

Agents & Brokers: Selling in the Marketplace

HealthCare.gov

Marketplace News for Agents & Brokers

Registration Is Open! Join Us at the 2019 CMS Marketplace Agent and Broker Summit

In-person and virtual registration is officially open for the 2019 Centers for Medicare & Medicaid Services (CMS) Marketplace Agent and Broker Summit on Monday, July 1 from 8:30 AM – 4:00 PM ET in Baltimore, Maryland.

The Summit will cover topics of interest to agents and brokers, and offer opportunities for agents and brokers to provide feedback to and ask questions of CMS leadership and experts in advance of the plan year 2020 Open Enrollment Period.

In-person registration is only open for a short time and seats are limited. Note: Only Marketplace agents and brokers who have completed plan year 2019 Marketplace registration and training are eligible to attend the Summit in person. If you have not completed Marketplace registration, you can still participate virtually via a live YouTube stream.

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Recently Released Resources

Visit the [Agents and Brokers Resources](#) webpage for up-to-date information, including these helpful resources.

- [Form 1095-A: Questions and Answers for Agents, Brokers, and Assistors](#)
- [Working with Enrollees Impacted by the “Failure to File and Reconcile” Recheck Process](#)

Stay Connected

Here are other ways you can stay in the know on Marketplace updates:

To register to attend **in-person**, log in to www.REGTAP.info and complete the following steps:

1. Select “Training Events” from “My Dashboard.”
2. Select the “View” icon next to event title: **2019 CMS Marketplace Agent and Broker Summit: In-Person**
3. Select “Register Me.”
4. Follow the prompts to enter your information and complete your registration.
5. Click “Submit.”

To register to join **virtually**, log in to www.REGTAP.info and complete the following steps:

1. Select “Training Events” from “My Dashboard.”
2. Select the “View” icon next to event title: **2019 CMS Marketplace Agent and Broker Summit Virtual**
3. Select “Register Me.”
4. Follow the prompts to enter your information and complete your registration.
5. Click “Submit.”

After submitting your registration, keep an eye on your inbox to wait for further instructions. For additional information on the Summit, log in to REGTAP and visit [this webpage](#).

If you need assistance registering, select “Submit an Inquiry” from “My Dashboard” on www.REGTAP.info or contact Registration Support at registrar@regtap.info or 1-800-257-9520.

Your attendance will make this Summit a success. We hope you participate!

- Join the agent/broker community on [LinkedIn](#)
- Follow @HealthCareGov on [Twitter](#)

Quick Links

- [Partner Directory for Agents and Brokers](#)
- [Agent/Broker FAQs](#)
- [Find Local Help](#)
- [Help On Demand](#)
- [Registration Completion List](#)
- [Agent/Broker Help Desks](#)

Contact Us

Agent/Broker Email Help Desk: FFMProducer-AssisterHelpDesk@cms.hhs.gov for policy questions, escalated registration questions, or issues with your ID proofing, the Registration Completion List, Find Local Help, and Help On Demand, Monday–Friday, 8:00 AM–6:00 PM ET.

Marketplace Service Desk: 855-267-1515 (for CMS Enterprise Portal account issues, Enterprise Portal password resets, general registration questions, and login issues on the Direct Enrollment agent/broker landing page), Monday–Friday, 8:00 AM–8:00 PM ET.

Agent/Broker Training/Registration Email Help Desk: MLMShelpDesk@cms.hhs.gov (for technical or system-specific issues related to the Marketplace agent/broker training/registration system), Monday–Friday, 9:00 AM–5:30 PM ET.

Individual Marketplace Agent/Broker Partner Line: 855-788-6275 (for Individual Marketplace consumer account password resets, special enrollment periods not available online, and eligibility and

Working with Enrollees Impacted by the “Failure to File and Reconcile” Recheck Process

Agents and brokers can assist enrollees with the Failure to File and Reconcile (FTR) process to help them avoid losing advance payments of the premium tax credit (APTC) in a given year.

While agents and brokers are not authorized to help their clients file their taxes (unless the agent or broker is also a licensed tax professional), agents and brokers can help them understand the FTR recheck process. Agents and brokers can also remind their clients to make sure they know they will lose eligibility for APTC if the tax filer in their household does not reconcile their past year APTC using IRS Form 8962, even if the tax filer filed the previous year's taxes. To learn more, check out this new [tip sheet](#) from CMS.

In addition, the Agents and Brokers Frequently Asked Questions webpage now includes answers to [numerous questions related to FTR](#), such as “What can my clients do if their advance payments of the premium tax credits were discontinued due to failure to file their income taxes?” In this instance, if an enrollee's APTC and income-based cost-sharing reductions are discontinued after failing to file a tax return and reconcile APTC paid on their behalf in the previous year, these enrollees remain enrolled in Marketplace coverage but without financial assistance.

CMS Releases Final 2020 Payment Notice

CMS has released the final annual Notice of Benefit and Payment Parameters for the 2020 benefit year, also known as the 2020 Payment Notice. The rule reduces user fees for plans offered on HealthCare.gov, and encourages the use of lower

enrollment issues). Open 24/7. Available only to registered agents and brokers for Plan Year 2019. Enter your NPN when prompted to enter an ID number.

SHOP Call Center: 800-706-7893 (for all SHOP inquiries), open 24/7.

cost generic drugs, while improving market stability and consumer choice. Below are two new provisions, effective June 24, 2019, that agents and brokers should be aware of:

Under new provision § 155.220(g)(3)(ii), CMS may immediately terminate an agent's or broker's Marketplace Agreement(s) for cause with notice if an agent or broker fails to comply with the requirement to maintain the appropriate license in every state in which the agent or broker actively assists consumers with enrolling in a qualified health plan. Agents and brokers who participate in the Marketplace are required to maintain state licensure as a critical consumer protection to ensure that they are familiar with rules and regulations applicable in all states in which they provide assistance to Marketplace consumers. Allowing for immediate termination of an agent's or broker's Marketplace agreements for failure to adhere to the applicable state licensure requirements ensures that an unlicensed individual may not continue to possess the agent/broker role that enables them to provide assistance to Marketplace consumers during the advance 30-day notice period that would otherwise apply under the current § 155.220(g)(3).

Under new provision § 155.220(k)(3), CMS will immediately suspend an agent's or broker's ability to access Marketplace systems if it discovers circumstances that pose unacceptable risk to Marketplace operations or information technology systems until the incident or breach is remedied or sufficiently mitigated. This provision is intended to promote information technology system security in the Marketplace, including the protection of consumer data. Applying this provision would suspend an agent's or broker's access to the CMS Enterprise Portal, the MLMS, and the Direct Enrollment/Enhanced Direct Enrollment Pathways.

To view the Final Rule, [click here](#).

To view a fact sheet about this rule, [click here](#).

Assisting Clients with Marketplace Eligibility Appeals

Your clients have a right to request an appeal if they believe there was a mistake or disagree with certain eligibility determinations made by the Marketplace, such as their eligibility to enroll in a Marketplace qualified health plan or their eligibility for financial assistance. They can appoint someone as their authorized representative to talk to the Marketplace Appeals Center on their behalf and represent them throughout the process.

Appeal requests must be received within 90 days of the contested Marketplace eligibility determination or within 30 days of a State-based Marketplace appeal decision. If the appeal is valid, consumers who appeal (appellants) get a letter from the Marketplace Appeals Center that includes information and instruction regarding their case. If possible, the Marketplace Appeals Center will try to resolve the appeal informally based on the available information, but in some cases the appeal may go straight to a hearing, where an eligibility appeal decision is reached.

You can find the full webinar presentation [here](#).