

The Marketplace and Group Insurance Coverage

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

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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. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

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 Agent and Broker 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 include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).

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Overview



- » **This webinar provides an overview of certain types of group health coverage, how they interact with the Health Insurance Marketplace, and how to assist individuals who may be considering these coverage options. This webinar will focus on topics such as:**
 - SHOP small group coverage, generally for employers with 1-50 employees.
 - Certain types of HRAs, which allow employers to help their employees pay for medical expenses, including premiums for individual coverage in some cases.
 - Assisting individuals in the Marketplace who have offers of ESC.
 - Understanding the Family Glitch Fix and how it affects employers that offer coverage and dependents with offers of ESC.

Small Business Health Options Program (SHOP)

SHOP Coverage Basics



SHOP helps small employers with 1–50 employees offer affordable, private health and dental coverage. It's also generally the only way to get the Small Business Health Care Tax Credit, which can save eligible employers up to 50% of their employer contribution.

- » The SHOP Marketplace offers quality plans from private insurance companies. All SHOP plans offer the same set of essential health benefits, like doctor visits, preventive care, hospitalization, and prescription drugs. There are also limits on the differences in premiums that insurance companies can charge based on age, and restrictions on charging individuals more because of pre-existing conditions, among other rating restrictions.
- » Small employers can:
 - ✓ Offer their employees one plan, or let them choose from multiple plans.
 - ✓ Offer health coverage, dental coverage, or both.
 - ✓ Choose how much they pay toward their employees' premiums and whether to offer coverage to their dependents.
 - ✓ Decide the length of their employees' Initial Enrollment Period, and how long new employees must wait before joining the plan, within certain limits.

How to Qualify for SHOP Coverage



- » To be **eligible for SHOP coverage**, employers must:
 - Have a primary business address in the state where they're buying coverage or have an eligible employee with a primary worksite in the state where they're buying coverage.
 - Have at least one common-law employee on payroll (not including a business owner or sole proprietor, or their spouse(s) on the payroll) to enroll in coverage. For the definition of a common-law employee, visit the [Internal Revenue Service \(IRS\) site](#).
 - Offer coverage to all their full-time employees—those working an average of 30 or more hours per week.
 - Employ 50 or fewer full-time equivalent employees (FTEs). For example, 2 half-time employees generally equal 1 FTE. Visit the [FTE Employee Calculator](#) to quickly estimate how many FTEs employers have.

Coverage for Business Owners and Sole Proprietors



- » Generally, if an employer runs their own business and has no employees, their business won't qualify for group coverage. These employers can purchase individual (as opposed to group) health coverage through the [Marketplace for themselves and their families](#).
- » With an Individual Marketplace plan, these business owners can:
 - ✓ Find coverage for themselves and their families
 - ✓ Access premium tax credits and other savings, if they qualify



IMPORTANT: Businesses with no employees (other than owners or their spouses) are not eligible for SHOP plans. To qualify for SHOP, employers generally must have between 1-50 employees with at least one employee who enrolls in the plan other than the owner or their spouse. Learn more about SHOP coverage.

Small Business Health Care Tax Credit



- » Enrolling in a SHOP plan is generally the only way for a small business or non-profit to claim the Small Business Health Care Tax Credit. This tax credit can be worth up to 50% of the employer's contribution toward premium costs (up to 35% for tax-exempt employers). To qualify for the tax credit, **all** of the following must apply:
 - The employer must have fewer than 25 FTE employees
 - The employer's average employee salary is about \$56,000 per year or less
 - The employer pays at least 50% of their full-time employees' premium costs
 - The employer offers SHOP coverage to all of their full-time employees. (The employer doesn't have to offer it to dependents or employees working fewer than 30 hours per week to qualify for the tax credit.)
- » **In general, the smaller the business, the bigger the credit.**
 - **Note:** The IRS has released guidance on qualifying for the Small Business Health Care Tax Credit that may apply to small employers that previously had access to a SHOP plan, but SHOP plans are no longer available in the area. For more information, visit the [IRS site](#).

Minimum Participation Rate



- » During most times of the year, if employers want to participate in the SHOP, a certain percentage of their eligible employees must enroll in the plans they offer. **However, if the coverage is purchased between November 15 – December 15, employers don't have to meet this minimum participation rate.**
- » In most states, 70% of eligible employees must enroll in the plan(s) the employer offers.
 - **Note:** This percentage is different in these states: Iowa, Louisiana, Mississippi, New Hampshire, South Dakota, Tennessee, Texas, and Utah.

How the minimum participation rate is calculated:

- » SHOP participation rates are calculated by dividing the number of employees enrolling in SHOP coverage plus those with other coverage by the total number of employees offered SHOP coverage.
- » Other coverage can include insurance from another job, individual private insurance, another person's or spouse's job, Medicare, Medicaid, TRICARE, VA health care programs, and the Indian Health Service. Use the [SHOP Minimum Participation Rate Calculator](#) to see how many employees must accept their employer's coverage offer.
 - **Note:** Don't include non-employees (owner, spouse of owner, COBRA enrollees, and retirees) in this calculation.

Registering for SHOP

» **Agents and brokers must register to sell SHOP insurance.**

- To register to sell SHOP insurance, you must have a [CMS Enterprise Portal](#) User ID. If you already have one to sell individual plans, you do not need to create a second account.
- After logging in or creating an account, select the agent/broker role and request “application access,” and then complete the identity proofing process. When finished, your CMS Enterprise Portal User ID will be activated.
- Next, you need to sign the SHOP Privacy and Security Agreement in the Marketplace Learning Management System (MLMS) by logging into the CMS Enterprise Portal. Once you sign the SHOP Privacy and Security Agreement, you’ll be able to sell SHOP insurance.
- CMS recommends that you take the SHOP training available in the MLMS, but it is not required.
- Agents and brokers are also asked how they would like their contact information to be displayed in Find Local Help.



How to Assist Employers with SHOP



- » SHOP-registered agents and brokers can provide help with SHOP insurance to employers. Specifically, they can help the employers:
 - ✓ Determine if their business is eligible for SHOP insurance
 - ✓ Understand the Small Business Health Care Tax Credit
 - ✓ Apply for SHOP coverage
 - ✓ Review and compare plans and features
 - ✓ Help employees learn about their employer's coverage offer
 - ✓ Enroll in a plan
 - ✓ Manage and update their coverage after they've enrolled
 - ✓ Handle renewals and plan changes

SHOP Enrollment



- » Small employers can enroll in a SHOP plan through an insurance company or with the help of an agent or broker. Small employers do not enroll using HealthCare.gov.
- » Small employers that are new to SHOP insurance will need to verify their eligibility using the [eligibility determination form at HealthCare.gov](#).
- » For more information on SHOP enrollment, visit [HealthCare.gov](#).

How to Enroll in SHOP Coverage



» For employers to review options and select a SHOP plan...

- Visit the [See Plans & Prices tool](#) on HealthCare.gov to review plans and prices. When picking a plan, employers should:



Consider the monthly cost, deductible, provider network, and prescription drug coverage.



Contact the insurance company or an agent or broker for any important enrollment steps or application deadlines.



Plan ahead when enrolling and leave enough time to gather and provide important information about their business and allow their employees to review their coverage offer.

» If there are no SHOP plans in the area:

- Employers may still be able to enroll in a small group health plan through an agent or broker or directly with a health insurance company. However, it may not be considered SHOP coverage, and employers generally will not be able to claim the Small Business Health Care Tax Credit. See what non-SHOP plans may be available to employers at finder.healthcare.gov.
- Employers may also have other options for providing benefits to their employees besides traditional group coverage, such as with an individual coverage HRA. [Learn more about what other products and services may be available to employers.](#)

SHOP Coverage Resources

- » For information on qualifying for the Small Business Health Care Tax Credit, visit [HealthCare.gov](https://www.healthcare.gov).
- » Information about SHOP basics, how to enroll in SHOP coverage, minimum participation rates, and more is now consolidated into a single **“Employer Guide to SHOP Insurance”** resource, which can be found [here](#).
- » For more information about SHOP resources, visit the **“SHOP Resources”** tab of the [Agent and Broker Resources webpage](#) and the **“Small Business Health Insurance”** page of [HealthCare.gov](https://www.healthcare.gov).
- » For answers to commonly asked questions about SHOP, visit [this section](#) of the Agent and Broker FAQs website.



Health Reimbursement Arrangements (HRAs)

What is an HRA?



An HRA is a group health plan funded solely by employer contributions that reimburses an employee's medical care expenses up to a maximum dollar amount for a coverage period.*

- » HRA reimbursements are excludable from the employee's income and wages for federal income tax and employment tax purposes.
- » An employer may allow funds that remain in the HRA at the end of the employer's plan to carry over into future plan years.
- » In addition to the employee, an HRA may also reimburse expenses incurred by the employee's spouse, dependents, and children who, as of the end of the taxable year, have not attained age 27 (dependents).

***Medical care expenses means expenses for medical care as defined under section 213(d) of the Internal Revenue Code (which includes premiums for other health coverage, such as individual health insurance policies.)**

Key Types of HRAs



- » An individual coverage HRA (**ICHRA**) is a type of HRA that reimburses medical expenses and requires eligible employees and any covered dependents to have individual health insurance coverage or Medicare Parts A and B or Part C for each month they are covered by the ICHRA.
- » Small employers who choose not to offer their employees group health plan coverage can instead choose to reimburse a portion of their employees' medical care costs through a qualified small employer HRA (**QSEHRA**). A QSEHRA is not considered a group health plan and is not considered an offer of **minimum essential coverage (MEC)**.

QSEHRA Overview



- » Small employers who don't offer group health plan coverage to any of their employees can provide a QSEHRA to their eligible employees to help employees pay for medical care expenses.
- » An eligible employee can use a QSEHRA to reimburse their medical care expenses, as well as any such expenses for covered dependents (if permitted by the employer).
- » To receive tax-free reimbursements from a QSEHRA, an employee and any covered dependents must be enrolled in MEC, and meet certain other requirements.
- » Employees can use the [QSEHRA worksheet](#) to find out if their QSEHRA meets requirements for "affordability." If their QSEHRA doesn't meet the requirement for "affordability," they may qualify for a premium tax credit to lower the cost of Marketplace coverage.
- » To learn more about QSEHRAs, visit [HealthCare.gov](https://www.healthcare.gov).

ICHRA Overview



- » An employer can offer an ICHRA to certain classes of employees instead of other job-based coverage but cannot offer any employee a choice between an ICHRA and other coverage.
- » An employee who is offered an ICHRA will generally get a written notice from their employer at least 90 days before the beginning of the ICHRA's plan year.
- » This notice must include contact information (including a phone number) for an individual to contact in order to receive additional information regarding the ICHRA.
- » Employees and dependents with an ICHRA offer may qualify for the premium tax credit only if the employer's offer doesn't meet minimum standards to ensure that individual coverage purchased with the help of an ICHRA would be considered to be affordable and the employee and dependents opt out of the ICHRA.
- » Employees can use [this tool on HealthCare.gov](#) to help them estimate ICHRA affordability before they submit an application on HealthCare.gov.
- » To learn more about ICHRAs, visit [HealthCare.gov](#).

HRA Types and Traditional Group Coverage Chart



	HRA for small employers	ICHRA for employers of all sizes	Qualified small group plans, including SHOP
Overview	Known as a QSEHRA , this is for small employers to reimburse employees' qualifying medical expenses, like premiums for individual coverage or other expenses on a tax-free basis.	Known as an ICHRA , this is for employers of any size to reimburse employees' qualifying medical expenses, like premiums for individual coverage or Medicare on a tax-free basis.	A group health insurance plan offered by an insurance company for eligible small employers.
Reimbursement Model	Defined contribution—employers select how much money to contribute to employees, up to the allowed annual 2023 limit of \$5,850 for individuals and \$11,800 for households (increases annually for inflation).	Defined contribution—employers select how much money to contribute to employees and, if the employer chooses, to employees' dependents.	Defined benefit—employers offer a plan, and in some cases are able to offer a selection of plans to their employees and, if the employer chooses, to employees' dependents.
Eligible Employers	Generally, small employers with 50 or fewer employees (other than certain owners or their spouses) who don't offer other group health plan coverage.	Employers of any size with at least one employee (other than certain owners or their spouses).	Generally, small employers with 1-50 employees (other than certain owners or their spouses) may be eligible for SHOP coverage.
Coverage	Employees can generally choose how they use a QSEHRA as long as they use it for qualifying health care expenses as determined by the employer, and they also have qualifying health coverage, like a plan from the Individual Marketplace .	Employees can generally choose how they use an ICHRA as long as they use it for qualifying health care expenses as determined by the employer, and have individual health insurance coverage, like a plan from the Individual Marketplace or Medicare coverage.	Employees have a plan or selection of plans to choose from that offer MEC, based on what the employer offers.

HRA Types and Traditional Group Coverage Chart (continued)



	HRA for small employers	ICHRA for employers of all sizes	Qualified small group plans, including SHOP
Enrollment	Employers can provide a QSEHRA at any time of the year, but must give written notice to their employees 90 days in advance. Employees with a newly provided QSEHRA, or who newly gain access to an existing QSEHRA (like newly hired employees) will be eligible for a Special Enrollment Period to enroll in individual health insurance coverage in or outside of the Marketplace.	Employers can offer an ICHRA at any time of the year, but must generally give written notice to their employees 90 days prior to the start of the ICHRA plan year. Employees with a new ICHRA offer will be eligible for a Special Enrollment Period to enroll in individual health insurance coverage in or outside of the Marketplace.	Small employers generally can enroll any time of the year.
Employer Contributions	Small employers can decide what they'll contribute to their employees' health care costs, up to the annual maximum.	Employers can decide what they contribute with no annual maximum.	There's no contribution requirement for SHOP coverage, though to be eligible for the Small Business Health Care Tax Credit, employers must contribute at least 50% of the cost of premiums for all full-time employees who enroll in SHOP coverage.
Tax Information	QSEHRA reimbursements aren't taxed to the employee. If the QSEHRA is affordable for an employee, the employee and any covered dependents aren't allowed a premium tax credit for their Marketplace coverage. If the QSEHRA is unaffordable, the employee must reduce the amount of the advance payment of the premium tax credit (APTC) by the QSEHRA amount.	ICHRA reimbursements aren't taxed to the employee. If the ICHRA offer is considered affordable for an employee, the employee and any dependent(s) the HRA offer extends to aren't eligible for a premium tax credit for their Marketplace coverage. Employees who decline an unaffordable ICHRA, may qualify for a premium tax credit, if they are otherwise eligible. However, if an employee accepts the ICHRA offer, no premium tax credit is allowed for the employee's Marketplace coverage.	Group health plan contributions are generally not taxed to the employee. If a qualifying employer offers SHOP coverage, the employer may be eligible for the Small Business Health Care Tax Credit.

Employer-Sponsored Coverage (ESC)

Assisting Consumers Who Have an Offer of Traditional ESC



- » When assisting consumers who have an offer of traditional ESC and are applying for Marketplace coverage and insurance affordability programs, agents and brokers should remind them to use the [Employer Coverage Tool](#) to gather information regarding their offer of ESC that they'll need to include in their HealthCare.gov application to evaluate that offer.
- » More detailed information is available at the [job-based health coverage page of HealthCare.gov](#).
- » A consumer's offer of ESC may impact their eligibility for APTC, cost-sharing reductions (CSRs), and this financial assistance for any family members who are also offered this coverage.

Assisting Consumers Who Have an Offer of Traditional ESC (continued)



- » Consumers with an offer of **affordable** ESC that **meets the minimum value standard** are not eligible for APTC or CSRs, the financial assistance available through the Marketplace.
- » If the offer of ESC is either **unaffordable** or **does not meet the minimum value standard**, the consumer may be eligible for financial assistance through the Marketplace if the consumer is not enrolled in the ESC.
- » If the traditional ESC is unaffordable or does not meet the minimum value standard, the consumer must decline this offer of ESC in order to receive APTC and CSRs.
- » Agents and brokers should help consumers include information in their HealthCare.gov application that will identify whether their offer of ESC:
 - Meets the minimum value standard, and
 - Is affordable.

Minimum Value Standard



- » A health plan meets the minimum value standard if it is designed to pay at least **60 percent** of the total allowed costs of medical services.
 - Benefits must include substantial coverage of physician and inpatient hospital services.
 - This percentage is based on actuarial principles using benefits provided to a standard population and is not based on what consumers actually pay for cost sharing.
- » Consumers can ask their employer for help determining if the ESC meets the minimum value standard by:
 - Asking their employer to fill out the [Employer Coverage Tool](#).
 - Obtaining a copy of a plan's Summary of Benefits and Coverage (SBC).

ESC Resources



- » For a walkthrough on HealthCare.gov application questions related to ESC that also addresses the Family Glitch Fix, visit the Agent and Broker Video Learning Center and view the **[“Marketplace Agent and Broker Streamlined Application Drilldown – Applicant Offered Employer Sponsored Coverage”](#)** video.

The screenshot shows a YouTube playlist titled "Agent and Broker Video Learning Center" by CMSHHSgov. The playlist contains 25 videos with a total of 36,710 views, last updated on July 7, 2023. The video player interface includes "Play all" and "Shuffle" buttons. The video list includes:

- 1. **How to Retrieve Your User ID and Reset Your Password** (2:56)
- 2. **How to Access the Shorter Marketplace Training for Returning Agents and Brokers** (4:06)
- 3. **Streamlined Marketplace Application Drilldown – Family and Household Composition** (13:17)
- 4. **Streamlined Marketplace Application Drilldown – Applicant Offered Employer Sponsored Coverage** (9:59)
- 5. **How to Manage Your Information in the CMS Enterprise Portal & Marketplace Learning Management System** (9:00)

The Family Glitch Fix

Affordability of Employer Coverage for Family Members of Employees

- » Under the new affordability rule, if a consumer has an offer of employer coverage that extends to their family members, the affordability of employer coverage for those family members will be based on the **family premium amount**, not the self-only employee premium amount. As a result, members of the employee's family will be eligible for financial assistance through the Marketplace if the premium for the employee's family coverage is considered unaffordable and the family declines the employer coverage.



What is the Family Premium?



- » Under the IRS rule, **“family members”** are individuals who will be on the same federal income tax return – so, an employee, plus the employee’s spouse if married and filing jointly, plus any dependents who they (and their spouse, if applicable) claim.
- » The **“family premium”** is the premium for the lowest-cost employer plan that would cover all family members (also called the tax household) who are offered coverage by the employer, including family members who are not seeking Marketplace coverage.
 - If the tax household includes just an employee and spouse with whom the employee is filing a joint return, then the family premium is the lowest cost premium that would cover those two people, such as a “self plus one” plan option, if offered. If the tax household includes tax dependents, then the family premium is the one that would cover the employee, the employee’s spouse (if there is one and the spouses are filing a joint return) and all dependents who are offered the employer coverage.

Helping Consumers Navigate Their Coverage Options



What Action the Consumer/Their Family Can Take



Split coverage (employer and Marketplace):

The employee could enroll in their affordable employer coverage, while their APTC/CSR-eligible family members enroll in a Marketplace plan.

- » Families should keep in mind that this may mean they need to meet multiple deductibles and would have separate out-of-pocket maximums for each policy.
- » Families should also keep in mind that the separate plans might have different provider networks and coverage for prescription drugs.
- » If a consumer has already submitted an application with both the employee and their family members as applicants and wishes to pursue split coverage, they will need to update their application so that the employee is no longer seeking coverage in order to enroll only the employee's family members (and not the employee) in a Marketplace plan. The consumer should report a life change and update the application so that the employee is included on the Marketplace application, but indicates they aren't applying for coverage for themselves.



Marketplace coverage only

The employee could decline their affordable employer coverage, and the whole family could enroll in a Marketplace plan.

- » The family will pay full price for the employee's portion of the Marketplace plan premium (if the employee's self-only plan is considered affordable), while other family members' portions would be lowered by using APTC.
- » If the family members are eligible for CSRs, they will need to enroll in a Marketplace plan with a separate enrollment group from the employee in order to maintain their CSRs. The Marketplace will default the non-CSR-eligible employee and their CSR-eligible family members into separate enrollment groups. Families should keep in mind that each enrollment group will be tied to a policy with its own deductibles and out-of-pocket maximums.



Employer coverage only

The whole family could enroll in the employee's offer of employer-sponsored coverage.

- » While someone is enrolled in employer coverage, they are not eligible for the premium tax credit or CSRs for a Marketplace plan.

Have you helped clients that have become newly eligible for Marketplace tax credits based on the changes to the Family Glitch rule?

- A) Yes
- B) No
- C) Not sure



General Resources

Short-Term, Limited Duration Insurance (STLDI) Notice of Proposed Rulemaking (NPRM)



- » On July 7, 2023, the Department of Health and Human Services (HHS), the Department of Labor, and the Department of the Treasury (collectively, “the Departments”) released an NPRM. This NPRM proposes to modify the definition of STLDI and modify the conditions for hospital indemnity or other fixed indemnity insurance to be considered an excepted benefit. The STLDI NPRM can be found [here](#). A brief summary of the NPRM is as follows:
 - The Departments propose to amend the federal definition of STLDI to limit the length of the initial contract period to no more than three months and the maximum coverage period to no more than four months, taking into account any renewals or extensions.
 - The Departments also propose to redefine STLDI to prohibit the same issuer from issuing multiple STLDI policies to the same policyholder within a 12-month period.
 - The Departments are interested in additional strategies to help consumers distinguish between STLDI and comprehensive coverage.

*Written comments must be received by **September 11, 2023** to be considered.
For more information on the STLDI NPRM, see [this fact sheet](#).*

Agent and Broker Resources Webpage



- » The Agent and Broker Resources webpage contains a dynamic list of resources that provide helpful information, including guidance, regulations, previous webinar slides, quick reference guides, and more.
- » Visit <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/General-Resources> and search by topic or keyword.

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Programs and Initiatives > Health Insurance Marketplaces > Resources for Agents and Brokers in the Health Insurance Marketplaces

CCIIO

Programs and Initiatives

Consumer Support and Information

In-Person Assistance in the Health Insurance Marketplaces

Health Insurance Market Reforms

Health Insurance Marketplaces

In-Person Assistance

Qualified Health Plan Certification

State Marketplace Resources

Resources for Agents and Brokers in the Health Insurance Marketplaces

Welcome

Welcome to the Agents and Brokers Resources webpage. This page is the primary outlet for agents and brokers to receive information from CMS about working in the Health Insurance Marketplace and the Small Business Health Options Program (SHOP).

Thank you for Attending the 2023 CMS Agent and Broker Summit

Thank you to everyone who attended this year's 2023 CMS Agent and Broker Summit! Whether you attended in-person or virtually, you made meaningful contributions to the discussions and helped to make this an incredibly successful event. **The presentation slides from each Summit session are available for download below.**

Resources for Agents and Brokers

Resources for Agents and Brokers in the Health Insurance Marketplaces

General Resources

Annual Open Enrollment

Marketplace Registration and Training

SHOP

Direct Enrollment/Enhanced Direct Enrollment

Help On Demand

Video Learning Center

QUICK LINKS:

Agent and Broker Video Learning Center



- » The **Agent and Broker Video Learning Center** on YouTube features technical assistance videos on a variety of topics to help agents and brokers navigate the Marketplace.
- » Agents and brokers can view the full playlist here: <https://bit.ly/3hXLyru>.
- » View the new [Guide to 2024 Marketplace Updates](#) video to learn more about policy updates that agents and brokers should keep in mind while assisting consumers during the Plan Year (PY) 2024 Open Enrollment Period (OEP).

The screenshot displays the YouTube playlist interface for the 'Agent and Broker Video Learning Center' channel. The channel name is 'CMSHHSgov' with 25 videos and 32,768 views, last updated on May 22, 2023. The playlist title is 'Agent and Broker Video Learning Center'. Below the title are 'Play all' and 'Shuffle' buttons. The video list includes:

- 17 Streamlined Marketplace Application Drilldown – Race and Ethnicity Questions (20:04, 5.5K views, 1 year ago)
- 18 Streamlined Marketplace Application Drilldown – Estimating Income (4:54, 2K views, 1 year ago)
- 19 A New Agent and Broker Checklist for Success (16:55, 12K views, 1 year ago)
- 20 Streamlined Marketplace Application Walkthrough – Household Not Seeking Financial Assistance (13:19, 2.2K views, 1 year ago)
- 21 Streamlined Marketplace Application Walkthrough – Loss of Health Coverage SEP (6:54, 2.1K views, 1 year ago)
- 22 Welcome to the Marketplace (2:12, 4.3K views, 8 months ago)
- 23 Guide to 2023 Marketplace Updates (4:02, 5.8K views, 7 months ago)
- 24 What You Need to Know About Medicaid and the Unwinding Period (6:01, 5.5K views, 3 weeks ago)

Frequently Asked Questions Database



- » The [Agent and Broker Frequently Asked Questions \(FAQs\) website](#) is a self-service resource that is available online and is linked in the [Agent and Broker Resources webpage](#).

FAQs for Agents & Brokers

FAQS HOME RESOURCES FOR AGENTS & BROKERS AGENT & BROKER HELP DESKS

Search... SEARCH

FAQ CATEGORIES

- AMERICAN RESCUE PLAN ACT (ARP)
- CITIZENSHIP AND IMMIGRATION
- COMPENSATION AND NATIONAL PRODUCER NUMBERS
- DIRECT ENROLLMENT AND ENHANCED DIRECT ENROLLMENT
- ENROLLING CONSUMERS IN HEALTH COVERAGE
- ESTIMATING HOUSEHOLD INCOME
- HEALTH REIMBURSEMENT ARRANGEMENTS
- HELPING CONSUMERS MANAGE THEIR HEALTH COVERAGE
- HELP ON DEMAND AND FIND LOCAL HELP
- PREMIUM TAX CREDITS AND FORM 1095-A
- PRIVACY AND SECURITY REQUIREMENTS
- REGISTRATION AND TRAINING REQUIREMENTS
- SMALL BUSINESS HEALTH OPTIONS PROGRAM

Welcome to the Agent and Broker Frequently Asked Questions (FAQs) webpage. This page provides answers to commonly asked questions regarding the Small Business Health Options Program (SHOP) insurance, and other topics related to the Small Business Health Options Program (SHOP) insurance.

Questions can be answered by typing keywords or parts of your question in the search bar above. Most questions will be answered by the search bar. To get more information, click on the "FAQ Categories" above to find frequently asked questions.

Upcoming Webinars



Upcoming Webinar Topics (Dates and Registration Details Forthcoming)

Marketplace Compliance

Welcome to the Marketplace: A Guide for NEW Agents and Brokers

Preparing for Plan Year 2024 Open Enrollment

Plan Year 2024 Marketplace Policy Operations & Updates

The Marketplace and Cybersecurity for Plan Year 2024

Help on Demand for Plan Year 2024

Mastering the Marketplace Application for Plan Year 2024

Upcoming Office Hours



Register for upcoming office hours by visiting <https://www.regtap.info/> and following the instructions below. Once an agent or broker registers for office hours on REGTAP, they are registered for the entire office hours series. Registration for webinars will be available as the date approaches.

1. Log in to REGTAP. If an agent or broker is new to REGTAP, click "Register as a New User." Agents and brokers will receive an email to confirm their account.
2. Click "Training Events" on "My Dashboard."
3. Click the "View" icon next to the desired webinar topic/title.
4. Click the "Register Me" button.
5. For further assistance logging in to REGTAP or registering for a webinar, contact the Registrar at 1-800-257-9520 or registrar@REGTAP.info. Assistance is available Monday through Friday from 9:00 AM - 5:00 PM ET. **Registration closes 24 hours prior to each event.**

Office Hour Dates	Time
Thursday, November 2, 2023	1:30 – 2:30 PM EST
Thursday, November 16, 2023	1:30 – 2:30 PM EST
Thursday, December 7, 2023	1:30 – 2:30 PM EST
Thursday, January 4, 2024	1:30 – 2:30 PM EST

2023 Agent and Broker Summit Resources

- » The video recordings, and corresponding transcripts, of the **2023 Agent and Broker Summit** presentations are now available for viewing on [REGTAP](#).

Additional Resources: 2023 Agent and Broker Summit

Welcome to the 2023 Agent and Broker Summit: [Video](#) and [Transcript](#)

Agent and Broker Panel Discussion – Connecting Consumers to Coverage: Increasing Access to Health Insurance Coverage and Advancing Health Equity: [Video](#) and [Transcript](#)

CMS SME Panel Discussion: Ask CMS: Understanding Best Practices and Challenges Faced by Agents and Brokers in the Marketplace: [Video](#) and [Transcript](#)

Expanding Your Reach: Utilizing Find Local Help, Help on Demand, and Agent & Broker Recognition Programs to Increase Access to Coverage: [Video](#) and [Transcript](#)

Data Matching Issues Workshop: Minimizing and Resolving Enrollment Blockers: [Video](#) and [Transcript](#)

Navigating the Medicaid Unwinding Period: Ensuring Consumers Stay Covered: [Video](#) and [Transcript](#)

Making Enrollment Decisions: Best Practices for Maximizing Consumer Coverage: [Video](#) and [Transcript](#)

Marketplace Compliance and Agent/Broker Regulations: Understanding Key CMS Rules and Regulations to Maintain Marketplace Compliance: [Video](#) and [Transcript](#)

Eligibility Workshop: Navigating Complex Eligibility and Enrollment Scenarios: [Video](#) and [Transcript](#)

Marketplace Registration and Training for PY 2024 Resources



- » The OEP for PY 2024 begins on **November 1, 2023**. Get ready for the OEP by completing PY 2024 Marketplace registration and training, now available for new and returning agents and brokers through the MLMS and the HHS-approved vendors.
- » For more information on Marketplace registration and training, view the:
 - [**PY 2024 Health Insurance Marketplace Registration and Training for New Agents and Brokers webinar deck**](#)
 - [**PY 2024 Health Insurance Marketplace Registration and Training for Returning Agents and Brokers webinar deck**](#)
 - [**New Agents' and Brokers' Guide to PY 2024 Marketplace Registration and Training**](#)
 - [**Returning Agents' and Brokers' Guide to PY 2024 Marketplace Registration and Training**](#)

Agent and Broker Marketplace Help Desks and Call Centers



Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Marketplace Service Desk	855-CMS-1515 855-267-1515 CMS_FEPS@cms.hhs.gov	<ul style="list-style-type: none"> • CMS Enterprise Portal password resets and account lockouts • Other CMS Enterprise Portal account issues or error messages • General registration and training questions (not related to a specific training platform) • Login issues on the Classic Direct Enrollment agent and broker landing page • Technical or system-specific issues related to the MLMS • User-specific questions about maneuvering in the MLMS site, or accessing training and exams 	Monday-Friday 8:00 AM-8:00 PM ET
SHOP Call Center	800-706-7893	<ul style="list-style-type: none"> • Inquiries related to SHOP eligibility determinations on HealthCare.gov • Contact the insurance company for most questions about SHOP plans, such as applications, enrollment, renewal, or changing or updating coverage. 	Monday-Sunday 24 hours/day
Agent and Broker Training and Registration Email Help Desk	MLMSHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • Technical or system-specific issues related to the MLMS • User-specific questions about maneuvering in the MLMS site, or accessing training and exams 	Monday-Friday 9:00 AM-5:30 PM ET

Agent and Broker Marketplace Help Desks and Call Centers (continued)



Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Marketplace Call Center Agent and Broker Partner Line	855-788-6275 Note: Enter a National Producer Number (NPN) to access this line. TTY users 1-855-889-4325	Specific consumer application questions related to: <ul style="list-style-type: none"> • Password reset for a consumer HealthCare.gov account, • Special enrollment period not available on the consumer application, or • Consumer specific eligibility and enrollment questions 	Monday- Sunday 24 hours/day
Agent and Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • General enrollment and compensation questions • Manual identity proofing/Experian issues • Escalated registration and training questions (not related to a specific training platform) • Agent and Broker Registration Completion List issues • Find Local Help listing issues • Help On Demand participation instructions or questions • Report concerns that a consumer or another agent and broker has engaged in fraud or abusive conduct 	Monday-Friday 8:00 AM-6:00 PM ET
Marketplace Appeals Center	1-855-231-1751 TTY users 1-855-739-2231	<ul style="list-style-type: none"> • Status of a Marketplace eligibility appeal • How to appoint an Authorized Representative to request Marketplace eligibility appeal on a consumer's behalf 	Monday-Friday 7:00 AM-8:30 PM ET

Agent and Broker Resource Links



Resource	Description	Link
Agents and Brokers Resources Webpage	Primary outlet for agents and brokers to receive information about working in the Marketplace; provides the latest news and resources, including newsletters, webinars, fact sheets, videos, and tip sheets	http://go.cms.gov/CCIOAB
HealthCare.gov	Official site of the Marketplace; used for researching health coverage choices, eligibility, and enrollment	https://www.healthcare.gov/
CMS Enterprise Portal	Allows agents and brokers to securely complete identity proofing and access the MLMS to complete annual, required Marketplace agent and broker training and registration	https://portal.cms.gov
Agent and Broker FFM Registration Completion List (RCL)	Public list of agents and brokers who have completed Marketplace registration; used by issuers to verify agents' and brokers' eligibility for compensation for assisting with Marketplace consumer enrollments	https://data.healthcare.gov/ffm_ab_registration_lists
Agent and Broker Marketplace Registration Tracker	Searchable database that allows users to look up their Marketplace registration status with the NPN and ZIP Code saved in their MLMS profile for the current Plan Year	https://data.healthcare.gov/ab-registration-tracker/
Find Local Help	Tool available on HealthCare.gov that enables consumers to search for a local, Marketplace-registered agent and broker to assist with Marketplace enrollment	https://localhelp.healthcare.gov/

Agent and Broker Resource Links (continued)



Resource	Description	Link
Help On Demand	Consumer assistance referral system operated by Help On Demand (formerly known as BigWave Systems) that connects consumers seeking assistance with Marketplace-registered, state- licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments	https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/help-on-demand-for-agents-and-brokers
Agent and Broker Video Learning Center	The Agent and Broker Video Learning Center features technical assistance videos on a variety of topics to help agents and brokers navigate the Marketplace.	https://bit.ly/3hXLyru
Frequently Asked Questions for Agents and Brokers	Provides answers to commonly asked questions about working with the Marketplace and helping clients enroll in and maintain their coverage	https://www.agentbrokerfaq.cms.gov/s/
List of Approved Health-related Lines of Authority	Provides a list of valid health-related lines of authority for agents and brokers by resident state	https://data.healthcare.gov/AB-NIPR-Health-Line-Of-Authority
Partner Directory for Agents and Brokers	List of approved, participating issuers and web-brokers includes entities that offer online resources for agents and brokers, such as enrollment and client management functionality	https://data.healthcare.gov/issuer-partner-lookup

Agent and Broker Resource Links (continued)



Resource	Description	Link
National Insurance Producer Registry	Provides licensure and compliance information for agents and brokers	https://nipr.com/licensing-center/add-a-line-of-authority
Agent and Broker NPN Search Tool	Enables users to search and find the correct NPN to enter in the MLMS profile and on Marketplace applications	https://nipr.com/help/look-up-your-npn

Acronym Definitions



Acronym	Definition
APTC	Advance Payment of the Premium Tax Credit
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-Sharing Reductions
ESC	Employer Sponsored Coverage
FFM	Federally-facilitated Marketplace
HHS	Department of Health & Human Services
HRA	Health Reimbursement Arrangement
ICHRA	Individual Coverage Health Reimbursement Arrangements
IRS	Internal Revenue Service

Acronym	Definition
MEC	Minimum Essential Coverage
MLMS	Marketplace Learning Management System
NIPR	National Insurance Producer Registry
NPN	National Producer Number
NPRM	Notice of Proposed Rule Making
OEP	Open Enrollment Period
QSEHRA	Qualified Small Employer Health Reimbursement Arrangement
RCL	Registration Completion List
SHOP	Small Business Health Options Program
STLDI	Short-Term, Limited Duration Insurance



Agents and brokers are valued partners to all of us at CMS for the vital role you play in enrolling consumers in qualified health coverage.

We thank you for the trusted advice, support, and assistance you provide throughout the year and wish you continued success during this OEP and beyond!