Complex Cases: Calculating Past-Due Premium Payments and Resolving Data Matching Issues

October 18, 2017

Centers for Medicare & Medicaid Services (CMS)
Center for Consumer Information & Insurance Oversight (CCIIO)

Disclaimer

The information provided in this presentation is intended only as a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

This document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB) and Marketplace.CMS.gov to learn more.

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

Webinar Agenda

- Calculating Past-Due Premium Payments
- Best Practices for Assisting Consumers with Data Matching Issues
- Key Reminders and Resources
- How to Manage Marketplace and REGTAP Emails
- Questions and Answers

Complex Cases: Calculating Past-Due Premium Payments and Resolving Data Matching Issues

Calculating Past-Due Premium Payments

Guaranteed Issue and Renewability

- Under the guaranteed issue and renewability provisions of the Affordable Care Act, issuers generally must:
  - Offer all of their non-grandfathered individual market and group market plans to any applicant in the state.
  - Accept any employer and individual who applies for those policies, subject to certain exceptions.
  - Renew or continue in force coverage at the option of the policyholder.
- Individuals are typically required to pay the first month's premium (referred to as a binder payment) to have coverage effectuated.

Consumers Who Owe Past-Due Plan Premiums

- Subject to state law, an issuer meeting certain requirements may
  - Apply an individual's binder payment made for new coverage to past-due premiums owed to that issuer (or to an issuer in the same controlled group*) for coverage within the prior 12 months, and
  - Refuse to effectuate the new coverage based on failure to pay the initial premium payment.
- Notice of premium payment policy: Issuers adopting this policy must describe in any enrollment application materials, and in any notice regarding non-payment of premiums, the consequences of non-payment on future enrollment.
- Effective for individuals to whom notice was provided prior to their failure to pay premiums that become past-due.
- An issuer may only condition the effectuation of new coverage on payment of past-due premiums for the individual contractually responsible for the past-due premium.

*A controlled group is a group of two or more related entities that is treated as a single employer under the Internal Revenue Code. For example, a parent company and its subsidiaries may be considered to be within the same controlled group.

How are Past-Due Premiums Calculated?

- Individuals who are receiving advance payments of the premium tax credit (APTC) whose coverage is terminated at the conclusion of the three-month grace period for nonpayment of premium would owe at most one month of premiums, net of any APTC paid on their behalf to the issuer.
- Individuals who attempt to enroll in new coverage while in a grace period (and whose coverage has not yet been terminated for nonpayment of premium) could owe up to three months of premium, net of any APTC paid on their behalf to the issuer.
- In either case, the issuer can only demand payment for previous coverage during the 12-month period preceding the effective date of the desired new coverage.

Past-due premiums are the net premium the consumer owes (i.e., subtract APTC from the base premium).

Scenario 1: No Binder Payment

In December 2016, you assisted Annabelle to enroll in a qualified health plan (QHP) for plan year 2017 coverage. However, Annabelle never paid the issuer the initial plan premium binder for this coverage.

Does Annabelle owe past-due premiums before she can enroll in plan year 2018 coverage with the same issuer?

A. Yes

B. No

C. It Depends

Scenario 1: No Binder Payment Answer

In December 2016, you assisted Annabelle to enroll in a qualified health plan for plan year 2017 coverage. However, Annabelle never paid the issuer the initial plan premium binder for this coverage.

Does Annabelle owe past-due premiums before she can enroll in plan year 2018 coverage with the same issuer?

A. Yes

B. No

C. It Depends

If Annabelle never paid the initial premium binder for the previous coverage, that coverage would never have been effectuated, so there would not be any coverage for which past-due premium is due.

Scenario 2: Mid-Year Loss of APTC

Your client, Carla, qualified for a special enrollment period (SEP) and enrolled in a Marketplace QHP during plan year 2017, but she became ineligible for APTC due to her inability to resolve an income data matching issue. She stopped paying premiums once her issuer billed her for the full monthly premium amount, which she could not afford.

You recently helped Carla complete a plan year 2018 enrollment selection with the same issuer. Carla calls you in late December because she received a letter from the issuer demanding payment for past-due premiums for her plan year 2017 coverage before it will effectuate her plan year 2018 coverage.

What options does Carla have to resolve this and effectuate her plan year 2018 coverage?

A. Pay all past-due premiums owed to the issuer and the initial plan premium binder for plan year 2018 coverage

B. File an appeal of her plan year 2017 APTC eligibility determination (if the appeal is requested within 90 days of the date of the Marketplace's final eligibility determination)

C. Do nothing; the Affordable Care Act requires the issuer to renew Carla's coverage

Scenario 2: Mid-Year Loss of APTC Answer

Your client, Carla, qualified for an SEP and enrolled in a Marketplace QHP during plan year 2017, but she became ineligible for APTC due to her inability to resolve an income data matching issue. She stopped paying premiums once her issuer billed her for the full monthly premium amount, which she could not afford.

You recently helped Carla complete a plan year 2018 enrollment selection with the same issuer. Carla calls you in late December because she received a letter from the issuer demanding payment for past-due premiums for her plan year 2017 coverage before it will effectuate her plan year 2018 coverage.

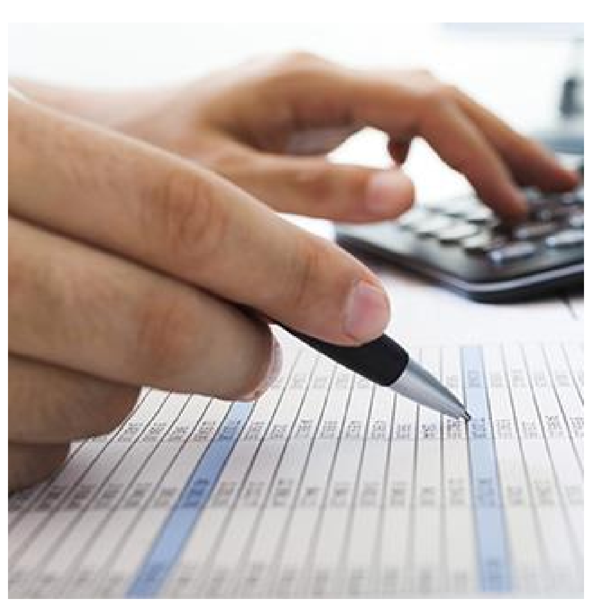
What options does Carla have resolve this and effectuate her plan year 2018 coverage?

A. **Pay all past-due premiums owed to the issuer and the initial plan premium binder for plan year 2018 coverage**

B. **File an appeal of her plan year 2017 APTC eligibility determination (if the appeal is requested within 90 days of the date of the Marketplace's final eligibility determination)**

C. Do nothing; the Affordable Care Act requires the issuer to renew Carla's coverage

Scenario 2: Mid-Year Loss of APTC Answer (Continued)



- If the issuer demands payment of past-due premiums for months in which Carla did not qualify for APTC, the amount of past-due premium due for such months would be the full premium (i.e., not reduced by any amount of APTC).
- However, if the Marketplace determines, through an eligibility appeal requested within 90 days of the date of the Marketplace's final eligibility determination, that Carla should have been eligible for APTC for previous months, she can choose to have the APTC applied retroactively for those months.

Scenario 3: Nonpayment for October, November, & December

Justin is enrolled in a Marketplace QHP and qualifies for APTC, but he does not pay his portion of October, November, and December 2017 premiums. He is counting on the three-month grace period to maintain coverage through the end of the year.

Will Justin have to pay all the past-due premiums for those three months before he can re-enroll in plan year 2018 coverage with the same issuer?

A. Yes
B. No
C. It Depends

Scenario 3: Nonpayment for October, November, & December Answer

Justin is enrolled in a Marketplace QHP and qualifies for APTC, but he does not pay his portion of October, November, and December 2017 premiums. He is counting on the three-month grace period to maintain coverage through the end of the year.

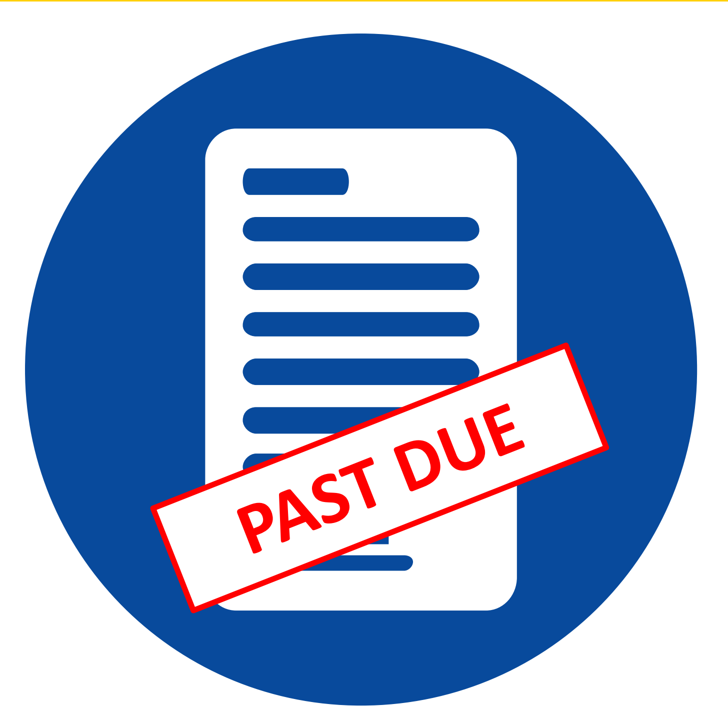
Will Justin have to pay all the past-due premiums for those three months before he can re-enroll in plan year 2018 coverage with the same issuer?

A. Yes

B. No

C. **It Depends** ✓

Scenario 3: Nonpayment for October, November, & December Answer (Continued)



- If the consumer's coverage is terminated at the end of a grace period, it would be terminated effective at the end of the first month of the grace period, and he or she would owe one month of premiums. Consumers whose coverage has not yet been terminated and who attempt to enroll in new coverage while in a grace period could owe up to three months of premiums.
- The requirement for Justin to pay all the past-due premiums depends on if his issuer has:
  - Adopted the past-due payment policy as permitted by state law, and
  - Provided Justin the required notice of the consequences of non-payment on future enrollment.
- If both of those conditions are met and Justin submits an application for coverage during the Open Enrollment period, the issuer should inform him, before the effective date of the coverage (January 1, 2018), of the amount of past-due premium he must pay for that coverage to be effectuated.

Scenario 4: Failure to Cancel Marketplace Coverage

Tom obtained employer-sponsored coverage during plan year 2017, but since he did not actively cancel his Marketplace plan, his issuer terminated coverage for nonpayment of premium.

If Tom loses his employer-sponsored coverage in the future and wishes to re-enroll in his previous Marketplace plan under a special enrollment period, will he first have to pay past-due premiums?

A. Yes
B. No
C. It Depends

Scenario 4: Failure to Cancel Marketplace Coverage Answer

Tom obtained employer-sponsored coverage during plan year 2017, but since he did not actively cancel his Marketplace plan, his issuer terminated coverage for nonpayment of premium.

If Tom loses his employer-sponsored coverage in the future and wishes to re-enroll in his previous Marketplace plan under a special enrollment period, will he first have to pay past-due premiums?

A. Yes
B. No
C. **It Depends** ✔

Scenario 4: Failure to Cancel Marketplace Coverage Answer (Continued)

- As in the previous scenario, the requirement for Tom to pay past-due premiums depends on if his issuer has:
  - Adopted the past-due payment policy as permitted by state law, and
  - Provided Tom the required notice of the consequences of non-payment on future enrollment.
- However, issuers may, if permitted by federal and state law, permit termination of coverage retroactive to the last day of the period for which premiums were paid, if they do so without regard to consumers' health status and in accordance with applicable non-discrimination requirements. This could result in the consumer not owing past-due premiums.

- You should educate your clients about how to properly terminate Marketplace coverage so they will not owe past-due premiums.

Summary

- Subject to state law, if it meets certain requirements, an issuer may require consumers to pay past-due premiums for plan year 2017 coverage before their issuers will effectuate plan year 2018 coverage.
- Past-due premiums are the net premium the consumer owes (i.e., subtract APTC from the base premium).

Complex Cases: Calculating Past-Due Premium Payments and Resolving Data Matching Issues

Best Practices for Assisting Consumers with Data Matching Issues

What is a Data Matching Issue?

- To determine eligibility, the Marketplace verifies applicant information using data from key federal agencies and other sources.
- If there are inconsistencies between the consumer’s application and the information contained in the approved electronic sources, the Marketplace produces an initial eligibility notice that includes a list of any data matching issues (DMIs), along with instructions regarding how they can be resolved.
- The most common types of DMIs are related to income, citizenship, and immigration status.

Marketplace Establishes 90-day Eligibility Based on Consumer Attestation

- If the Marketplace needs additional information regarding a consumer's eligibility, it establishes eligibility based on the individual's attestation for a period of 90 days.
- Applicants who are otherwise eligible for a Marketplace QHP:
  - Can enroll and obtain coverage and, if applicable, help paying for coverage during the 90-day period.
  - Must resolve the DMI by the close of the 90-day period to continue eligibility for health coverage through the Marketplace and maintain the help paying for coverage, if applicable, as stated in the initial eligibility notice.
- Applicants with income and other eligibility information consistent with eligibility for Medicaid or the Children's Health Insurance Program (CHIP) but who have a DMI that involves citizenship or immigration status:
  - Can access Medicaid or CHIP coverage while within the "reasonable opportunity period" allowed to resolve the open verification items.

Tips for Preventing all DMI Types

Complete all possible fields in the application

Ensure consumer's name exactly matches documents such as on his or her Social Security card

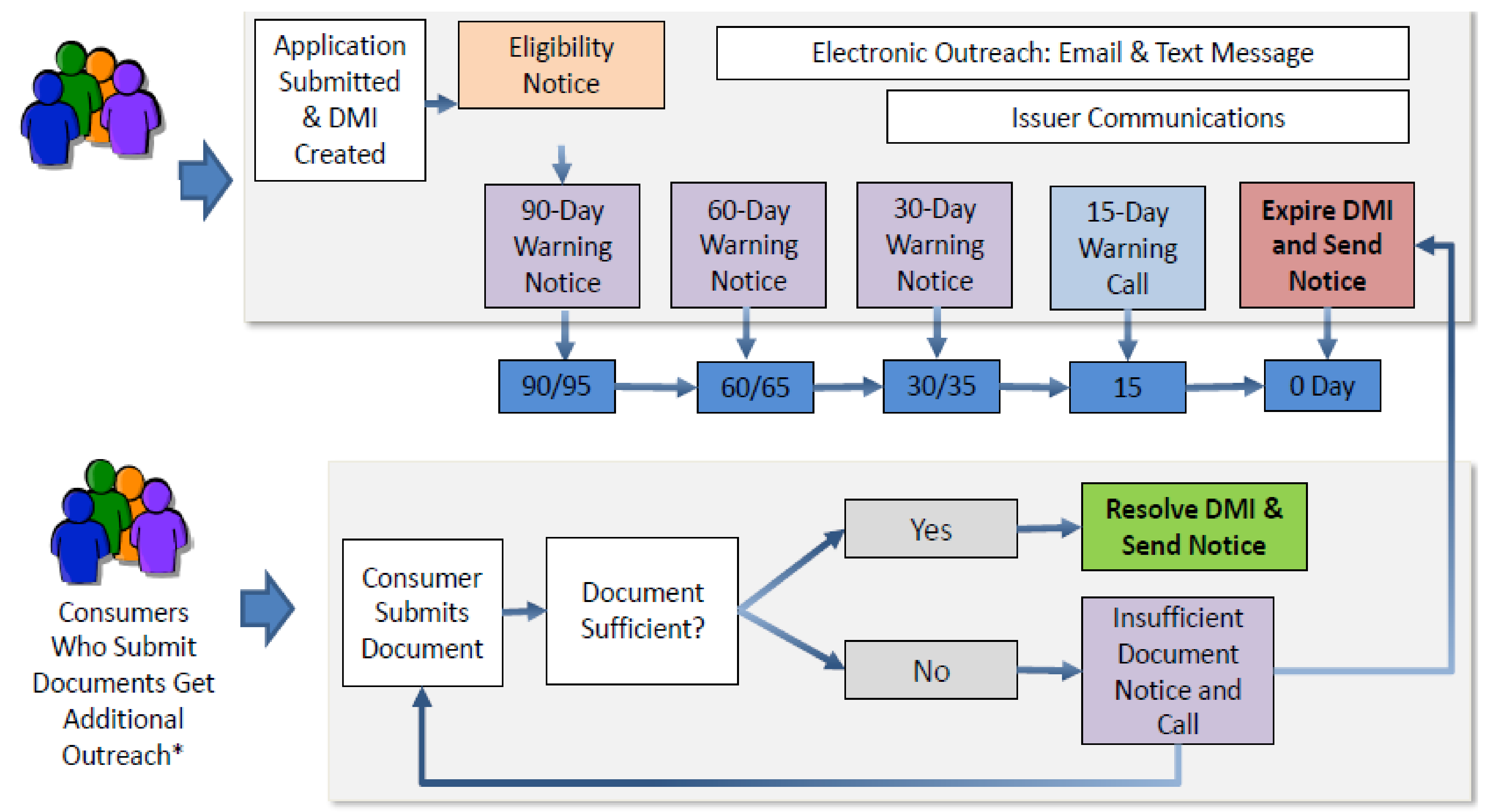
Confirm all members of the household applying for coverage have provided accurate Social Security numbers (SSNs) *if they have one;* non-applicants in the household are not required, but are strongly encouraged to provide an SSN if possible; a non-applicant who is the tax filer and who has an SSN is also required to provide an SSN

Double check that the information on the application is complete and that there are no errors or typos

Make sure document types/document numbers/ID numbers are included for immigration documents, as applicable

Remind consumers to report any changes in income or other application information within 30 days of the change

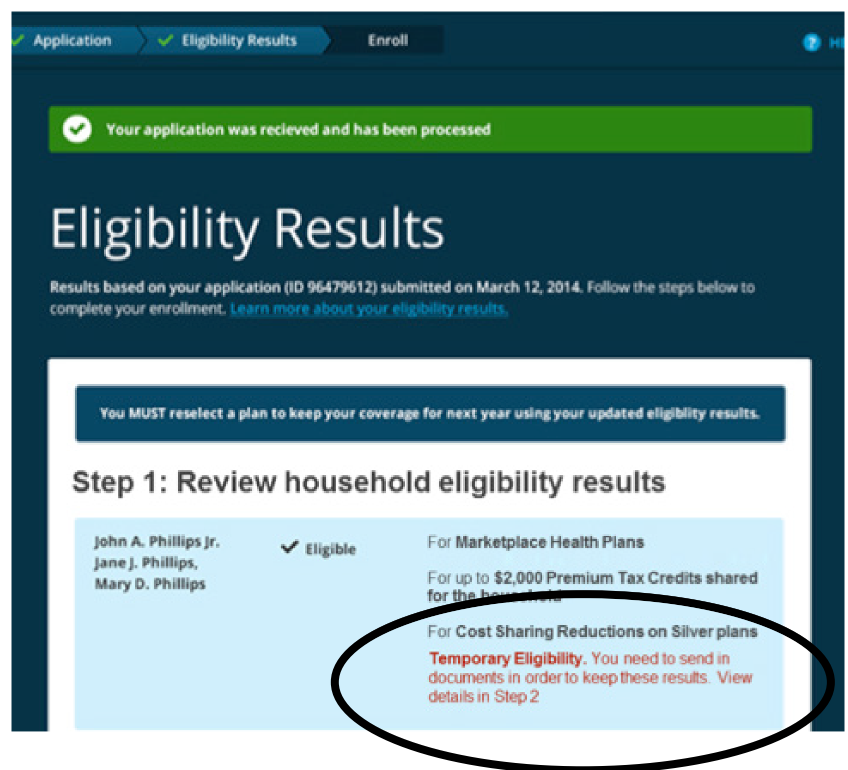
Consumer Outreach



* Consumers who submit documents can get additional notices and calls, which do not replace the notices and calls that all consumers receive.

You can play an important role in helping consumers follow the correct process to resolve DMIs.

- Read the full Marketplace eligibility notice. If a consumer has a data matching issue, it will:
  - Instruct the consumer to send the Marketplace more information.
  - List what documents the consumer can submit to resolve the DMI.
  - Identify which members of the household have DMIs.
- Consumers can also check the **Application Details** section of their Marketplace accounts for a list of all DMIs.
- Consumers with DMIs will also receive reminder notices requesting documentation.



Tips for Helping Consumers Resolve DMIs

- Help the consumer go back to the application to confirm the information that is included is correct and complete, and update the application if it is not.
- Encourage consumers to submit the requested information as soon as possible.
- Encourage consumers to make digital copies and upload the requested documents through his or her HealthCare.gov account.
- Emphasize that if the consumer does not send the requested documentation by the deadline, he or she may lose eligibility for coverage through the Marketplace or experience a modification of APTC or cost-sharing reductions, if applicable.

Remember: You may not log in to HealthCare.gov on a consumer's behalf (i.e., using the consumer's HealthCare.gov account).

Digital Upload: Steps the Consumer Must Take

- Log in to his or her HealthCare.gov account and select “Start a new application or update an existing one“.
- Click on his or her name in the top right corner of the screen and select “My applications & coverage” from the drop-down list.
- Select his or her current application under "Your existing applications," and click on "Application Details”.
- Click the green button next to each item that requires verification, choose a document type from the drop-down list, click "Select file to upload," select the document from its location on the consumer’s computer, and click "Upload“.

My plans & programs
My plan profile
Eligibility & appeals
Applications details
Report a life change
Communication preferences
Exemptions
Tax forms

Application details
Here's your current application information:

Status: Complete

Your application is complete

Your Marketplace application is complete and has been processed. View your eligibility results to find out if you can enroll in health coverage.

Send documents for data matching issues

If you don't resolve the data matching issues (or "inc
you could lose your coverage. Select "Upload Docum
documents to send.

Verify Karen's citizenship or immigration status
Send documents by 1/13/2017

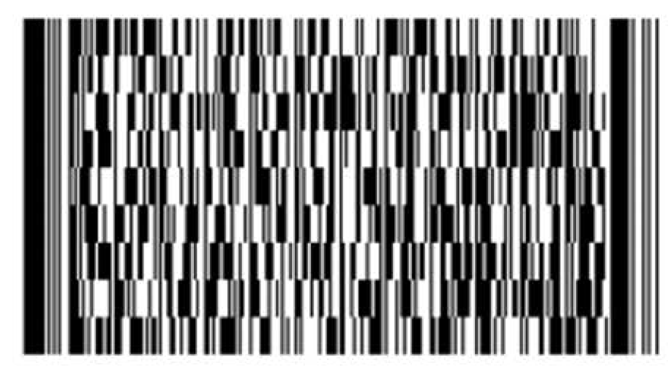
Verify Karen's yearly income
Send documents by 1/8/2017

- Confirm a checkmark appears next to the file name, which indicates the upload was successful.

Tips for Successful Digital Upload

- Make sure the file:
  - Is in one of these formats: .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp.
  - Is under 10 MB.
  - Has a file name **without** a colon, semicolon, asterisk, or any other special character (e.g., /\:*?<>|).
- Cell phone photos are permitted if a copy cannot be scanned.
- Consumers may upload a document that is not listed in the drop-down list of **Document Types** viewable after clicking **Upload Documents** by choosing **Other** from the drop-down menu.

If a Consumer Chooses to Mail Documents to Resolve a DMI



- Remind consumers that they should never mail original documents.
- Remind the consumer to include the page from the eligibility notice that includes a barcode unique to that consumer's application.
- If the consumer does not have the page with the barcode, the consumer should include his or her state, full legal name, and application ID with the mailed documents.
- Mail all household documents together at one time.
- Mail to: Marketplace, Attn: Supporting Documentation, 465 Industrial Blvd. Health Insurance , London, KY 40750.

Other Tips for Resolving DMIs

- If a consumer's documentation is successful in resolving the DMI, the Marketplace will send a notice that indicates nothing further is needed.
- If a consumer's documentation is not sufficient, the Marketplace will send a notice that indicates additional information is needed.
- Consumers who have made a good faith effort to obtain the required documentation, but need more time beyond the normal 90 days may request more time to submit documentation.
- Consumers who cannot provide the necessary documentation because of special circumstances, like a fire, hurricane, or a flood, may request that their DMI be resolved without submitting documentation. This flexibility is granted on a case-by-case basis, and is not available with respect to citizenship or immigration status DMIs.

Resource: Consumer Guide for Annual Household Income Data Matching Issues

Consumer Guide for Annual Household Income Data Matching Issues

This is a guide to help you understand how the Marketplace uses annual household income to decide whether you qualify for help paying for health coverage through the Marketplace. It also explains how to send the Marketplace proof of income if your information wasn't verified by our data sources. This is known as an income data matching issue. The Marketplace generates income data matching issues when it cannot immediately verify your application information with our data sources in order to provide the correct financial assistance and help protect you against owing money back when you file your taxes.

How do I estimate my annual household income on my Health Insurance Marketplace application to get the right amount of help paying costs (or "financial assistance")?

- The Marketplace determines the amount of financial assistance for you and any other applicants in your household based on your family size and the income you tell us that you expect your household to make during the year you want health coverage.
- Your Marketplace application includes information for each person who will be listed on your federal income tax return (also referred to as your "tax household"), and may include information about others in your family. The financial assistance for you and any other applicants on your application is based on your family size and the income (if any) of your household members.
- The Marketplace uses a measure of income called modified adjusted gross income (MAGI) to determine eligibility for financial assistance. It's not a line on your tax return. Your MAGI is the total of the following:
  - Adjusted Gross Income (AGI) amount from your household's federal income tax return, plus:
    - Foreign income excluded from AGI
    - Nontaxable Social Security benefits (including tier 1 railroad retirement benefits)
    - Tax-exempt interest received or accrued during the tax year.
- MAGI **doesn't** include Supplemental Security Income (SSI), child support payments, gifts, veteran's disability payments, worker's compensation, or proceeds from loans, like student loans.

Your total household MAGI amount includes countable income for each person who will be listed on your federal income tax return for the year you are getting help paying for coverage.

- Helps consumers understand how the Marketplace uses annual household income to decide whether they qualify for help paying for health coverage.
- Provides examples of source(s) of income, and suggested lists of documents that can be used as proof for that type of income.
- Access the guide at: https://marketplace.cms.gov/outreach-and-education/household-income-data-matching-issues.pdf
- Access the income worksheet at: https://marketplace.cms.gov/outreach-and-education/income-worksheet-for-consumers.pdf

DMI Summary

- Consumers will receive 90, 60, and 30 day notices, advising them to submit requested information to resolve their DMIs.
- Consumers who do not resolve their DMIs will lose their Marketplace coverage or risk having their financial assistance adjusted or terminated.

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Key Reminders and Resources

Upcoming Activities

- The slides from this webinar are available on REGTAP at www.REGTAP.info and will be available on the Resources for Agents and Brokers webpage at http://go.cms.gov/CCIIOAB in the coming days.
- In addition, this webinar will be available for on-demand training on REGTAP.
- Our last weekly webinar is next Wednesday, October 25 at 1 PM ET to help you prepare for Open Enrollment and answer your questions.
- Marketplace Agent/Broker Open Enrollment Office Hours will take place on Wednesdays 1:00-1:30 PM ET starting November 8 throughout Open Enrollment to help you stay informed, notify you of important updates and deadlines, answer your questions, and give you an opportunity to provide real-time feedback to CMS on what you are experiencing with the Marketplace this Open Enrollment period.

Upcoming Webinars
October 25: Making the Most of Your Marketplace Participation During this Open Enrollment Period
November 8-December 13 on Wednesdays 1:00-1:30 PM ET: Marketplace Agent/Broker Open Enrollment Office Hours

Plan Year 2018 Open Enrollment

- The Open Enrollment period for plan year 2018 begins on November 1, 2017 and runs through December 15, 2017.
- There are no opportunities to make an Open Enrollment plan selection after December 15.

Site Availability

- In general, HealthCare.gov will be available 24 hours a day during Open Enrollment.
- As in previous years, there are several days on which teams are permitted to conduct maintenance that will result in site downtime. This maintenance is critical to ensure that the site performs at a high level.
- This year, planned maintenance will be permitted on the following days/times:
  - Sunday 11/5 12am-12pm
  - Sunday 11/12 12am-12pm
  - Sunday 11/19 12am-12pm
  - Sunday 11/26 12am-12pm
  - Sunday 12/3 12am-12pm
- There is also a possibility that the FFM will perform high-priority maintenance on Sunday 12/10 from 12 am to 7 am.
- PLEASE NOTE that CMS also retains the right to perform emergency maintenance at other times if absolutely necessary. CMS will attempt to communicate all planned and unplanned maintenance that will impact site availability.

Reporting Potential Fraud or Abuse

- You play an important role in observing and reporting any potentially fraudulent practices taking place in relation to the Marketplace.
- If you suspect that a consumer or another agent or broker has engaged in fraud or abusive conduct, report your concerns to one of the following:

Examples of Potential Fraud or Abuse

A client tells you he has been contacted by an individual seeking his personal and financial information.

•A consumer submits false documentation to the Marketplace.

•An agent or broker is enrolling consumers without their consent.

•An agent or broker is assisting consumers without a valid license or without completing Marketplace registration.

•An agent or broker has disclosed a consumer's personally identifiable information.

Name	Contact	Topics
Department of Health & Human Services (HHS) Office of Inspector General Hotline	1-800-HHS-TIPS (1-800-447-8477) or https://forms.oig.hhs.gov/hotlineoperations/index.aspx	• HHS employee fraud or misconduct • Grant and contract fraud • Submission of false information
Federal Trade Commission	https://www.ftccomplaintassistant.gov	• Identity theft • Contact from someone posing to be from the government
Agent/Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	• Unregistered agents or brokers operating in the Marketplace • Inappropriate agent or broker marketing practices

Health Insurance Marketplace Direct Agent/Broker Partner Line

Agents and brokers **who have completed plan year 2018 Marketplace registration** may access this enhanced service for assistance with questions related to Individual Marketplace consumer enrollments by following the steps below.

1. Call 855-788-6275.
2. Enter your National Producer Number (NPN).
   - Only agents/brokers registered with the Marketplace can use this.
   - Valid NPNs will be updated weekly (typically on Fridays).
3. When a valid NPN is entered, you will be presented with three options:
   - Assist consumers with HealthCare.gov account password resets
   - SEPs that are not common/available through the application
   - Other issues

- If you enter an invalid NPN, you will be transferred to the main Marketplace Call Center line.
- **The Direct Agent/Broker Partner Line is most helpful for password resets and non-standard Special Enrollment Periods.**

Agent/Broker Marketplace Help Desks and Call Centers

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
Direct Agent/Broker Partner Line	855-788-6275 Note: Enter your NPN to access this line	Inquiries related to specific consumers: • Assist consumers with HealthCare.gov account password resets • SEPs not available on the consumer application • Eligibility and enrollment issues related to the Individual Marketplace	Monday-Sunday 24 hours/day
Agent/Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	• General enrollment and compensation questions • Identity proofing/Experian issues requiring manual verification • Escalated general registration and training questions (not related to a specific training platform) • Agent/Broker Registration Completion List issues • Find Local Help issues	Monday-Friday 8:00 AM-6:00 PM ET

Agent/Broker Marketplace Help Desks and Call Centers (Continued)

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
Marketplace Service Desk	855-CMS-1515 855-267-1515 CMS_FEPS@cms.hhs.gov	• Password resets and account lockouts on the CMS Enterprise Portal (used to access the Marketplace Learning Management System (MLMS), the agent/broker training and registration system) • Login issues on the agent/broker landing page used for Direct Enrollment (often due to FFM User ID not populating correctly when the agent or broker is redirected from an issuer's or web-broker's site) • Other CMS Enterprise Portal account issues, requests, or error messages • 501 Downstream Error message on HealthCare.gov website issues • General registration and training questions (not related to a specific training platform)	Monday-Friday 8:00 AM-8:00 PM ET Saturday-Sunday 10:00 AM-3:00 PM ET (October–November only)

Agent/Broker Marketplace Help Desks and Call Centers (Continued)

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
Agent/Broker Training and Registration Email Help Desk	MLMSHelpDesk @cms.hhs.gov	• Technical or system-specific issues related to the agent/broker training and registration system (i.e., the MLMS) • User-specific questions about maneuvering in the MLMS site, or accessing training and exams	Monday-Friday 8:00 AM-5:30 PM ET
Small Business Health Options Program (SHOP) Call Center	800-706-7893	• All inquiries related to the SHOP • SHOP agent/broker portal access questions	Monday-Friday 9:00 AM-7:00 PM ET
Direct Enrollment (formerly Web-Broker) Email Help Desk	DirectEnrollment @cms.hhs.gov	• All inquiries specifically related to becoming and/or operating as a direct enrollment web-broker in the Marketplace	Monday-Friday 9:00 AM-5:00 PM ET

Agent/Broker Marketplace Help Desks and Call Centers (Continued)

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours of Operation (Closed Holidays)
America's Health Insurance Plans (AHIP) Training Help Desk	support@ahipinsuranceeducation.org 800-984-8919	All inquiries specifically related to the AHIP agent/broker training platform	**Call Center/Email** Monday-Friday: 8:00 AM-7:00 PM ET Saturday: 8:30 AM-5:00 PM ET
Litmos Training Help Desk	cmsffmsupport@litmos.com 844-675-6565	All inquiries specifically related to the Litmos agent/broker training platform	**Call Center** Monday-Friday 9:00 AM-5:00 PM PT (12:00 PM-8:00 PM ET) **Email** 24 hours/day
National Association of Health Underwriters (NAHU) Training Help Desk	NAHU-FFM@nahu.org 844-257-0990	All inquiries specifically related to the NAHU agent/broker training platform	**Call Center:** Monday-Friday: 9:00 AM-5:00 PM ET **Technical Support:** Monday-Friday: 8:00 AM-9:00 PM ET Saturday-Sunday: 8:00 AM-8:00 PM ET

Tips from the Marketplace Call Center

- In most cases, you can use self-service options at HealthCare.gov to assist consumers enrolling in individual market QHPs through the Marketplace without contacting the Marketplace Call Center. Using self-service options frees up Call Center Representatives (CCRs) for more complex cases and reduces wait times for everyone.
- If you need help assisting a consumer, you may contact the Marketplace Call Center.
  - Available in English and Spanish 24 hours a day, seven days a week
  - Closed on Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day
- When you need to contact the Marketplace Call Center, try to avoid the following:
  - Calling during peak times—especially between 10:00 AM and 2:00 PM ET
  - Calling around the enrollment deadline (i.e., December 10-15)
  - Calling during HealthCare.gov outages (CCRs use the same tool for application/enrollment assistance)

Tips from the Marketplace Call Center (Continued)

- When contacting the Marketplace Call Center, consumers can grant permission to allow you to access their account information.
  - This Marketplace Call Center authorization is not the same as ensuring your NPN is on the consumer's application for payment purposes with issuers.
- Consumers will be asked to:
  - Provide the Marketplace Call Center with your full name and NPN
  - Elect the length of time the authorization is valid—this can be one call or up to 365 days
  - Update the authorization as needed prior to the beginning of Open Enrollment
- This authorization allows you to:
  - Call the Marketplace Call Center and access a consumer's information on the consumer's behalf
  - Participate in a three-way call with a Marketplace CCR and the consumer

When Is It Appropriate for Agents and Brokers to Seek Marketplace Call Center Assistance?

- You may direct consumer application questions or issues to the Marketplace Call Center.
- The following complex consumer situations may require support from the Marketplace Call Center:
  - You need to check the status of a consumer's data matching or SEP verification issue.
  - The consumer is part of a multi-tax household, and requires guidance on which household members should be part of different application groups.
  - You or the consumer are having technical difficulties completing the online application.
- For password resets for consumer HealthCare.gov accounts and SEPs not available on the consumer application, use the Direct Agent/Broker Partner Line (855-788-6275). You will need to enter your NPN to gain access.

When Is It Not Appropriate for Agents and Brokers to Seek Marketplace Call Center Assistance?

- The consumer (or you with the consumer's assistance) has not attempted to complete all required data fields in the online application.
  - Note the Marketplace Call Center is not staffed to enter consumer information for multiple applications.
- The consumer does not have ready access to personal information and/or specific documentation required to complete enrollment.
  - Use the Marketplace Application Checklist when helping consumers complete their applications and to be sure they are prepared to contact the Marketplace Call Center.
- You do not have a current Marketplace Call Center authorization and the consumer is not on the line.
  - Remember, Marketplace Call Center CCRs will not provide you any information about a consumer's application if the consumer is not part of the three-way call or has not previously authorized you to work on his or her behalf.

Agent and Broker Resources

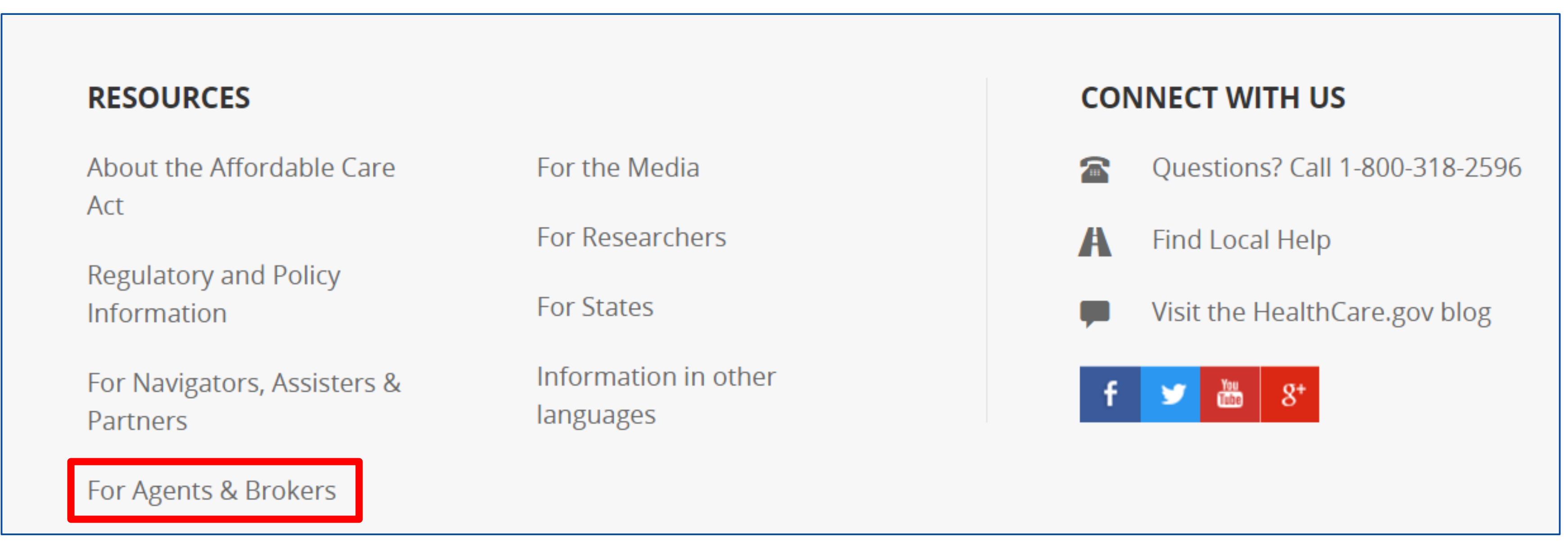
Resource	Link
Agents and Brokers Resources webpage	http://go.cms.gov/CCIIOAB
HealthCare.gov	https://www.healthcare.gov/
Outreach and Education Materials on Marketplace.CMS.gov	https://marketplace.cms.gov/outreach-and-education/outreach-and-education.html
Plan Year 2018 Marketplace Registration and Training for Agents and Brokers	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Plan-Year-2018-Registration-and-Training.html
Registration Completion List on Data.HealthCare.gov	https://data.healthcare.gov/ffm_ab_registration_lists
Twitter updates @HealthCareGov	https://twitter.com/search-home
"News for Agents and Brokers" Newsletter	Distributed via email and available on the Agents and Brokers Resources webpage at http://go.cms.gov/CCIIOAB

Agent and Broker Resources (Continued)

Resource	Link
SHOP at HealthCare.gov	https://www.healthcare.gov/small-businesses/
SHOP Agent/Broker Portal	https://healthcare.gov/marketplace/small-businesses/agent
Find Local Help Tool	https://localhelp.healthcare.gov/
Agent and Broker National Producer Numbers	www.nipr.com/PacNpnSearch.htm
Regulation 45 CFR 155.220 authorizing agents and brokers to assist consumers with selecting and enrolling in QHPs offered through the Marketplaces	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=a53964f7a759ab782238698f8ad60a0c&mc=true&r=SECTION&n=se45.1.155_1220
Patient Protection and Affordable Care Act Market Stabilization Final Rule	https://www.gpo.gov/fdsys/granule/FR-2017-04-18/2017-07712/content-detail.html

Shortcut to Agent/Broker Resources Page from HealthCare.gov

- HealthCare.gov contains a link to make it easier for you to get to the Agents and Brokers Resources webpage (http://go.cms.gov/CCIIOAB).



Preparing for Plan Year 2018 Open Enrollment

How to Manage Marketplace and REGTAP Emails

Marketplace Emails

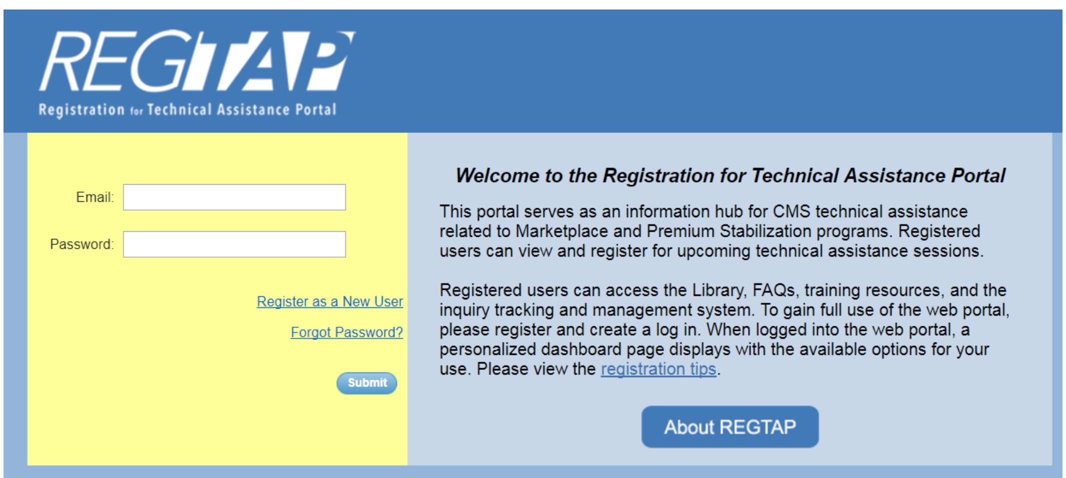
- The Marketplace strives to keep you updated on the most valuable information relating to enrollment, registration and training reminders, deadlines, and more.
- You are automatically subscribed to emails once you complete registration and training for the current plan year.
- If you have not completed registration and training and would like to receive general updates, you can subscribe to Marketplace emails at https://www.healthcare.gov/lp/agents-and-brokers/.

Managing Marketplace Emails

You can manage your Marketplace email communication preferences and the specific topic lists you subscribe to via the Subscriber Preferences page at https://public.govdelivery.com/accounts/USCMSHIM/subscriber/new?preferences=true.

- To receive fewer emails from the Marketplace:
  - Select the tab for "Email Frequency"
  - Next to "Send me fewer emails" select "Yes"
  - Select "Save"
  - You can change your preferences at any time by following these same steps and updating your selection.
- To unsubscribe from all emails from the Marketplace:
  - Select the tab for "Manage Subscriptions"
  - Select "Delete my account"

Managing REGTAP Email Notifications



- A Registration and Technical Assistance Portal, or REGTAP account provides access to other resources, such as agent/broker frequently asked questions and on-demand training.
  - There is a consolidated view of all agent/broker REGTAP resources through the dedicated Agent/Broker Program Area page.
  - Visit www.regtap.info/ to register for a REGTAP account.
- REGTAP will send automated email notifications about events that you have registered for.
- If you already have a REGTAP account and would like to opt out of REGTAP email notifications, please contact REGTAP Registration Support by phone at 800-257-9520 from 9:00 AM to 5:00 PM ET Monday through Friday, or by email at registrar@REGTAP.info.

Acronym Definitions

Acronym	Definition
AHIP	America's Health Insurance Plans
APTC	Advance Payments of the Premium Tax Credit
CCR	Call Center Representative
CCIIO	Center for Consumer Information and Insurance Oversight
CFR	Code of Federal Regulations
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
DMI	Data Matching Issue
FFM	Federally-facilitated Marketplace
HHS	Department of Health & Human Services
MLMS	Marketplace Learning Management System

Acronym Definitions (Continued)

Acronym	Definition
NAHU	National Association of Health Underwriters
NPN	National Producer Number
QHP	Qualified Health Plan
REGTAP	Registration for Technical Assistance Portal
SBM	State-based Marketplace
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period
SHOP	Small Business Health Options Program
SSN	Social Security Number