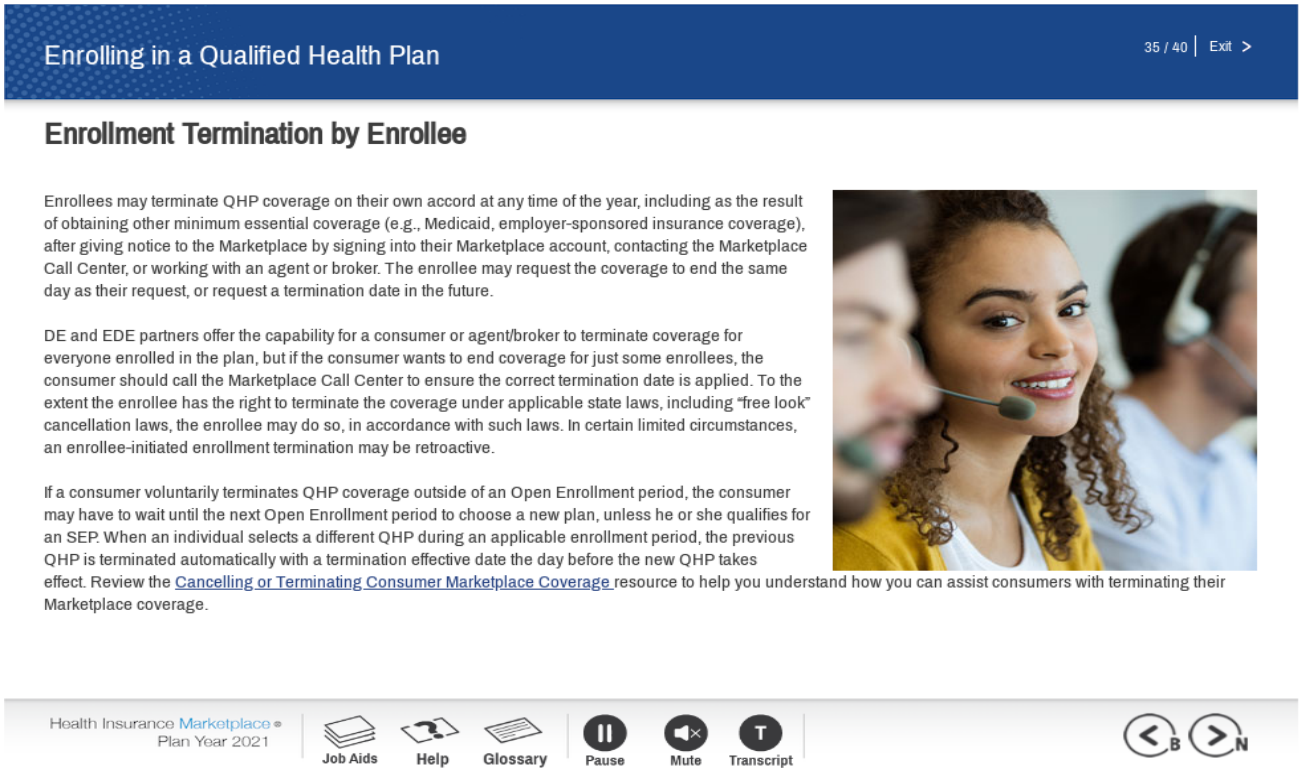
5. You should only create a new application for a consumer when there is no existing current or future year application that can be used.*

*Note: There are certain instances when a new application would be necessary, even if there is an existing application (e.g., if the consumer has moved to a new state).

Alt Text

A man typing on a laptop and turning his head back to look behind his shoulder

Page: 35 of 40: Enrollment Termination by Enrollee



Page Text

Enrollees may terminate QHP coverage on their own accord at any time of the year, including as the result of obtaining other minimum essential coverage (e.g., Medicaid, employer-sponsored insurance coverage), after giving notice to the Marketplace by signing into their Marketplace account, contacting the Marketplace Call Center, or working with an agent or broker. The enrollee may request the coverage to end the same day as their request, or request a termination date in the future.

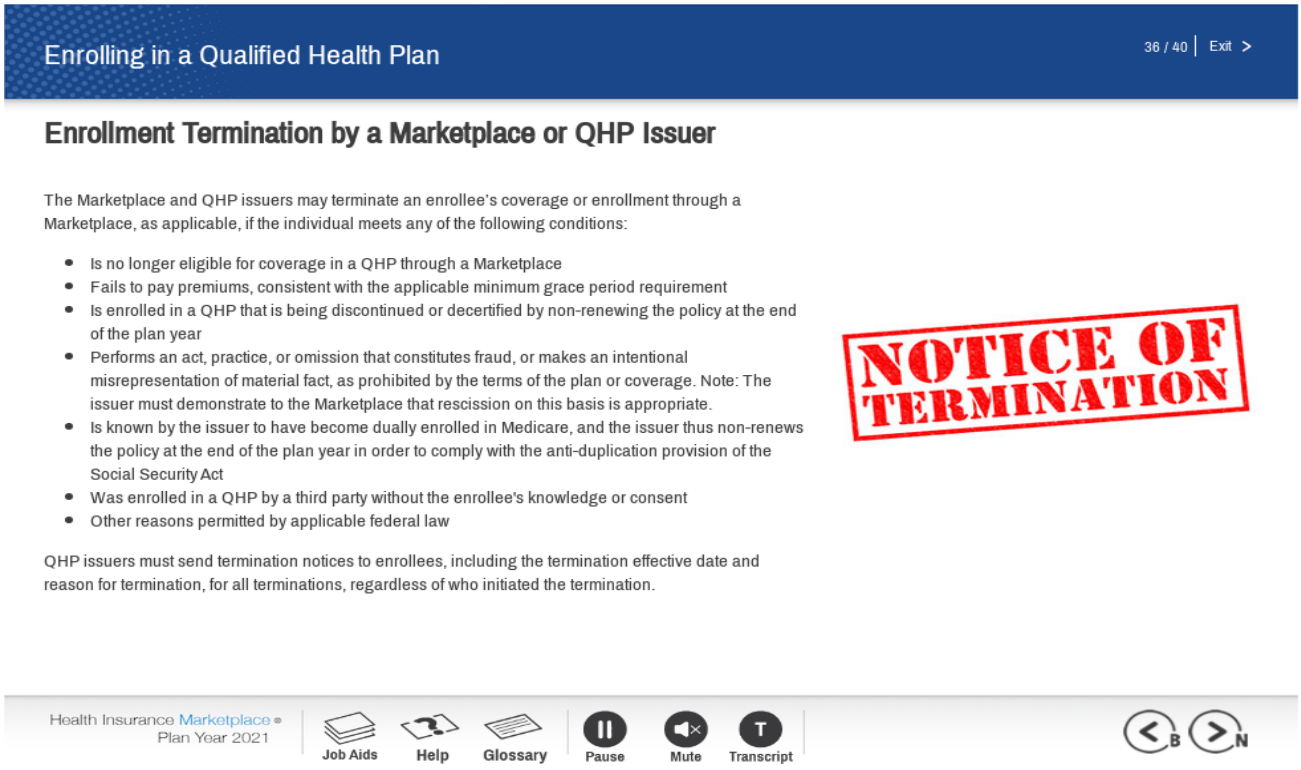
DE and EDE partners offer the capability for a consumer or agent/broker to terminate coverage for everyone enrolled in the plan, but if the consumer wants to end coverage for just some enrollees, the consumer should call the Marketplace Call Center to ensure the correct termination date is applied. To the extent the enrollee has the right to terminate the coverage under applicable state laws, including "free look" cancellation laws, the enrollee may do so, in accordance with such laws. In certain limited circumstances, an enrollee-initiated enrollment termination may be retroactive.

If a consumer voluntarily terminates QHP coverage outside of an Open Enrollment period, the consumer may have to wait until the next Open Enrollment period to choose a new plan, unless he or she qualifies for an SEP. When an individual selects a different QHP during an applicable enrollment period, the previous QHP is terminated automatically with a termination effective date the day before the new QHP takes effect. Review the Cancelling or Terminating Consumer Marketplace Coverage resource to help you understand how you can assist consumers with terminating their Marketplace coverage.

Alt Text

Image of call service representatives answering consumer calls.

Page: 36 of 40: Enrollment Termination by a Marketplace or QHP Issuer



Page Text

The Marketplace and QHP issuers may terminate an enrollee's coverage or enrollment through a Marketplace, as applicable, if the individual meets any of the following conditions:

- Is no longer eligible for coverage in a QHP through a Marketplace
- Fails to pay premiums, consistent with the applicable minimum grace period requirement
- Is enrolled in a QHP that is being discontinued or decertified by non-renewing the policy at the end of the plan year
- Performs an act, practice, or omission that constitutes fraud, or makes an intentional misrepresentation of material fact, as prohibited by the terms of the plan or coverage. Note: The issuer must demonstrate to the Marketplace that rescission on this basis is appropriate.
- Is known by the issuer to have become dually enrolled in Medicare, and the issuer thus non-renews the policy at the end of the plan year in order to comply with the anti-duplication provision of the Social Security Act
- Was enrolled in a QHP by a third party without the enrollee's knowledge or consent
- Other reasons permitted by applicable federal law

QHP issuers must send termination notices to enrollees, including the termination effective date and reason for termination, for all terminations, regardless of who initiated the termination.

Alt Text

Image of a Notice of Termination stamp.

Page: 37 of 40: Termination or Non-renewal of Coverage for Failure to Pay Premiums

Page Text

A QHP issuer must provide a grace period of three consecutive months if an enrollee is receiving APTC at the time of the premium payment delinquency. If the enrollee receiving APTC does not pay all outstanding premiums, or an amount sufficient to satisfy any applicable premium payment threshold, before the expiration of the three-month grace period, the QHP issuer must terminate the enrollee's coverage, retroactive to the end of the first month of the grace period.

QHP issuers may, at their discretion, set a premium payment threshold that gives them flexibility to not place an enrollee in a grace period for failure to pay all of the premium amount due, or not to terminate enrollments after exhaustion of the applicable grace period for enrollees who owe only a small amount of premium within the threshold.

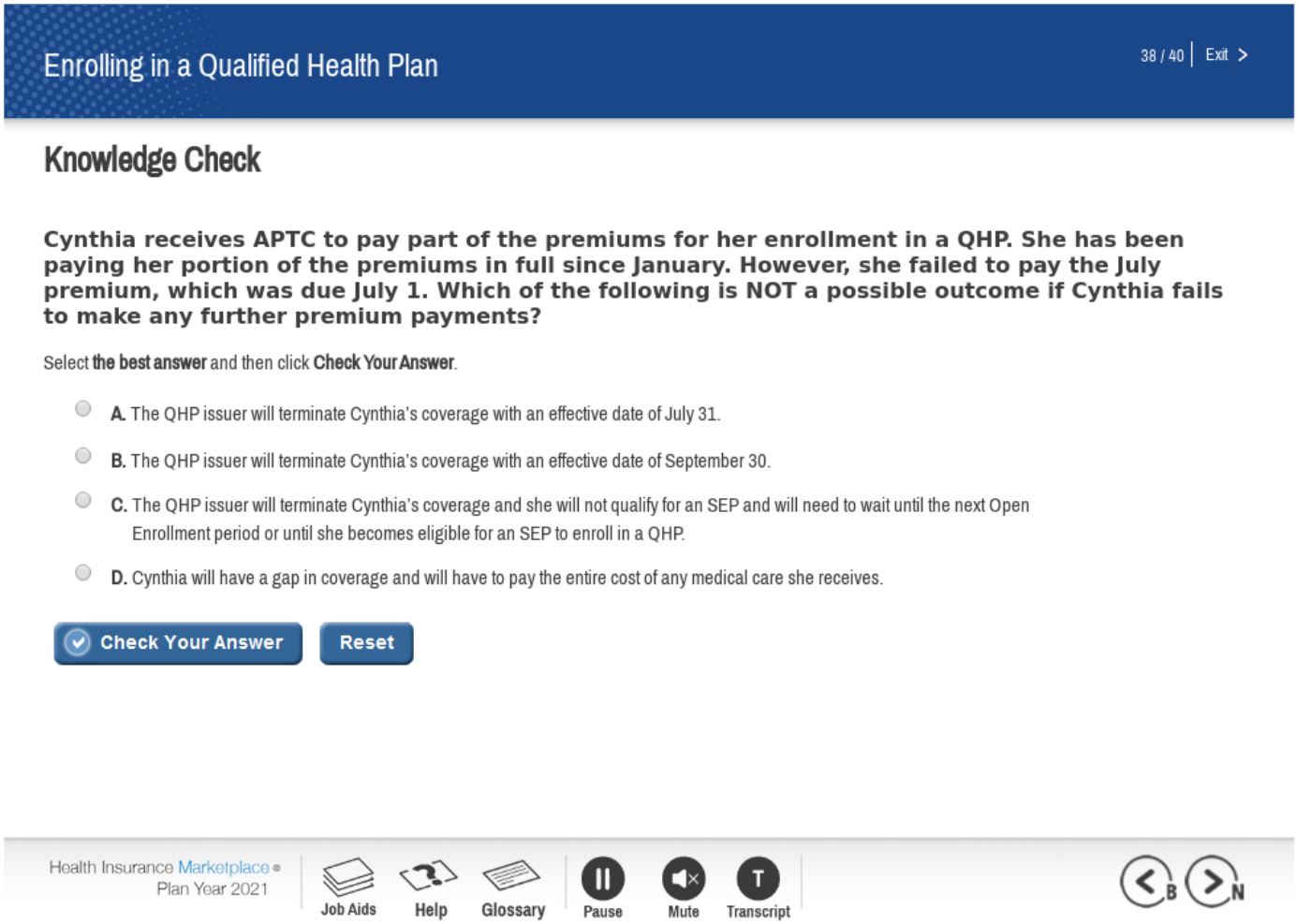
For consumers who are not receiving APTC, a QHP issuer must provide a grace period in accordance with the applicable state rules.

To the extent permitted by applicable state law, if it meets certain requirements, an issuer may attribute the initial premium payment made in accordance with the terms of a health insurance policy to any past-due premiums amounts owed to that issuer from an enrollment from the last 12 months. If such payment does not satisfy all past due premium owed to that issuer from the preceding 12 months and the binder payment necessary to effectuate coverage, the issuer may deny the enrollment.

A consumer whose coverage is terminated by a QHP issuer for failure to pay premiums is not eligible for an SEP for loss of minimum essential coverage and cannot re-enroll in coverage until he or she becomes eligible for an SEP or until the next Open Enrollment period occurs.

Alt Text
A couple discussing finances

Page: 38 of 40: Knowledge Check



Prompt

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

Question

Cynthia receives APTC to pay part of the premiums for her enrollment in a QHP. She has been paying her portion of the premiums in full since January. However, she failed to pay the July premium, which was due July 1. Which of the following is NOT a possible outcome if Cynthia fails to make any further premium payments?

Options

A. The QHP issuer will terminate Cynthia's coverage with an effective date of July 31.

B. The QHP issuer will terminate Cynthia's coverage with an effective date of September 30.

C. The QHP issuer will terminate Cynthia's coverage and she will not qualify for an SEP and will need to wait until the next Open Enrollment period or until she becomes eligible for an SEP to enroll in a QHP.

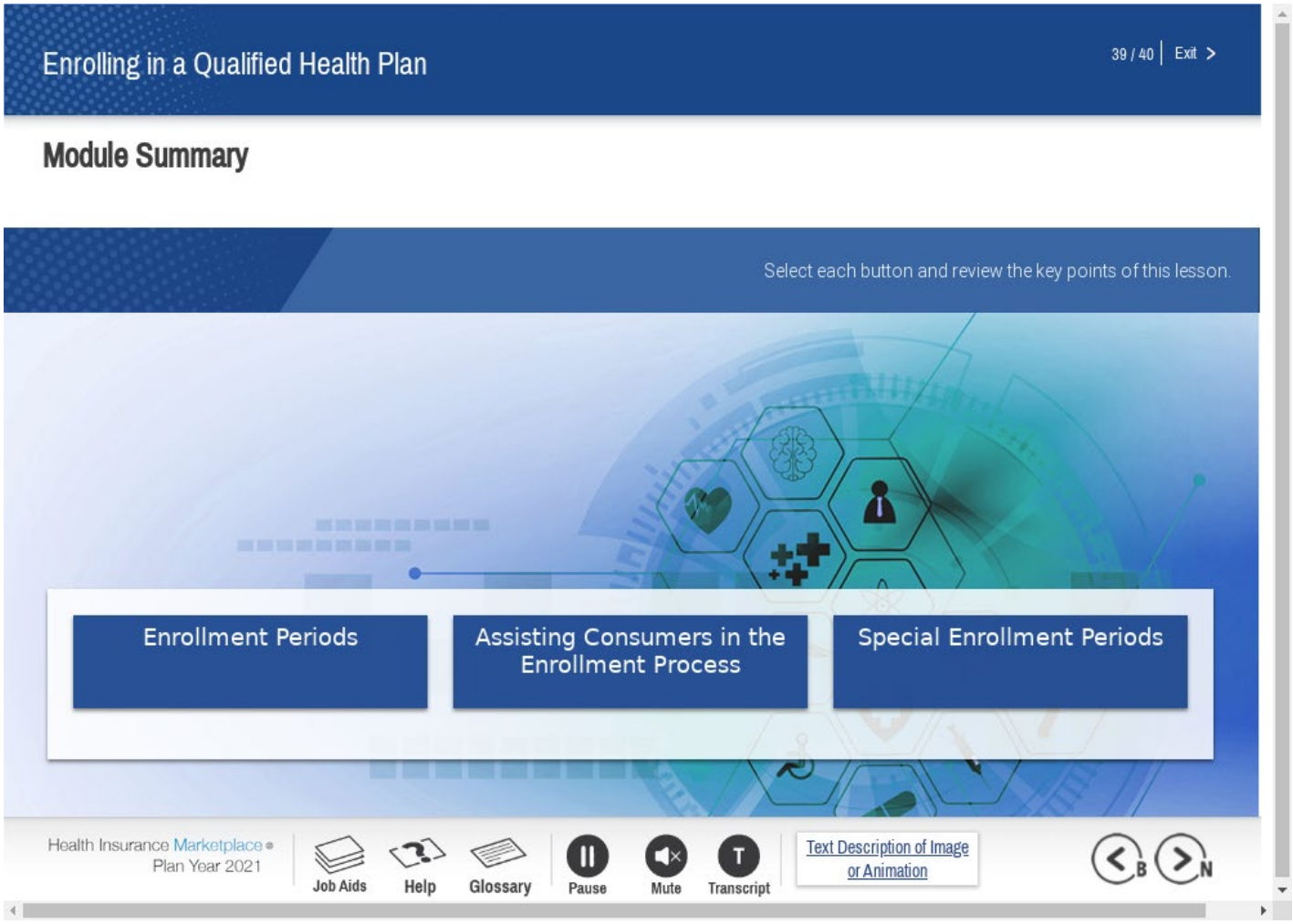
D. Cynthia will have a gap in coverage and will have to pay the entire cost of any medical care she receives.

Correct Answer
B

Positive Feedback
Correct! Because she receives APTC, Cynthia has a three consecutive month grace period to pay all outstanding premiums. However, if she does not make all outstanding premium payments, or payments within the tolerance of any applicable premium payment threshold, before the expiration of the grace period, her QHP issuer must terminate her coverage effective at the end of the first month of the grace period (July 31). The issuer may also refuse to effectuate new coverage unless she pays all past due premiums plus the binder payment for new coverage.

Negative Feedback
Incorrect. The answer is B. Because she receives APTC, Cynthia has a three consecutive month grace period to pay all outstanding premiums. However, if she does not make all outstanding premium payments, or payments within the tolerance of any applicable premium payment threshold, before the expiration of the grace period, her QHP issuer must terminate her coverage effective at the end of the first month of the grace period (July 31). The issuer may also refuse to effectuate new coverage unless she pays all past due premiums plus the binder payment for new coverage.

Page: 39 of 40: Module Summary



Alt Text
A collage of three images from the module representing agents and brokers and module-specific concepts

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 popup box appears and displays accompanying text.

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

Pop Up Text

Enrollment Periods

- Enrollment is the process of signing up for a QHP. Before enrolling in a QHP through the Marketplace, consumers must obtain eligibility determinations from the Marketplace.
- After their eligibility has been determined, qualified individuals may enroll in a QHP through the Marketplace under two circumstances: the annual Open Enrollment period or upon becoming eligible for SEPs.
- The annual Open Enrollment period for plan year 2021 is between November 1, 2020 and December 15, 2020.

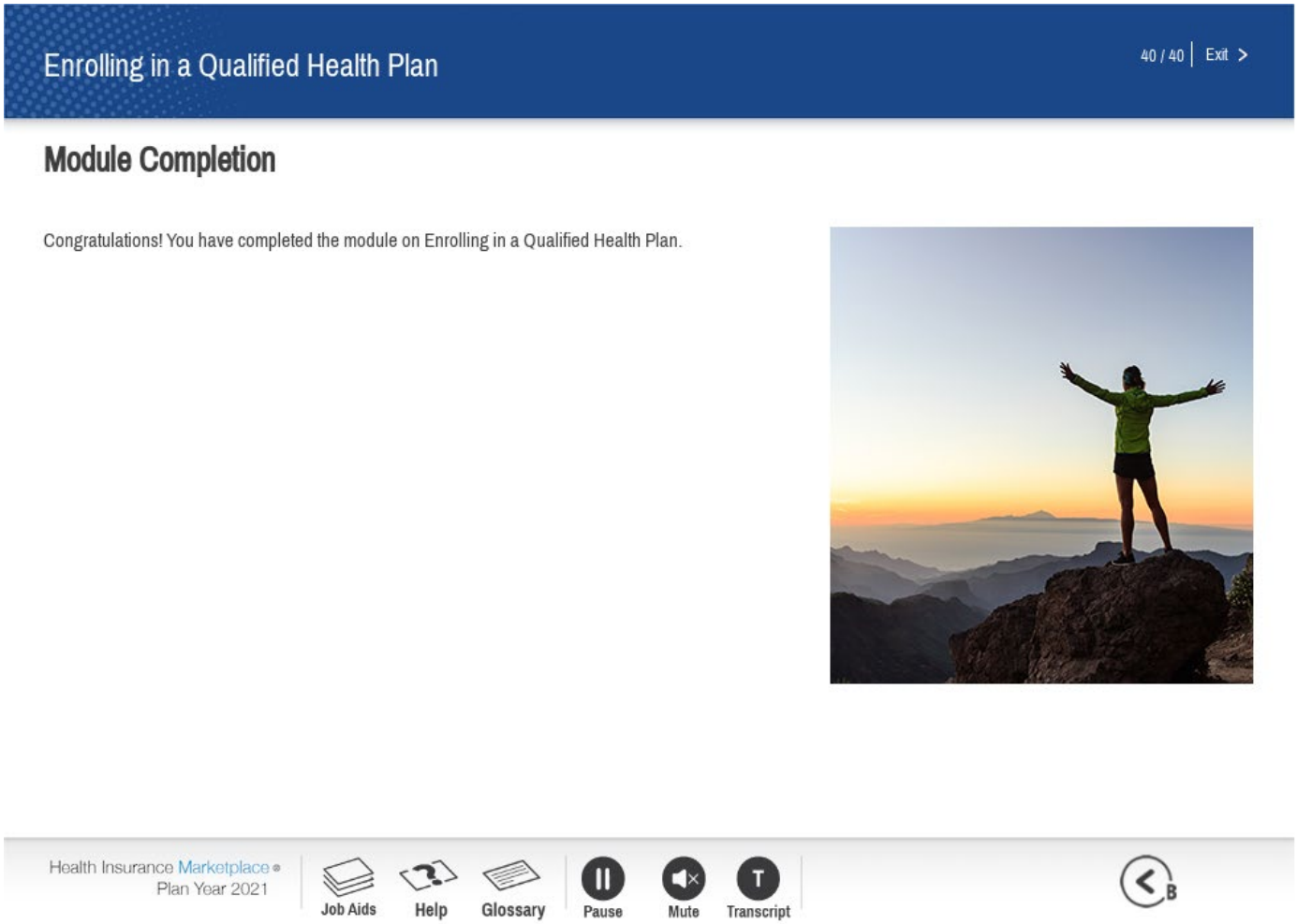
Assisting Consumers in the Enrollment Process

- After successfully completing registration, agents and brokers are able to assist consumers in the Marketplace in three ways: the Marketplace Pathway, the EDE Pathway and the Classic DE Pathway. Agents and brokers may find a QHP issuer or web-broker who is approved by CMS to offer the Classic DE Pathway or the EDE Pathway via the Issuer and Direct Enrollment Partner Directory.
- When the Marketplace receives a QHP selection for a qualified individual, it promptly notifies the applicable QHP issuer of the requested enrollment and transmits the needed eligibility and enrollment information to the issuer. If your NPN and contact information is included on the application, that information will be included in the official Marketplace enrollment record sent to the issuer.
- If a qualified individual makes a QHP selection, but later selects a new QHP before the coverage effective date, without making application changes, the initial QHP selection can be automatically terminated by the Marketplace as part of the transmission of updated enrollment information to QHP issuers.
- Agents and brokers should encourage consumers to complete the annual enrollment/re-enrollment process by the end of the Open Enrollment period for coverage effective January 1 of the following year.
- Enrollees may terminate QHP coverage on their own accord at any time of the year, including as the result of obtaining other minimum essential coverage.
- Agents and brokers should always obtain or confirm consumer consent prior to conducting online person searches or assisting with a Marketplace application, plan selection and enrollment, or ongoing account/enrollment maintenance.

Special Enrollment Periods

- Eligibility for SEPs is based on certain qualifying events, which include gaining or becoming a dependent, loss of minimum essential coverage, or other circumstances.
- New applicants (i.e., those who are not already enrolled in Marketplace coverage) who attest to certain types of SEP qualifying events are subject to the SEPV process and must submit documents that confirm their SEP eligibility.
- Most common SEP types, like a loss of qualifying coverage, permanent change in primary place of living, or change in household size, are subject to plan category limitations. This means if a consumer wants to change plans during an SEP that he or she qualifies for, the consumer may need to select a new plan within the same plan category as his or her current plan, or wait until the next Open Enrollment if the consumer wants to change to a plan in a different category.

Page: 40 of 40: Module Completion



Page Text
Congratulations! You have completed the module on Enrolling in a Qualified Health Plan.

Alt Text
A person standing on a mountaintop with arms outstretched