CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

MARKETPLACE AGENT AND BROKER TOOLKIT

The Agent and Broker Roadmap to Resources

Version 1. December 2015. This information is for the use of entities and individuals that are certified to serve as agents, brokers, or web-broker entities in a Federally-facilitated Marketplace or a State Partnership Marketplace.

Welcome to the Agent and Broker Roadmap to Resources!

The Agent and Broker Roadmap to Resources (the Roadmap) serves as your quick guide to the resources the Centers for Medicare & Medicaid Services (CMS), and our federal partners have developed to help agents, brokers, and consumers navigate the Health Insurance Marketplace (Marketplace).

The Roadmap introduces important Marketplace[1] and other health coverage topics, provides links to helpful resources on those topics, and contains information that you "Need to Know" when helping consumers apply for and enroll in Marketplace and other health coverage.

What's inside?

I. How to get the latest information on Marketplace policies and operations from CMS

II. What coverage options are available to consumers

III. What you need to know about the Marketplace eligibility and enrollment process to help consumers get coverage

IV. How to access Marketplace information and resources in other languages

Disclaimer: The information provided in this document is only intended to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance upon which it is based. This document summarizes current policy and operations as of the date it was published. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them and consumers.

[1] The term "Marketplace" is used in this document to refer to the Federally-facilitated Marketplace, including State Partnership Marketplaces.

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1. Agent and Broker Resources and Communications

In this chapter you can learn about:

- *How to get the latest information from CMS on Marketplace policies and operations*
- *Which agencies and organizations have resources on the Affordable Care Act*
- *How to get direct help with supporting consumers*

1.1 How do I get the latest information from CMS on Marketplace policies and operations?

You can stay up-to-date on Marketplace policies and operations, eligibility and enrollment activities, and special announcements from CMS using the resources described below.

The Monthly "News for Agents and Brokers" Newsletter	CMS emails the newsletter to agents and brokers once every month. The newsletter provides information about the Affordable Care Act and the Marketplace. Subscribe to the newsletter by emailing the FFM Producer and Assister Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov. Once subscribed, you will receive the latest information about Marketplace policies and operations, information from past agent and broker webinars, upcoming webinars and trainings, FFM agent and broker registration resources, relevant guidance and regulations, and important announcements for agents and brokers. Visit the link below to view an archive of past newsletters. ▶ See an archive of past newsletters.
Agent and Broker Webinars	Whether you are new to the Marketplace or a returning agent or broker who has participated in the Marketplace in past years, we encourage you to participate in agent and broker webinars for additional training opportunities. Webinars cover various Marketplace and health coverage topics so you can help consumers get coverage. You can find the agent and broker webinar schedule in the monthly "News for Agents and Brokers" newsletter and on the Agents and Brokers Resources webpage.
Agents and Brokers Resources Webpage	The Agents and Brokers Resources webpage contains resources for agents and brokers who are assisting individual market consumers in the Marketplace, as well as small group market employers and employees in the Small Business Health Options Programs (SHOP) Marketplace. Resources are provided to help agents and brokers navigate through registration and training, guidance, eligibility application and enrollment. In addition, you can find past information from the News for Agents and Brokers monthly newsletter, webinar slides, and Open Enrollment information.

1.2 Which agencies and organizations have resources on the Affordable Care Act?

Many different federal and state entities play a role in implementing the Marketplace and other provisions of the Affordable Care Act. Non-governmental organizations also provide information and resources on the Affordable Care Act. This section provides information on some of these entities and organizations and links to resources they have made available.

1.2.1 CMS Resources

You can use the resources CMS has created while helping consumers complete eligibility and enrollment activities.

HealthCare.gov	HealthCare.gov is the official website of the Federally-facilitated Marketplace and the SHOP Marketplace where consumers and small employers can apply for health coverage, browse plans, and enroll in coverage. The website also offers many resources for you and the consumers you help – it provides information about eligibility for health coverage, the Marketplace application, and how to complete enrollment. ▶ Go to HealthCare.gov for the Marketplace online application and helpful information about Marketplace eligibility and enrollment (also available in Spanish). ▶ See the Quick Guide to the Marketplace for an overview of Marketplace eligibility requirements and deadlines (also available in Spanish).
Marketplace.cms.gov	Marketplace.cms.gov is the official Marketplace information source for outreach partners. This site provides technical resources, tools, and tips to explain Marketplace concepts and better prepare you to help consumers. On this site, you will find a number of fact sheets, Frequently Asked Questions (FAQs), PowerPoint presentations, and more on Marketplace policy and operations, and education and outreach. You can also download forms and other documents consumers may need, such as appeal and exemption forms. ▶ Go to Marketplace.cms.gov.

Center for Consumer Information & Insurance Oversight	The Center for Consumer Information & Insurance Oversight (CCIIO) is the center within CMS responsible for implementing many of the health coverage reform provisions under the Affordable Care Act, including the Marketplace and Marketplace consumer assistance programs. Visit CCIIO's website for the latest guidance and fact sheets on agent and broker Marketplace training and registration, providing assistance to consumers, as well as a number of other policies related to the Affordable Care Act. ▶ Go to the CCIIO website.
Registration for Technical Assistance Portal (REGTAP)	REGTAP is an online hub and storage site for CMS sub-regulatory guidance related to the Marketplace and general health reform under the Affordable Care Act. On REGTAP, you can access the latest sub-regulatory guidance on topics like qualified health plans (QHPs), enrollment and eligibility, issuer payments, and the SHOP Marketplace. ▶ Register on the REGTAP website.

1.2.2 Key Federal Partners

Many different agencies within the Department of Health & Human Services (HHS) and across the federal government are involved in implementing the Affordable Care Act. Inter-departmental and cross-agency collaboration is necessary to ensure consumers get access to affordable, quality health care coverage. Use the links provided below to access resources produced by other agencies. You can use these resources when helping consumers with eligibility and enrollment activities related to Marketplace coverage, Medicaid, Medicare, and other health care coverage programs and initiatives.

Department of Health & Human Services

HHS seeks to improve the health, safety, and well-being of Americans. HHS provides information on the Affordable Care Act and how it increases access to affordable, quality health care coverage for Americans. You can use the resources developed by HHS to support consumers and other stakeholders seeking to enroll in coverage and to help them transition from coverage to care.

- See HHS resources related to the Affordable Care Act.

CMS

Medicaid and Medicare are federal programs administered by CMS, a federal agency within HHS.

Medicaid.gov is a one-stop shop for federal policy and program information about Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program. On Medicaid.gov, you can find information about Medicaid and CHIP coverage, benefits, and application processes to share with consumers. For information about state Medicaid offices, please see the State Resources section.

- Go to the Medicaid website.
- Medicaid and CHIP eligibility requirements vary by state. Find information about the Medicaid and CHIP programs in each state.
- Find information about how the Affordable Care Act affects Medicaid beneficiaries.

Medicare.gov provides Medicare beneficiaries, family members, and care-givers with the latest information on Medicare enrollment, policies, and benefits. You can refer beneficiaries to Medicare.gov for help with things like choosing a Medicare plan and finding providers.

- Go to the Medicare website.
- Find information about how the Affordable Care Act affects Medicare beneficiaries.

Health Resources and Services Administration

The Health Resources and Services Administration (HRSA), a federal agency within HHS, is committed to improving access to health care by strengthening the health care workforce, building healthy communities, and achieving health equity. HRSA's programs, such as federally-qualified health centers, rural health clinics, and Ryan White HIV/AIDS programs, aim to increase access to health care coverage and services for consumers who are geographically isolated, or economically or medically vulnerable. You can use these resources to learn about HRSA's programs.

- Go to the HRSA website.
- Find information about how the Affordable Care Act impacts rural and vulnerable populations.
- Find information on some of the HRSA-funded programs.

HHS Office of Minority Health

The Office of Minority Health (OMH), a federal agency within HHS, works to improve the health of racial and ethnic minority populations through the development of health policies and programs that aim to eliminate health disparities. OMH connects minority consumers and communities of color with information about affordable health coverage options.

- Go to the OMH website.

The Indian Health Service

The Indian Health Service (IHS), a federal agency within HHS, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives who belong to 566 federally recognized tribes in 35 states.

- Go the IHS website for more information about the health care services they provide.
- See the IHS's Fact Sheets containing general information on the IHS and on specific health care topics concerning American Indian and Alaska Native people.

Internal Revenue Service

The Internal Revenue Service (IRS) is the federal agency responsible for tax collection and tax law enforcement. It provides information about provisions of the Affordable Care Act that impact consumers' federal taxes. The IRS publishes tax bulletins with detailed information on tax law and forms related to Affordable Care Act provisions, such as the Form 8962, Premium Tax Credit, and Form 8965, Health Coverage Exemptions.

- Go to the IRS website.
- Find information about tax provisions of the Affordable Care Act, such as the premium tax credit, exemptions, and fee (also known as the penalty, fine, individual shared responsibility payment, or individual mandate) for not having health coverage.

Department of Labor

The Department of Labor (DOL) provides information about the Affordable Care Act provisions and other consumer protections (e.g., Consolidated Omnibus Budget Reconciliation Act [COBRA] coverage) related to employment-based group health plans for consumers and their families. You can use these resources to help employers, employees, and their families learn more about employment-based health coverage.

- Go to the DOL website.
- Find information about provisions of the Affordable Care Act related to employers and employees.

Veterans Affairs

The Department of Veterans Affairs (VA) provides information about health coverage options available to veterans and their families, and the provisions of the Affordable Care Act that are relevant to this population. Refer consumers to these resources for more information about how the Affordable Care Act impacts veterans.

- Go to the VA website.
- Find information about provisions of the Affordable Care Act related to veterans and their dependents.

Small Business Administration

The Small Business Administration (SBA) is an independent agency of the federal government formed to aid, counsel, assist, and protect the interests of small business concerns. The SBA provides information about the Affordable Care Act, the Marketplace, and regulations that impact self-employed individuals and small businesses. Refer to these resources to help self-employed consumers and/or small business owners explore their health coverage options.

- Go to the SBA website.
- Find information about provisions of the Affordable Care Act related to small businesses or self-employed individuals.

1.2.3 State Resources

You can also consult state resources to learn about state-specific policies and regulations, including any specific policies or requirements that apply to agents and brokers. Becoming familiar with these resources will help you provide consumers with relevant, state-specific information related to their health care coverage.

State Medicaid Agencies	Each state has a unique Medicaid program. You can visit the state's Medicaid website for accurate and up-to-date information on eligibility for Medicaid and CHIP in a particular state. ▶ Locate your state's Medicaid profile.
State-specific Agent and Broker Information and Resources	States may have their own agent and broker licensure and training requirements. State Departments of Insurance (DOIs) and/or other state agencies may establish these requirements for agents and brokers, and regulate many other aspects of health coverage within a state. Check with your state's DOI (and/or other applicable agency) to see what requirements you must meet to help consumers get health coverage. ▶ Find information about your state's DOI.
State Health Insurance Assistance Programs	State Health Insurance Assistance Programs (SHIPs) provide free, in-depth, one-on-one coverage counseling to Medicare beneficiaries, their families, friends, and caregivers. SHIPs operate in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. SHIPs are grant-funded projects of HHS' Administration for Community Living (ACL). You can work with consumers to contact their state's SHIP office if they have questions or concerns about Medicare and other Medicare-related health coverage plans and programs. ▶ Click here to find information about SHIPs.

1.2.4 Non-governmental Resources

Enroll America	▶ The Enroll America website contains resources on consumer outreach and enrollment.
The Henry J. Kaiser Family Foundation	▶ The Kaiser Family Foundation website contains surveys, state health facts, and studies on national and international health care, as well as explanatory tools and resources on health reform.
Center on Budget and Policy Priorities	▶ The Center on Budget and Policy Priorities health reform website contains research in health policy and resources on Marketplace eligibility and enrollment activities.
The Center for Children and Families of the Georgetown University Health Policy Institute	▶ The Center for Children and Families of the Georgetown University Health Policy Institute website contains information about the Affordable Care Act and other health policy topics.
The Refugee Health Technical Assistance Center	▶ The Refugee Health Technical Assistance Center contains information about health coverage options for refugees and other immigrants.
Agent and Broker Industry Trade Associations	The agent and broker industry trade associations include: ▶ National Association of Health Underwriters (NAHU) ▶ Council on Insurance Agents and Brokers (CIAB) ▶ National Association of Insurance and Financial Advisors (NAIFA) ▶ Independent Insurance Agents and Brokers of America (IIABA) ▶ National Association of Professional Insurance Agents (NAPIA)

Disclaimer: While CMS does not endorse the information and resources provided by the outside entities listed above, these entities have created websites with information intended for people helping consumers access coverage through the Marketplace. Other organizations not listed here may also provide information intended for the same audience. By providing these links, CMS does not intend to suggest that it endorses the information provided by these organizations over information provided by other organizations.

1.3 How can I get direct help?

This section describes support to help you answer specific questions or address issues that may arise when helping consumers with Marketplace eligibility and enrollment activities.

1. Marketplace Call Center

The Marketplace Call Center helps consumers enroll in health coverage and provides frontline support for consumers experiencing Marketplace eligibility or plan selection issues. For example, Call Center Representatives can help consumers reset their HealthCare.gov passwords, walk them through how to select plans, and help triage and properly assign consumer cases dealing with more complex enrollment issues, if appropriate. You should refer consumers to the Marketplace Call Center if they are experiencing problems using HealthCare.gov or need additional help with eligibility and enrollment.

- Contact the Marketplace Call Center (contact information in Spanish).
- Contact the SHOP Marketplace Call Center for SHOP Marketplace-specific questions at: 1-800-706-7893 (TTY: 711) Open Monday through Friday, 9:00 AM to 7:00 PM Eastern Time (ET).

Things You Should Know

- **Use** this checklist to help consumers gather the information they need to enroll before contacting the Marketplace Call Center for enrollment assistance.
- **Instruct** consumers who need to call the Marketplace Call Center with enrollment issues to gather as much information about their application as possible before contacting the Marketplace Call Center. Consumers should have their application ID available when they call.
- **Remind** consumers that they need to reauthorize the Marketplace Call Center to allow an agent or broker to work on their behalf once every 365 days.

2. The Agent and Broker Call Center

The Agent and Broker Call Center is dedicated to agents and brokers operating in states that use the HealthCare.gov platform. The Agent and Broker Call Center can provide guidance to you on topics such as FFM registration and training, the Marketplace Learning Management System (MLMS) and CMS-approved vendor training options, National Producer Numbers (NPNs), and HealthCare.gov website issues.

- Agents and brokers can call **1-855-CMS-1515 (855-267-1515) and select option "1"** to speak with Agent and Broker Call Center Representatives from Monday through Saturday from 8:00 AM – 10:00 PM ET.
- Please note that the Agent and Broker Call Center does not have access to consumer information and is not be able to handle specific questions or issues with a consumer's application. The Marketplace Call Center (1-800-318-2596) remains the central point of contact for assistance related to enrolling consumers into coverage through the Individual Marketplace. Agents and brokers should contact the SHOP Call Center at 1-800-706-7893 for assistance related to coverage through the SHOP Marketplace.

3. Regional Office Liaisons

CMS has 10 Regional Offices (ROs) located throughout the United States. The CMS ROs are CMS' local presence in your community. ROs are available to serve as a resource for consumers seeking assistance with Medicare, Medicaid, and the Marketplace.

2. Coverage Options Available to Consumers

There are a number of health care coverage options available to consumers, including:

- *Marketplace coverage for individuals*
- *Medicaid and CHIP coverage*
- *SHOP Marketplace coverage for small employers and their employees*
- *Medicare*
- *Other coverage options such as employer-sponsored coverage, VA benefits, and private health coverage purchased outside the Marketplace*

Learn about each coverage option in the sections below.

2.1 Marketplace Coverage

Most consumers are eligible to buy health coverage through the Marketplace. To be eligible for health coverage through the Marketplace, a consumer:

i. Must be a resident of the state served by the Marketplace,

ii. Must be a U.S. citizen, U.S. national, or be lawfully present, and reasonably expect to be for the entire time they will be enrolled, and

iii. Cannot be incarcerated (other than incarceration pending disposition of charges).

Note: Generally, if consumers have Medicare coverage, issuers cannot sell individual market Marketplace coverage to them. Go to the Chapter II, Section C on Medicare for more information about the relationship between Medicare and the Marketplace.

2.1.1 When can consumers enroll in coverage through the Marketplace?

Consumers can generally enroll in a QHP through the Marketplace only during the annual **Open Enrollment period**. After the Open Enrollment period ends, you can help consumers who experience certain life changes find out if they qualify for a **special enrollment period** to get coverage through the Marketplace. In most cases, consumers qualify for a special enrollment period in the Marketplace for a 60-day period from the date following certain life events that involve a change in family status (e.g., marriage or birth of a child). In the case of the SHOP Marketplace, most special enrollment periods last for a 30-day period from the date of the life event. If consumers are already enrolled in coverage through the Marketplace when they experience a

Things You Should Know

Help consumers report changes to the Marketplace during and after open enrollment online at HealthCare.gov and through the Marketplace Call Center.

Remember that for some special enrollment periods, consumers can enroll online at HealthCare.gov or over the phone with the Marketplace Call Center, but other special enrollment periods are offered only through the Marketplace Call Center.

certain life event, you can help them find out if they are eligible to change Marketplace plans or add household members to their existing plan. See Chapter III, Section D, *How can I help consumers report life changes to the Marketplace?* for more information on reporting life changes to the Marketplace.

Learn the Basics and Find More Information:

- See a list of life events that may qualify consumers for a special enrollment period (also available in Spanish).
- Go to the Special Enrollment Period Screener Tool (also available in Spanish), an easy-to-use tool you can use to help consumers determine whether they may be eligible for a special enrollment period to enroll in coverage through the Marketplace outside the Open Enrollment period. You can also use this tool to help consumers determine if they may be eligible to enroll in Medicaid or CHIP. Remember, this tool is not an application for a special enrollment period; it is just a tool to help consumers understand what they may be eligible for.
- Find more detailed information on different special enrollment periods.
- Consumers who qualify for a special enrollment period who sign up for coverage will have different coverage effective dates based on the type of special enrollment period for which they qualify.

QHP Effective Dates for Individual Marketplace Special Enrollment Period Events

Special Enrollment Period Event	QHP Effective Date
Loss of Minimum Essential Coverage	Plan selection after the loss of coverage: first of the month following QHP selection. Plan selection in advance of the loss of coverage: first of the month following the loss of coverage.
Marriage	First of the next month following plan selection.
Denial of Medicaid or CHIP	First of the next month following plan selection.
Birth, Adoption, Foster Care	Date of birth, adoption, placement for adoption, or placement in foster care.
Gaining Lawfully Present Status ** Note: This special enrollment period does not apply in the SHOP Marketplace.*	Plan selection on or before 15th of the month: first of the next month. Plan selection on or after 16th of the month: first of the month after next.
Current Enrollee Newly Eligible or Ineligible for the Premium Tax Credit; Change in Cost-sharing Reductions (CSR) ** Note: This special enrollment period does not apply in the SHOP Marketplace.*	Plan selection on or before 15th of the month: first of the next month. Plan selection on or after 16th of the month: first of the month after next.
Moving and Incarceration Release	Plan selection on or before 15th of the month: first of the next month. Plan selection on or after 16th of the month: first of the month after next.
American Indian or Alaska Native Status	Plan selection on or before 15th of the month: first of the next month. Plan selection on or after 16th of the month: first of the month after next.

2.1.2 What plans are available through the Marketplace?

You should let consumers know that all Marketplace plans have been certified by the Marketplace as QHPs. Other than Marketplace plans providing only dental benefits, all QHPs provide essential health benefits (EHB) (where a dental-only plan is available, some QHPs may omit pediatric dental benefits), follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meet other requirements. A QHP is certified by each Marketplace in which it is sold.

Learn the Basics and Find More Information:

- Use the See Plans and Prices Tool (also available in Spanish) to help consumers estimate the costs of their health plan premiums and explore potential health plans before completing an eligibility application.
- See a list of the 10 EHB (also available in Spanish) that must be covered by all QHPs offered through the Marketplace.

- All Marketplace plans (other than dental-only plans) and many other plans must cover certain preventive services without charging consumers cost sharing, including a copayment or coinsurance. This is true even if consumers haven't met their yearly deductible. See lists of preventative services for adults (also available in Spanish), women (also available in Spanish) and children (also available in Spanish) that are available at no additional cost to consumers enrolled in QHPs.
- There are five categories of Marketplace health coverage: Bronze, Silver, Gold, Platinum, and Catastrophic. Categories differ based on how consumers and insurers can expect to share in the costs of care; they do not indicate differences in quality of care. Find more information about the different categories of Marketplace coverage (also available in Spanish).
- One of the categories of Marketplace plans—Catastrophic plans—may be available through the Marketplace for consumers who are younger than 30 when they enroll or consumers who received a hardship or affordability exemption. Find more information about catastrophic coverage (also available in Spanish).
- There are different types of plans sold through the Marketplace that often vary in network size and other plan features that may be important to consumers. See a description of the different plan types consumers might find through the Marketplace (also available in Spanish).
- Consumers may need help understanding commonly used health coverage terms. See a glossary of terms to help explain coverage concepts to consumers. This glossary is also included in plan materials and consumers can refer to it when choosing a plan and later when using their coverage.
- Find information about how to choose Marketplace coverage (also available in Spanish).
- Find information about using Marketplace coverage (also available in Spanish).

Things You Should Know

Direct consumers to a plan's Summary of Benefits of Coverage (SBC), available on HealthCare.gov. A plan's SBC is an easy-to-read summary that lets consumers make apples-to-apples comparisons of costs and coverage between health plans. SBCs help consumers compare options based on price, benefits, and other features that may be important to them.

Ask consumers whether they see a provider they would like to continue seeing or take certain prescription drugs they want to continue taking. If yes, help consumers compare plan provider networks and drug formularies.

2.2 Medicaid and CHIP Coverage

Medicaid and CHIP provide free or low-cost health coverage to millions of Americans, including some low-income individuals, families and children, pregnant women, the elderly, and people with disabilities. Both programs are run jointly by federal and state governments, and details vary between states.

The Affordable Care Act provides states with additional federal funding to expand their Medicaid programs to cover certain adults younger than 65 with income up to 133% of the federal poverty level (FPL). (Because of the way this threshold is calculated, it's effectively 138% FPL.) This means that in states that have opted to expand Medicaid, free or low-cost health coverage is available to individuals with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, not all states have expanded their Medicaid program yet. It is important to note that children (18 and younger) are eligible for this public program up to 133% FPL income level or higher in all states.

Consumers can use the Marketplace application to find out if they may qualify for Medicaid and CHIP. In certain states, known as "assessment states," the Marketplace makes a preliminary assessment of a consumer's Medicaid or CHIP eligibility, transfers the consumer's account to the state Medicaid or CHIP agency, and the Medicaid or CHIP agency makes a final determination of the consumer's Medicaid or CHIP eligibility. In other states, known as "determination states," the Marketplace may make a final determination of a consumer's Medicaid or CHIP eligibility.

Learn the Basics and Find More Information:

- Find information about Medicaid expansion under the Affordable Care Act (also available in Spanish) and if the state you work in has expanded its Medicaid program.
- Find more information about state Medicaid and CHIP programs, including eligibility categories and income limits for consumers in each state.
- See for a breakdown of which states are assessment versus determination states.
- Immigrants who are qualified non-citizens and have met the five-year bar are generally eligible for Medicaid or CHIP, if they meet their state's income eligibility rules. Find more information about coverage for lawfully present immigrants (also available in Spanish) and view a presentation about eligibility for non-citizens in Medicaid and CHIP.
- To qualify for financial assistance through the Marketplace, consumers who have recently been denied Medicaid or CHIP due to immigration status will need to answer the Medicaid block question and indicate they were recently found ineligible for Medicaid or CHIP when they return to the Marketplace and submit an application. Find more information about answering the Medicaid block question and applying for coverage after receiving a Medicaid or CHIP denial.
- Find more information about Medicaid and CHIP coverage (also available in Spanish).

Things You Should Know

- **Inform** consumers they can apply for and enroll in Medicaid or CHIP any time of year. If they qualify, their coverage can begin immediately. Medicaid coverage may start retroactively for up to three months prior to the month of application if consumers would have been eligible during the retroactive period had they applied then. If an individual is interested in enrolling in Medicaid or CHIP, refer them to the appropriate Medicaid or CHIP state agency.
- **Help** consumers cancel their enrollment through the Marketplace with financial assistance if they are determined eligible for Medicaid or CHIP. Marketplace coverage does not end automatically if a consumer is found eligible for Medicaid or CHIP. Explain to consumers that if they do not cancel their enrollment with financial assistance through the Marketplace, they may have to pay back the advance payments of the premium tax credit that they received through the Marketplace for the months they were eligible for Medicaid or CHIP coverage.
- **Be aware** that some limited types of Medicaid coverage pay only for family planning, emergency treatment (Emergency Medicaid), tuberculosis services, or outpatient hospital services. Consumers who are only eligible for this type of Medicaid coverage can apply for more comprehensive coverage through the Marketplace and may also qualify for financial assistance paying for their Marketplace coverage. If you are helping consumers with limited Medicaid coverage fill out a Marketplace application, and they are asked whether they have coverage now, they should not check the box saying they have Medicaid.
- **Know** that some consumers who applied for coverage through the Marketplace during Open Enrollment (or during a special enrollment period) and were assessed as Medicaid eligible by the Marketplace, may have later been denied Medicaid coverage by the state after Open Enrollment ended (or after the 60-day window to enroll during a special enrollment period expired). When consumers in this situation return to the Marketplace to enroll in a QHP they have the option of selecting coverage effective retroactively to the date they first applied for coverage. If they choose retroactive coverage, they will be responsible for premium payments for the preceding months.

2.3 Small Business Health Options Program (SHOP) Marketplace

The SHOP Marketplace helps eligible small employers provide health coverage to their employees. In most states, employers must have one to 50 full-time equivalent (FTE) employees to be eligible for the SHOP Marketplace, although small employers with one to 100 FTE employees can participate in the SHOP Marketplace in California, Colorado, New York, Vermont, and Virginia. (Note: California, Colorado, New York, and Vermont are operating their own state-based SHOP Marketplaces.)

You can help small employers and persons offered coverage by eligible small employers apply for and enroll in health coverage through the SHOP Marketplace online at HealthCare.gov. You can help employers who participate choose which coverage to offer and how much they will pay toward premiums. Small employers who purchase coverage through a SHOP Marketplace may qualify for the Small Business Health Care Tax Credit, which can be worth up to 50 percent of the employer's contribution toward enrollee premium costs.

Learn the Basics and Find More Information:

- See an overview of the SHOP Marketplace (also available in Spanish) from HealthCare.gov.
- Learn about the benefits of the SHOP Marketplace.
- Learn more about how to assist small business clients using the SHOP Marketplace Agent/Broker Portal.
- Have questions? The SHOP Marketplace Call Center is available at 1-800-706-7893 (TTY: 711) Monday-Friday 9:00 AM – 7:00 PM ET to assist agents, brokers, employers and employees.

Resources for you and the employers you help:

- Find an introduction to health and dental coverage in the SHOP Marketplace for employers who are interested in enrolling.
- See if your small business clients are eligible to enroll in SHOP Marketplace coverage. Small businesses must meet a minimum participation requirement (MPR) for their state (usually 70%) in order to enroll in SHOP Marketplace coverage, unless they enroll November 15 – December 15 when the MPR does not apply. Use the MPR Calculator on HealthCare.gov to help your small employer clients predict if they will meet the MPR for their states.
- Find the Full-time Equivalent (FTE) Employee Calculator (also available in Spanish), which you can share with small business owners to help them count the number of full-time employees and FTEs they have to see if they may qualify for coverage through the SHOP Marketplace.
- See SHOP Marketplace Plans and Prices available in your client's area prior to assisting them through the enrollment process.
- Find information about the Small Business Health Care Tax Credit (also available in Spanish) and use the Small Business Health Care Tax Credit Estimator (also available in Spanish) to see whether the employers you work with may qualify for this tax credit. Find more detailed information on the Small Business Health Care Tax Credit from the IRS.

Agent and Broker's' Guide to Helping Employers Enroll in SHOP Marketplace Coverage

1 Create Account	Prior to authorizing an agent or broker, the employer needs to: • Create username and password • Create security questions • Complete profile • Verify ID • Log In • Select "Visit Employer Marketplace"
2 Authorize an Agent or Broker	• Select the "Get Assistance Tab" • Select "Find an Agent/Broker" Note: Agents and brokers will need to establish a profile in the SHOP Marketplace Agent/Broker Portal in order to be searchable by employers seeking assistance with their SHOP Marketplace application and enrollment • Employers can search for an agent or broker they currently work with or find a new one by name, NPN, or zip code. • Once an agent/broker is found, select "authorize" • The agent/broker will need to accept the employer's authorization request through their SHOP Marketplace Agent/Broker Portal Account before they can begin assisting an employer with their SHOP Marketplace application and enrollment
3 Create Enrollment Criteria	Once an agent/broker accepts the employer's authorization request, they can begin assisting with the following steps: • Set enrollment period • Confirm effective date of coverage • Select newly eligible employee waiting period • Decide whether to offer employees a single plan or employee choice • Set employer's premium contribution • Select coverage
4 Enroll Employees	• Tell employees and others offered coverage about coverage offer • Track employee participation
5 Submit Application	• Review group enrollment • Sign the SHOP user agreement to confirm information on application is accurate and true to the best of the employer's knowledge • Submit group enrollment • Pay first month's premium

Resources for you and the employees you help:

- See an overview of the SHOP Marketplace for employees (also available in Spanish) and others who receive an offer of coverage through the SHOP Marketplace from an employer.
- Find a general overview of how employees and other persons offered coverage enroll through the SHOP Marketplace (also available in Spanish).
- See the SHOP Marketplace Employee Enrollment User Guide for a more comprehensive manual on how to help employees and others who receive an offer of coverage from an employer through the SHOP Marketplace.

Agent and Broker's Guide to Helping Employees and Other Persons Offered Coverage Enroll in SHOP Marketplace overage

1 Create Account	• Create a Marketplace account, or if consumers already have an individual or family Marketplace account, log into the same account for SHOP • Enter applicant information including name, e-mail address, preferred password, and answers to a few security questions • Verify email address
2 Verify Eligibility	• Log into HealthCare.gov • Select the employee application • Enter participation codes and Social Security numbers (SSNs) or tax ID numbers, or direct consumers to contact their employer–not the SHOP Marketplace–to get participation codes • Select VERIFY and add employers to employees' accounts
3 Review Coverage Offer	• Review employer's coverage offer to determine whether to accept or waive offer • If accepting coverage, enter employee details, such as mailing address and other contact information, add dependents (if dependent coverage is offered) • If waiving coverage offer, select the reason from the drop down menu, and verify the decision • Tell employees that they can change their response to accept or waive the coverage offer any time before submitting the application
4 Select Coverage	• If accepting coverage, select one health plan and, if desired, one dental plan (if offered a choice of plans)
5 Complete Enrollment	• If accepting coverage, review plan selection(s) and cost • Read the summary of health and dental plan (if offered) • Confirm plan choice(s) • Submit the plan selection, get a confirmation, and view enrollment

Things You Should Know

Explain to small employers that they can complete a new group enrollment through the SHOP any time of year; there is no restricted enrollment period for new group enrollments. However, employees who have an offer of coverage through the SHOP Marketplace will have an Open Enrollment period set by their employer.

Inform small employers that, even though they can complete a new group enrollment in SHOP any time throughout the year, after their group begins participating they can only change what plans they offer to their employees and change their employer contribution amounts when renewing their participation at the end of the group's plan year or by terminating their coverage and starting a new enrollment.

Remind persons offered coverage through the SHOP they cannot qualify for financial assistance through the individual Marketplace if they receive an offer of coverage through the SHOP Marketplace (or an offer of employer-sponsored coverage outside of the SHOP Marketplace) that is affordable and meets the minimum value standard.

2.4 Medicare

Medicare is a federal health coverage program for consumers who are age 65 or older and certain people younger than age 65 with disabilities. It also covers consumers of any age who have end-stage renal disease. There are different parts of Medicare that cover different services; these parts are commonly referred to as Medicare Parts A, B, C, and D. Medicare Part C, also called Medicare Advantage, includes managed care plans offered by private insurance companies that have contracted with Medicare to provide all the Part A and Part B benefits under a single plan. Most Medicare Advantage plans also provide Part D (prescription drug) coverage, but some do not.

Learn the Basics and Find More Information:

- Get an overview of the different parts of the Medicare program and the specific services they cover.
- Consumers who have Medicare Part A (either on its own or as part of a Medicare Advantage plan) are considered to have minimum essential coverage (MEC), which is required by the Affordable Care Act. However, having Medicare Part B alone does not meet this requirement. Learn more about how Medicare can satisfy the requirement to have health coverage.
- Some consumers get Medicare Parts A and Part B automatically and some consumers need to sign up. See when and how to sign up for Medicare Parts A and B to help consumers determine whether they will need to actively sign up for this Medicare coverage.
- If a consumer is approaching age 65, they are likely approaching their initial enrollment period to sign up for Medicare. For most consumers, this initial enrollment period is seven months long – it starts three months before the month of their 65th birthday, includes the month of their 65th birthday, and ends three months after the month of their 65th birthday. Help consumers who are enrolled in a Marketplace plan and who are approaching Medicare eligibility or are newly eligible for Medicare learn about changing from the Marketplace to Medicare (also available in Spanish).

Medicare Initial Enrollment Period

- If consumers do not sign up for Medicare during their initial enrollment period, they may have to pay a late enrollment penalty for as long as they have Medicare. Learn more about how late enrollment penalties could impact consumers' monthly premium costs for Part A, Part B, and Part D.
- Every state has a Medicare Savings Program that offers financial assistance to help pay Medicare premiums for those who are eligible, and in some cases, pay Medicare Part A and Medicare Part B deductibles, coinsurance, and copayments. Find information about the Medicare Savings Program.

- Consumers who meet certain income and resource limits may qualify for help paying prescription drug costs (Part D) under Medicare. Find information about getting help paying for Medicare prescription drug coverage.
- Some consumers who are eligible for Medicare are also eligible for Medicaid; this is called being a dual eligible. Consumers who have Medicare and full Medicaid coverage will likely have most of their health care costs covered. See the standards for dual eligibility.
- Some consumers may be interested in purchasing a Medicare Supplement Insurance (Medigap) policy to help pay for additional health care costs and possibly other services original Medicare does not cover. Medigap insurance cannot be purchased through the Marketplace. The best time to buy a Medigap policy is during consumers' six-month Medigap open enrollment period, which begins the first month consumers are both age 65 and enrolled in Medicare Part B. After this enrollment period, they may not be able to buy a Medigap policy, or if they are able to buy one, it may cost more. However, there are several situations, beyond the open enrollment period, during which consumers may have a guaranteed right to buy a Medigap policy. Find more information about on Medigap plans and the best time to sign up for a Medigap plan.
- Consumers who need help understanding their Medicare enrollment options can get help from their local SHIP. SHIP is a state program that gets funding from the federal government to provide free local health coverage counseling to people with Medicare or who are becoming eligible for Medicare. The name of the program varies in each state. Find contact information for SHIP in your state.
- See a list of frequently asked questions about Medicare and the Marketplace.
- See a short YouTube video about Medicare and the Marketplace.

Things You Should Know

Explain to consumers that they may keep their Marketplace plans and their financial assistance until their Medicare coverage begins. Once their Medicare Part A coverage starts, they are no longer eligible to receive financial assistance for their Marketplace plans.

Tell consumers that if they wish to keep their Marketplace coverage after their Medicare Part A coverage starts, they should return to the Marketplace to report they now have access to other MEC. If consumers no longer want to keep their Marketplace coverage once their Medicare Part A coverage starts, they need to return to the Marketplace to terminate their coverage.

Inform consumers who are enrolled in Medicare Part A they cannot purchase health coverage or dental-only plans through the Marketplace after their Medicare coverage starts; in fact, it is against the law for someone who knows a consumer has Medicare to sell them a Marketplace plan that duplicates Medicare benefits.

Caution consumers that if they do not enroll in Medicare during their initial enrollment period, they will only be able to enroll during the Medicare general enrollment period from January 1 to March 31, and their coverage would not start until July of the year they enroll. This may create a gap in coverage and may subject them to a late enrollment penalty premium for as long as they have Medicare. Refer consumers to their state's SHIP office to be sure they get all the information they need to prepare for Medicare enrollment as they approach their 65th birthday.

2.5 Other Health Coverage Options

As an agent or broker, you should know that consumers may have options for health coverage other than QHPs purchased through the Marketplace. Some options include employer-sponsored coverage, VA benefits, and commercial health plans purchased outside the Marketplace.

Learn the Basics and Find More Information:

- To avoid owing the fee for not having coverage, tell consumers they must have insurance that qualifies as MEC for each month during the year. Many of the options outside the Marketplace, such as employer-sponsored coverage, Medicare Parts A and C, most Medicaid coverage, and CHIP, among others, qualify as MEC.

Types of Health Coverage that Qualify as MEC

Coverage Type	Does it Qualify as MEC?
Any Marketplace plan, or any individual insurance plan you already have	**Yes**
Any job-based plan, including retiree plans and COBRA coverage	**Yes**
Medicare Part A	**Yes**
Medicare Part C	**Yes**
Most Medicaid coverage	**Yes**
Most CHIP coverage	**Yes**
Most individual health plans bought outside the Marketplace, including grandfathered plans (not all plans sold outside the Marketplace qualify as MEC)	**Yes**
Coverage under a parent's plan (that qualifies as MEC) for consumers younger than 26	**Yes**
Self-funded health coverage offered to students by universities for plan or policy years that started on or before December 31, 2014 (check with the university to see if the plan qualifies as MEC)	**Yes**
Health coverage for Peace Corps volunteers	**Yes**
Certain types of veterans' health coverage through the VA	**Yes**
Most TRICARE plans	**Yes**
Department of Defense Non-appropriated Fund Health Benefits Program	**Yes**
Refugee Medical Assistance	**Yes**
State high-risk pools for plan or policy years that started on or before December 31, 2014 (check with the high-risk pool plan to see if it qualifies as MEC)	**Yes**
Coverage only for vision care or dental care	**No**
Workers' compensation	**No**
Coverage only for a specific disease or condition	**No**
Plans that offer only discounts on medical services	**No**

*See a more detailed list of coverage that qualifies as MEC.

- If consumers are eligible for employer-sponsored coverage, they may not be eligible for financial assistance through the Marketplace, unless their employer's offer of coverage does not meet the minimum value standard or is unaffordable. Find information about employer-sponsored coverage (also available in Spanish) and learn how to determine whether an employer's offer of coverage meets the minimum value standard and is affordable (also available in Spanish).
- COBRA gives some employees and their families the option to continue receiving health coverage through their employer's plan for a limited time after their employment ends, but COBRA can be costly. Consumers may want to consider buying a plan on the Marketplace instead. Learn more about COBRA coverage and the Marketplace (also available in Spanish).
- Find information about health coverage options for veterans (also available in Spanish), including Marketplace plans and veterans' health programs that satisfy the MEC requirement.

Things You Should Know

Inform consumers who are enrolled in retiree coverage they can buy coverage through the Marketplace but that they will not qualify for financial assistance through the Marketplace. If consumers are eligible for, but not enrolled in, retiree coverage, they may qualify for financial assistance through the Marketplace if otherwise eligible.

Tell consumers who are considering enrolling in COBRA coverage that if they are eligible for COBRA, but not yet enrolled in COBRA, they may still qualify for financial assistance through the Marketplace, if they are otherwise eligible. If consumers are eligible for COBRA and are enrolled in COBRA, they are not eligible for financial assistance through the Marketplace until they exhaust their COBRA coverage.

Note that even if consumers have access to a student health plan, they may be able to buy coverage through the Marketplace instead and may even qualify for financial assistance through the Marketplace. If these consumers would like to apply for Marketplace coverage, they should choose "No" on their Marketplace application when answering whether they currently have health coverage, even if they have a student plan now and plan to drop it to enroll in a Marketplace plan.

- If you work with consumers younger than 26, inform them they may have multiple options for health coverage, including coverage under a parent's plan, a student health plan for college students, private health coverage through the Marketplace, catastrophic health coverage, or Medicaid coverage. See HealthCare.gov's page on health coverage for young adults (also available in Spanish) for more information options for young adults.
- If you work with consumers with physical, developmental, or intellectual disabilities, tell them that they may be eligible for coverage through Medicare or Medicaid. Find information about health coverage options for consumers with physical, developmental, or intellectual disabilities (also available in Spanish).
- Agents and brokers working with consumers with physical, developmental, or intellectual disabilities should be aware of the accommodations that may be required to effectively communicate with these consumers to ensure they understand their health coverage options and are able to enroll in a plan that best fits their needs and budgets. See a fact sheet on helping consumers with physical, developmental, or intellectual disabilities.

3. The Marketplace Application and Enrollment Process

If consumers decide that Marketplace coverage is right for them, you can help them:

- *Apply for and enroll in Marketplace coverage*
- *Renew their Marketplace coverage each year*
- *Learn about how to file a Marketplace eligibility appeal*
- *Report life changes to the Marketplace*
- *Learn about the federal income tax implications of enrollment decisions*
- *Use their Marketplace coverage*

A. How can I help consumers apply for and enroll in Marketplace coverage?

You can help consumers use the Marketplace to find and enroll in coverage that fits their needs and budget.

3.1.1 Application Process

Consumers can use the Marketplace to apply for coverage, compare plans, and enroll in coverage. Consumers can also use the Marketplace to find out if they can get help paying premiums and cost-sharing amounts to reduce their Marketplace coverage costs. They can also apply for free or low-cost coverage through Medicaid and CHIP through the Marketplace application.

When consumers apply for or renew their coverage and want help paying for their coverage, they will need to provide some information about their household, including income, any health coverage they currently have, and some additional information. Help them gather the information they need before they begin their applications. Consumers can apply for health coverage through HealthCare.gov or the Marketplace Call Center on their own, with your help, or with the assistance of a Navigator or assister. As an agent or broker, you can help consumers apply for health coverage online, by phone, or with a paper application.

Things You Should Know

Inform consumers that once they enroll in an individual market Marketplace plan, they must pay their first premium directly to the insurance company—not to the Marketplace. Insurance companies handle payments differently. Consumers should follow the instructions from their insurer about how and when to make their premium payments.

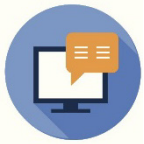
Tell consumers they can terminate a Marketplace plan without replacing it at any time. There are important things to consider before they do this: if they terminate their health coverage without replacing it, they may have a gap in coverage and may have to pay a fee (also available in Spanish) for the months they are not covered.

Note that you have two primary options to help consumers with their applications: (1) the Direct Enrollment Pathway (i.e., Issuer-based Pathway), through which you can use a web-broker or issuer's website to assist the consumer; or (2) the Marketplace Pathway (i.e., Side-by-Side Pathway), through which you can help the consumer using the Marketplace website.

Learn the Basics and Find More Information:

- Find out what information you should share with consumers about how to apply and enroll in coverage (also available in Spanish).
- See information about the four ways to apply for Marketplace coverage (also available in Spanish).

Four Ways to Apply for Marketplace Coverage		

	**Online**	• **Use the Direct Enrollment Pathway**
		  • Log in to the QHP issuer's or web-broker's website with your agent/broker account and "drive" the consumer's application and enrollment process.
		  • Consumer does not log in, but must consent to giving their personally identifiable information (PII).
		• **Use the Marketplace Pathway**
		  • Help consumers complete the eligibility application and enroll in coverage directly at www.healthcare.gov.
		  • Consumer creates an account, logs in, and "drives" the process.
		  • You must obtain consumers' consent before accessing or viewing the consumer PII.

	Call Center (Phone)	• Call 1-800-318-2596 (TTY: 1-855-889-4325), 24 hours a day, seven days a week. The Call Center is closed on certain holidays. • Customer representatives are available to help consumers complete an application, review eligibility results, or answer questions about eligibility or enrollment. • Every 365 days, a consumer needs to reauthorize the Marketplace Call Center to allow an agent or broker to work on their behalf.
	In-Person Help	• Use the Find Local Help (also available in Spanish) tool to find agents or brokers who can help consumers. • Consumers can meet with an agent or broker who can sit with him or her and help them apply online or using a paper application. • For plan year 2016, agents and brokers have an option of what information Find Local Help displays about them. Agents and brokers can make their selections on what information to display when updating their profile information on the MLMS.

	Paper Application (Mail)	• Fill out a paper application. • Send the application to the Marketplace at: **Health Insurance Marketplace, Dept. of Health and Human Services 465 Industrial Blvd., London, KY 40750-0001.** • Consumers will receive their eligibility results in the mail. They should contact the Call Center or create an online account to enroll in a QHP.

See information from Marketplace.cms.gov about the application process, including training and consumer-facing outreach materials.

- See a step-by-step guide to applying for coverage.
- Find more information about how to help consumers fill out paper applications.

Marketplace Application Checklist

To make the application process quicker and easier, it is helpful for consumers to gather certain information about themselves and their household before they start their Marketplace application or renew their Marketplace coverage. This includes:

- ❑ Information about the consumer's household
- ❑ Home and/or mailing addresses for everyone applying for coverage
- ❑ Information about everyone applying for coverage
- ❑ SSNs for everyone on the consumer's application (required for all applicants and the tax filer, if they have one)
- ❑ Immigration document information for legal immigrants
- ❑ Information on how consumers file their taxes
- ❑ Employer and income information for everyone in the consumer's household
- ❑ A best estimate of the consumer's household income for the year they will be covered
- ❑ Policy numbers for everyone in the consumer's household who currently has a health insurance plan
- ❑ Employer information for each member of the consumer's household
- ❑ A completed employer coverage tool, if applicable
- ❑ Notices from the consumer's current Marketplace plan that contain the plan ID, if applicable

Help consumers understand exactly what information they need to gather using the information in this checklist.

3.1.2 Application Troubleshooting

3.1.2.1 IT issues (e.g., browser settings, cookies)

When helping consumers apply online for Marketplace coverage, some web browsers offer a smoother experience than others. You and the consumers you are helping should have browsers set to accept cookies.

Learn the Basics and Find More Information:

- Learn more about browser compatibility (also available in Spanish), including the types of browsers that work best with HealthCare.gov.
- Find tips on troubleshooting technical issues (also available in Spanish) consumers may encounter when applying for and enrolling in Marketplace coverage through HealthCare.gov.

3.1.2.2 Retrieving Username and Resetting Password

If consumers are having trouble logging into their Marketplace accounts, ask them to reset their passwords. If they don't get a password reset email from the Marketplace, they may be using the wrong username. Ask them if they may have used any other usernames to create their account. Consumers should not try to create a new Marketplace account.

Learn the Basics and Find More Information:

- Find tips for resetting passwords and unlocking accounts (also available in Spanish).
- Find troubleshooting tips and requirements for Marketplace accounts (also available in Spanish).

3.1.3 Verification of Consumer Information

When consumers apply for coverage, the Marketplace needs to verify their identities and certain information about them. Verification of consumer information is important to protect consumers' privacy and prevent fraud. You should explain to them this verification will also allow the Marketplace to accurately determine their eligibility for enrollment in a QHP and see whether they qualify for financial assistance.

If consumers create a HealthCare.gov account, they will go through identity (ID) proofing. Once consumers complete Marketplace applications, the Marketplace will check their application information against data sources. If their application information cannot be verified, it creates data matching issues (also known as "inconsistencies") in consumers' applications.

Things You Should Know

Prepare consumers to complete ID proofing. They might need to answer questions on topics such as: addresses of current and past places they lived; names of current and past employers; and information about mortgages, credit cards, and/or loans they have.

Tell consumers CMS uses credit reporting agencies like Experian and Equifax to verify their identity and application information, so they may see an inquiry from CMS when checking their credit reports. This CMS inquiry does not affect consumers' credit scores.

Tell consumers whose identities could not be verified through HealthCare.gov to resolve their ID proofing issues:

Call the Experian Help Desk at 1-866-587-5409 and provide the reference code as shown on the Marketplace application screen.
If the Experian Help Desk cannot verify a consumer's identity, the consumer can upload documents showing his/her identity to his/her Marketplace account on HealthCare.gov or mail in documents to the Marketplace.
If consumers are *still* having trouble with ID proofing, consumers should contact the Marketplace Call Center and complete the online application with a Marketplace Call Center Representative.

a. ID Proofing

ID proofing verifies a consumer's identity and must be completed for consumers to create and submit an online application for coverage. It is one of the first steps in creating a HealthCare.gov account. Make sure consumers know what ID proofing is for, and prepare them to complete ID proofing. Let them know they will need to enter information about their personal and financial history such as their current and past employers and addresses of where they lived and details on any loans they may have. The Marketplace attempts to match this information with information from a credit reporting agency.

Learn the Basics and Find More Information:

- Find more information about identity proofing and information inconsistencies, including why it is important and what to do if consumers have issues (also available in Spanish).
- See FAQs about ID proofing.
- Consumers who want to learn more about why they need to submit personally identifiable information (PII) and how the Marketplace uses this information should review How We Use Your Data (also available in Spanish) and the Privacy Act Statement (also available in Spanish) on HealthCare.gov.

b. Data Matching

A data matching issue occurs when particular information consumers enter in their application does not match the data the Marketplace checks in trusted resources, such as Social Security records or IRS databases. Consumers who have data matching issues can still apply for and enroll in coverage, if they are otherwise eligible. However, the Marketplace will ask these consumers to submit documentation to resolve their data matching issues. If they fail to resolve their data-matching issues, they could lose eligibility for Marketplace coverage or experience changes to the amount of financial assistance they receive through the Marketplace. Consumers have 90 days from the date of their eligibility notice to submit documentation to resolve their data matching issues, other than citizenship and immigration status, for which consumers have 95 days to resolve their data matching issues. As the deadline approaches, consumers will get warning notices by mail and a reminder phone call approximately 14 days before their deadline.

Consumers with outstanding citizenship/immigration data matching issues risk having their enrollment through the Marketplace terminated if they do not resolve their data matching issues. If these consumers ultimately submit documentation to the Marketplace and resolve their data matching issues, they can regain their enrollment in coverage through the Marketplace through a special enrollment period. Consumers have 60 days from the date they receive the special enrollment period to select a plan and enroll in coverage.

Consumers enrolling in coverage through this special enrollment period can either request a retroactive effective date of enrollment through the Marketplace that dates back to the day following termination to prevent a gap in the coverage they get through their Marketplace plan, or they can request a prospective effective date.

Learn the Basics and Find More Information:

- Consumers can have data matching issues for: citizenship, immigration status, SSN, annual household income, incarceration status, an offer of or enrollment in employer-sponsored MEC that is affordable and meets minimum value standards, access to non-employer-sponsored MEC, and unverified American Indian/Alaska Native status. Find instructions on how to resolve a data-matching issue (also available in Spanish).
- Consumers with data matching issues need to submit more information to the Marketplace. You can help them by providing instructions for how to submit their documents. Find information about how to upload documents (also available in Spanish) as well as tips for submitting supporting documents to the Marketplace.
- See a presentation that provides tips to resolve outstanding data matching issues.

Data Matching Checklists

Use the checklists below to help consumers **prevent** data matching issues, **confirm** whether they have a data matching issue, and, if they do, **resolve** their data matching issue.

Data Matching Checklists

Help consumers prevent data-matching issues.

- ❑ Double check there are no errors or typos in the application.
- ❑ Confirm all members of the household applying for coverage have provided accurate SSNs, *if they have one.* Remember: non-applicants (other than the tax filer) are not required to provide their SSNs, but are strongly encouraged to do so if possible.
- ❑ Review projected income to make sure it is as accurate as possible and remind consumers to report any changes in income or other application information within 30 days of the change.
- ❑ Make sure document types/document numbers/ID numbers are included with immigration documents, as applicable.

Think a consumer may have a data-matching issue? Help them confirm they do.

- ❑ Read the full eligibility notice from the Marketplace. If a consumer has a data matching issue, the notice will say, "Send the Marketplace more information." It is important to identify which members of the household have data matching issues that need to be resolved.
- ❑ Consumers can also determine whether they have an unresolved data matching issue by checking the *Application Details* sections of their Marketplace accounts for a list of all unresolved inconsistencies.

Confirmed a consumer has a data-matching issue? Help them resolve the issue.

- ❑ It may be necessary to submit multiple documents to resolve one data matching issue. For example, consumers who submit birth certificates to prove citizenship will also need to submit an additional document (that has a photograph **or** other information, like their name, age, race, height, weight, eye color, or address). Find out which documents consumers should submit (also available in Spanish).
- ❑ Remember not every document consumers may want to upload is included in the drop-down menu of *Document Types* viewable after clicking *Verify* in the *Application Details* section of consumers' *My Account*. If consumers need to upload a document that is not listed, they should choose "Other" from the drop-down menu.
- ❑ Encourage consumers to upload their documents instead of mailing them. If the document is uploaded successfully, it should show up as *submitted* under *Application Details* right away.
- ❑ Ensure that the documents consumers submit electronically are in one of the following formats: .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp, and are no larger than 10 megabytes.
- ❑ Double-check that the file name(s) on consumers' electronic document(s) DOES NOT INCLUDE any of the following: a colon, semicolon, asterisk, or any other special character. Here are a few examples of special characters that cannot be in the file name: / \ : * ? " < > |.
- ❑ If consumers do mail in documents, tell them to send copies, not their originals, and to include the barcode from their notice and also include their name, state, and application ID on any documentation they are submitting.
- ❑ After submitting documentation, consumers can call the Marketplace Call Center to see if their data matching issue is resolved or whether additional documentation may be required.

c. Providing a Social Security Number (SSN)

Consumers applying for health coverage through the Marketplace must provide an SSN if they have one. Non-applicants are not required to provide their SSNs unless all of the following are true: (1) they have a spouse or tax dependent seeking financial assistance through the Marketplace; (2) the non-applicant is a tax filer; (3) the non-applicant has an SSN; and (4) the non-applicant filed a federal tax return in the previous tax year. You should encourage all applicants to include all of the information they have, including their SSN. Working with consumers to provide as much information as possible increases the chance the Marketplace will verify their citizenship or immigration status, and other information more quickly, and reduces the likelihood that consumers will have to provide additional information later.

- Refer concerned consumers to The Facts about the Affordable Care Act and Immigration Enforcement (also available in Spanish).

Things You Should Know

Direct consumers who want help applying for an SSN to visit SocialSecurity.gov or call 1-800-772-1213 (TTY: 1-800-325-0778). The Marketplace cannot use Individual Taxpayer Identification Numbers (ITINs) to electronically verify income information and should not be entered in place of an SSN on the Marketplace application. Note, however, that an SSN is not required to complete a Marketplace application if the consumer does not have one. SSNs are not required to be provided for household members who are not applying for coverage and who are not the tax filer for the household, or who do not have an SSN. However, providing SSNs even when not required can help match annual household income information with our data sources and avoid data matching issues

Reassure consumers the immigration information they provide the Marketplace will not be used to pursue immigration enforcement action.

3.1.4 Immigration Status and the Marketplace

Many immigrants are eligible for health coverage through the Marketplace, or through Medicaid or CHIP. A consumer does not have to be a U.S. citizen or U.S. national to qualify for Medicaid or CHIP, or to enroll in a QHP through the Marketplace. If you are helping consumers who are immigrants enroll in health coverage, you must be aware of federal and state rules that affect these consumers' eligibility for different health care and coverage options.

Immigration Statuses Eligible for Marketplace Coverage

Lawfully Present Immigration Statuses

Statuses eligible for enrollment in a QHP through the Marketplace[+]

- Individual with valid nonimmigrant status (includes worker visas [such as H1, H-2A, H-2B], student visas, U-visa, T-visa, and other visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Aliens whose visa petitions have been approved and who have a pending application for adjustment of status
- Individuals granted employment authorization (*Exception*: Deferred Action for Childhood Arrivals (DACA) (as described in June 2012 Department of Homeland Security [DHS] policy) are not considered lawfully present)
- Temporary Protected Status (TPS)
- Paroled into the U.S.
- Deferred Action Status (*Exception*: DACA [as described in June 2012 DHS policy] are not considered lawfully present)
- Deferred Enforced Departure (DED)
- A child who has a pending application for Special Immigrant Juvenile status
- Granted relief under the Convention Against Torture (CAT)
- Lawful Temporary Resident
- Family Unity beneficiaries
- ***All of the Medicaid-eligible statuses listed below***

Medicaid/CHIP-eligible statuses (if 5-year bar is met)*	Medicaid/CHIP-eligible statuses (5-year bar does not apply)**
• Lawful Permanent Resident (LPR/Green Card holder) paroled into the U.S. for 1 year or more • Battered Spouse, Child, or Parent who has a pending or approved petition with DHS • Applicants for Victim of Trafficking Visa • Conditional Entrant (granted before 1980)	• Lawful Permanent Residents who adjusted from a status exempt from the 5-year bar • Veterans or active duty military, and their spouses or unmarried dependents who also have a "qualified non-citizen" status • Refugee • Asylee • Cuban/Haitian Entrants • Granted Withholding of Deportation or Withholding of Removal • Trafficking Survivors and their spouses, children, siblings, or parents • Member of a federally recognized Indian tribe or American Indian Born in Canada • Amerasian Immigrants • Iraqi and Afghani Special Immigrants

For more lawfully present immigration statuses, visit: www.healthcare.gov/immigrants/immigration-status/

[+]Children and/or pregnant women with listed statuses may be eligible for Medicaid or CHIP in certain states. For more information, visit: www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/lawfully-residing.html.

* Indicates lawfully present immigration statuses that are considered qualified non-citizen statuses for purposes of Medicaid and CHIP eligibility.

** Indicates lawfully present immigration statuses that are considered qualified non-citizen statuses for purposes of Medicaid and CHIP eligibility and that are NOT subject to the Medicaid 5-year bar

This chart represents a summary of complex federal statutes relating to immigration status. As a summary, it does not include all relevant detail. This publication is not a legal document and does not grant rights or impose obligations. It is not intended to take the place of either the written law or regulations.

Learn the Basics and Find More Information:

- Find more lawfully present immigration statuses (also available in Spanish) on HealthCare.gov.
- See an overview of coverage options for lawfully present immigrants (also available in Spanish).
- Find a complete list of immigration document types (also available in Spanish), including pictures of what they look like, that consumers can use to verify their immigration status.
- See a fact sheet on helping consumers with different immigration statuses navigate their health coverage options.
- See the Dos and Don'ts for providing non-discriminatory, culturally, and linguistically appropriate services.

Things You Should Know

Explain to immigrant applicants that information provided by applicants or beneficiaries will not be used for immigration enforcement purposes.

Recognize that many immigrant families are of mixed status, with members having different immigration and citizenship statuses. Different family members could be eligible for different health coverage options, and you may need to help family members apply for different health coverage.

Encourage applicants to fill out as many of the fields in the application as possible, such as their SSN and all information related to their immigration documentation, if they have it, to expedite the application process.

Remind immigrant applicants that enrolling in Medicaid or CHIP, or getting financial assistance through the Marketplace, does not make them a public charge. This means it will not affect their chances of becoming a lawful permanent resident or U.S. citizen.

Remember that consumers with income less than 100% FPL who are lawfully present but ineligible for Medicaid due to immigration status may be eligible for financial assistance through the Marketplace, if otherwise eligible.

3.1.5 Health Coverage for American Indians and Alaska Natives

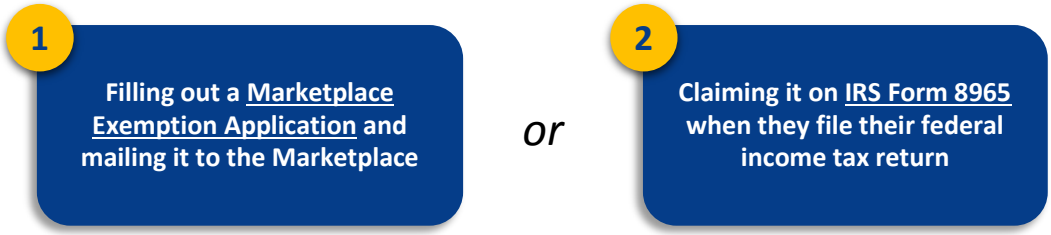
There are a number of provisions in the Affordable Care Act aimed at helping make health coverage more affordable and accessible for American Indians and Alaska Natives that you should be familiar with in your consumer assistance role.

American Indians and Alaska Natives receive special Marketplace protections and benefits. Here are few:

- **Special cost-sharing rules:** American Indians and Alaska Natives who purchase health coverage through the Marketplace and who have incomes between 100% - 300% FPL can enroll in a zero-cost sharing plan. If they have household incomes that are below 100% FPL or higher than 300%FPL, they can enroll in a limited cost-sharing plan.
- **Special enrollment rules:** American Indians and Alaska Natives can enroll in a Marketplace plan at any time, not just during open enrollment. They can also change Marketplace plans up to once a month.
- **An exemption from the requirement to have MEC:** American Indians and Alaska Natives (as defined by section 45A(c)(6) of the Internal Revenue Code) and those eligible for Indian health care services do not have to pay the fee for not having health coverage if they apply for an exemption. While services through the Indian Health Service tribal programs or urban Indian programs are not considered MEC for purposes of fulfilling the Affordable Care Act's requirement to have health insurance, American Indians and Alaska Natives, and other consumers eligible for services through these programs don't have to pay the fee for not having health coverage if they apply for the Indian health coverage exemption from the individual shared responsibility payment.

Learn the Basics and Find More Information:

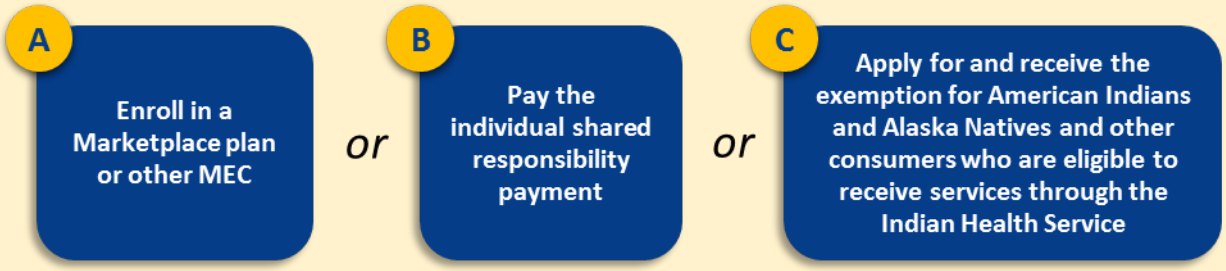
- Learn more about these Marketplace special protections and benefits for American Indians and Alaska Natives (also available in Spanish).
- American Indians, Alaska Natives, and consumers eligible for Indian health care services can apply for the Indian health coverage exemption in two ways:



- Learn more about the two ways these consumers can file the Indian health coverage exemption (also available in Spanish).
- Learn tips to keep in mind when working with American Indians and Alaska Natives.

Things You Should Know

Review tribal provisions and available health coverage options for consumers who are American Indians or Alaska Natives. Remember that receiving medical care from an Indian health care provider does not satisfy the requirement to have MEC. Therefore, American Indians and Alaska Natives must either:



3.1.6 Financial Assistance through the Marketplace

Consumers applying for coverage through the Marketplace may be eligible for financial assistance in the form of advanced payments of the premium tax credit (APTC) to help save on their monthly premiums, and cost-sharing reductions (CSR) to help save on out-of-pocket health care costs. Eligibility for these savings depends on a consumer's household income, family size, and whether they already have access to or are enrolled in certain other forms of MEC. Some consumers seeking financial assistance may also be assessed or determined as Medicaid- or CHIP-eligible by the Marketplace.

Learn the Basics and Find More Information:

- Consumers who are eligible for MEC outside of the Marketplace (other than individual market coverage available outside of the Marketplace) are generally not eligible for financial assistance through the Marketplace. See information on MEC (also available in Spanish) for a list of coverage that counts as MEC. See a more detailed list of coverage that qualifies as MEC.
- Consumers who are eligible for, but not enrolled in, COBRA or retiree coverage may still qualify for financial assistance through the Marketplace, if otherwise eligible. Find more information about COBRA and the Marketplace (also available in Spanish), and learn about retiree coverage and the Marketplace (also available in Spanish).
- Find information that you can share with consumers about how they may be able to save on monthly premiums by receiving APTC (also available in Spanish).
- Find information you can share with consumers about how they may be able to save on out-of-pocket costs through CSR (also available in Spanish). If consumers are eligible for CSR, most can only receive them if they enroll in a silver-level plan.
- Learn about what is included when calculating household income (also available in Spanish), including gross versus net income and how to provide information about modified adjusted gross income (MAGI) when helping consumers who are applying for premium tax credits.

- Click here for information about how to help consumers with income levels that qualify for lower costs (also available in Spanish).
- Marketplace enrollees must report changes in eligibility information, including income, family size, address, and eligibility for other coverage as soon as possible, within 30 days of the change. These changes may affect their eligibility for financial assistance through the Marketplace. Find information about how to help consumers who are reporting life changes to the Marketplace (also available in Spanish). See Chapter III, Section D, *How can I help consumers report life changes to the Marketplace?*, for more information on reporting life changes to the Marketplace.

Things You Should Know

Explain to consumers who are found eligible for CSR that those CSR are only available if they enroll in silver-level coverage. **(This does not apply to American Indians or Alaska Natives.)**

Remind consumers who are married they must file a joint tax return to be eligible for financial assistance through the Marketplace, unless they are a victim of domestic abuse or spousal abandonment.

Tell married consumers who are victims of domestic abuse or spousal abandonment who want to file a separate tax return they should indicate they are not married on their Marketplace application. This will allow consumers to obtain an eligibility determination that may find them eligible for financial assistance through the Marketplace, if they are otherwise eligible. Note these consumers will not be penalized for representing they are not married on the application.

Explain to consumers who receive financial assistance through the Marketplace they must file a federal income tax return even if their income level would not otherwise require them to file a return. Advise consumers if they don't file a tax return in this instance, their financial assistance will be discontinued in future years.

Explain to consumers that checking the box at the end of the application allows the Marketplace to request updated income information from the IRS. This information helps the Marketplace accurately redetermine eligibility for financial assistance.

3.2 How can I help consumers with the annual Marketplace coverage renewal and redetermination process?

The Marketplace annually redetermines consumers' eligibility for enrollment in QHPs and for financial assistance through the Marketplace. Coverage through the Marketplace is generally available starting on January 1 of a calendar year (unless, for example, consumers enrolled later in the year through a special enrollment period) and ending on December 31 of that same year. Marketplace issuers must renew coverage for most consumers as long as they continue to pay their premiums. In general, the Marketplace will re-enroll eligible enrollees who do not select a QHP by the last day on which a plan selection may be made for coverage effective January 1.

Learn the Basics and Find More Information:

- Find more information about the 2016 FFM redetermination and re-enrollment process.
- See the 2016 Redetermination and Re-enrollment Process for 2016 slides.

Things You Should Know

Encourage consumers to return to the Marketplace during the Open Enrollment period to update and confirm the information on their application is still accurate. Work with consumers to help them provide updated eligibility information, get an updated eligibility determination, and browse available plans to find the best options for their families.

3.3 How can I help consumers learn how to appeal a Marketplace eligibility decision?

Consumers who have applied for coverage through the Marketplace will get an eligibility notice explaining what they qualify for. For example, the notice may say they are not eligible to enroll in Marketplace coverage, or they do not qualify for coverage through Medicaid or CHIP. If they disagree with the determination in the notice, you should let them know they may be able to appeal that determination. Consumers have 90 days from the date they receive their eligibility notice to start an appeal. As an agent or broker, you can help them understand this process.

Walk consumers through the following steps for filing a Marketplace Appeal:

Steps for Filing a Marketplace Appeal

Don't agree? Consumers have 90 days to start an appeal.

Get the Form.

The Marketplace Appeals Center will contact consumers.

Request a hearing if consumers can't resolve their appeals informally.

Learn the Basics and Find More Information:

- See what Marketplace decisions can be appealed (also available in Spanish).
- Consumers can submit an appeal request by mailing in an appeal request form, mailing in an appeal request letter, or faxing in one or the other. See the different ways in which consumers can send in an appeal request (also available in Spanish).
- Find Appeal Request Forms that apply for the consumer's state (also available in Spanish).
- Consumers can file a request for an expedited appeal if the time needed for the standard appeal process would jeopardize the consumer's life, health, or their ability to attain, maintain, or regain maximum function. Find out how to file an expedited appeal for urgent appeals (also available in Spanish).

Things You Should Know

Help consumers review their eligibility notices to see if they should file an appeal through the Marketplace or with their state Medicaid or CHIP agency, which depends on their state and eligibility result.

Encourage consumers to include a copy of their eligibility notice when they file an appeal.

Help consumers learn how to request an urgent appeal if the time needed for the standard appeal process would jeopardize the consumer's life, health, or ability to attain, maintain, or regain maximum function.

- If a consumer wants an authorized representative (also available in Spanish) to be able to ask for the appeal on behalf of the consumer and/or to speak for them in the appeal, they should be sure to complete, sign, and send the Designation of Authorized Representative form to the Marketplace with their appeal request. See a fact sheet about Marketplace appeals and health plan appeals.
- Find information about appealing SHOP Marketplace decisions.

Getting Help with Appeals:

- Visit the HealthCare.gov page on appeals (also available in Spanish).
- Call the Marketplace Appeals Center at 1-855-231-1751. TTY users should call 711.
- Get help filing a Marketplace eligibility appeal (also available in Spanish).

3.4 How can I help consumers report life changes to the Marketplace?

Once consumers have Marketplace coverage, they must report changes to their eligibility information, including income, family size, address, and health coverage eligibility within 30 days. You can help consumers report these changes and advise them that any updates they make may change the coverage or savings for which they are eligible. The updates they make may qualify them for a special enrollment period to change plans or add new members to their current plan.

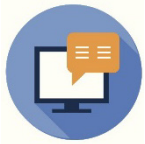
Three Ways to Report a Life Change to the Marketplace

To report changes on the phone, consumers should:

1. Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).
2. Talk to a customer representative and detail the particular life change.

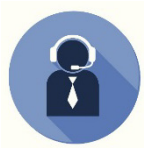
To report change online, consumers should:

1. Log in to their Marketplace account and select their current application.
2. Go to the menu on the left and select the "Report Life Change" button.
3. Update their application with changes to income, household members, and other information and complete all the steps to complete the updating process.



Or, the agent and broker using the Direct Enrollment Pathway should:

1. Log in to QHP issuer's or web-broker's website with your agent/broker account.
2. Once HealthCare.gov redirects to the application's summary page, click "Report a life change" to update the consumer's application.
3. Update their application with changes to income, household members, and other information and complete all the steps in as prompted by HealthCare.gov.



To report a change, consumers should:

1. Use the Find Local Help tool to find an agent or broker in their area.
2. Contact the agent or broker to set up an appointment.
3. Update their application with changes to income, household members, and other information and complete all the steps to complete the updating process, or call the Marketplace Call Center to report the life change.

Note: Consumers should <u>not</u> report changes via mail.

Learn the Basics and Find More Information:

- See a list of changes that should be reported to the Marketplace (also available in Spanish).
- Find instructions about how to report changes to the Marketplace (also available in Spanish).
- Certain life changes may qualify consumers for a special enrollment period that allows them to enroll in a plan, change plans, or add new members to their plan outside the Open Enrollment period. See Chapter II, Section A, *When Can Consumers Enroll in Coverage through the Marketplace*, for more information on special enrollment periods.
- See a detailed presentation about helping consumers report a life event or change in circumstance after the Open Enrollment period, which explains the types of changes that may qualify consumers for a special enrollment period.
- When consumers experience certain life changes and report the change to the Marketplace, they may have different coverage options. Find more information about consumers' options to select different Marketplace coverage, cancel or terminate Marketplace coverage, and report changes to the Marketplace (also available in Spanish).
- Learn the steps to help consumers cancel their Marketplace coverage (also available in Spanish).

Things You Should Know

Instruct consumers not to mail written requests for reporting life changes to the Marketplace. Consumers should report life changes either online or through the Marketplace Call Center. If consumers have already mailed a written life change request, you should instruct them to contact the Marketplace Call Center or go online to their account to report the change.

Remind consumers they usually have 60 days from the date of the qualifying event to enroll in a plan or change their plan during a special enrollment period, if they qualify for one.

Remember that consumers can terminate their Marketplace plan at any time if they get health coverage outside the Marketplace—like from a job-based plan or a program, such as Medicare, Medicaid, or CHIP.

3.5 How can I help consumers learn about the tax implications of enrollment decisions?

3.5.1 Tax Forms to Report Having Health Coverage or Report an Exemption from Health Coverage

Consumers or anyone in their household enrolled in Marketplace coverage will receive one or more Forms 1095-A from the Marketplace; these contain important health coverage information consumers will use when filing their federal tax returns. Consumers may also have to complete one or two new tax forms, including IRS Form 8962 (Premium Tax Credit) or Form 8965 (Health Coverage Exemptions) and use the second lowest silver plan and lowest cost bronze plan tax tools on HealthCare.gov to reconcile any APTC received, or report an exemption to complete their federal tax returns. To avoid paying a Shared Responsibility Payment for not having coverage, consumers must report on their federal income tax returns that they were enrolled in MEC during the entire tax year or were eligible for an exemption for any months they were not enrolled in MEC

Learn the Basics and Find More Information:

- Understanding how health coverage affects taxes can be difficult. See a simple IRS chart that illustrates how health coverage affects taxes in various scenarios, and an IRS publication detailing how health coverage affects taxes.
- Consumers must now report whether they were enrolled in minimum essential coverage or were eligible for an exemption when filing their federal income tax returns. Consumers may have to complete additional tax forms, such as IRS Form 8962 to reconcile APTC received from the Marketplace, or 8965 to report an exemption. Find information to share with consumers about how health coverage affects tax returns (also available in Spanish).
- Go to the IRS page on the Affordable Care Act for IRS tax forms, including Forms 8962 and 8965, and answers to tax-related questions, tax filing assistance, and information about the Shared Responsibility Payment for not having coverage. Note: the IRS tax forms and their instructions may be updated in advance of a tax filing season, be sure you are accessing the correct forms and instructions for the correct tax year.
- Consumers enrolled in coverage through the Marketplace will receive Form 1095-A from the Marketplace. This form includes important information consumers will use when filing their tax returns. Find information about Form 1095-A (also available in Spanish).
- See the Cover Page of Form 1095-A (also available in Spanish), which includes helpful information that you can explain to help consumers accurately complete IRS Form 8962.
- Find the instructions for using Form 1095-A (also available in Spanish).
- Be prepared to answer frequently asked questions from consumers about Form 1095-A (also available in Spanish).
- Go to the HealthCare.gov page about taxes or contact the Marketplace Call Center for additional information on Form 1095-A and how provisions of the Affordable Care Act affects consumers' taxes.

- Find a useful fact sheet, No Coverage? What That Means for Your Taxes (also available in Spanish).
- Consumers may need information about either the premium for the lowest cost bronze plan, or the second lowest cost silver plan in their area when filing their tax return. Direct consumers to the two tax tools on HealthCare.gov (also available in Spanish) that can help them calculate these amounts. This information is used to determine eligibility for the affordability exemption and eligibility for financial assistance from the Marketplace.
- There are numerous resources for you to help consumers understand the impacts of health coverage on their taxes. See the information provided on the Marketplace Online Tax Resources.

Things You Should Know

Consumers should report changes in eligibility information, including income, family size, address, and eligibility for other coverage to the Marketplace within 30 days as these changes may affect their eligibility for financial assistance from the Marketplace, such as APTC, which may affect their tax returns.

Consumers enrolled in Marketplace coverage should wait to receive Form(s) 1095-A from the Marketplace before filing their tax returns.

Consumers who received financial assistance in the form of APTC through the Marketplace should file Form 8962 and attach it to their tax return even if their income would not otherwise require them to file a tax return.

Consumers who don't enroll in coverage may owe the Shared Responsibility Payment for not having coverage unless they qualify for an exemption. If consumers obtained health coverage outside the Marketplace, they must still report whether they had coverage or were eligible for an exemption when filing their tax returns.

If consumers have questions specifically about IRS tax forms or filing their federal income tax returns, you should direct them to either the IRS or a tax professional for assistance.

3.5.2 Applying for an Exemption from the Requirement to Have Coverage

Consumers must have qualifying health coverage (also known as MEC), obtain an exemption, or pay a Shared Responsibility Payment If consumers qualify for an exemption, they don't have to pay the Shared Responsibility Payment for each month they qualify for an exemption There are different kinds of exemptions. How consumers get an exemption depends on the type of exemption. Consumers can obtain some exemptions only from the Marketplace while others they may claim when they file their tax returns, both types of exemptions are reported on IRS Form 8965 when filing a tax return.

Categories of Health Coverage Exemptions

Income-related exemptions	Health coverage-related exemptions	Group membership exemptions	Hardship exemptions	Other exemptions
Examples include having an income below the tax filing threshold or not having access to affordable coverage	*Examples include being uninsured for less than three consecutive months or living in a state that didn't expand Medicaid and the consumer had household income below 138% of FPL*	*Examples include being a member of a federally recognized tribe, or member of a health care sharing ministry*	*Examples include facing an eviction or foreclosure, the death of a close family member, filing for bankruptcy, or experiencing domestic violence*	*Examples include being incarcerated or living abroad*

Learn the Basics and Find More Information:

- Start by using the Exemptions Screener Tool (also available in Spanish) to help determine what exemptions a consumer might be eligible for.
- Make clear to consumers who were not enrolled in health coverage during the year that they may owe the Shared Responsibility Payment for not having coverage for any month that they or their dependents do not qualify for an exemption. See a full list of all types of available exemptions, and whether they must be: a) granted by the Marketplace, b) claimed on a consumer's tax return, or c) either granted by the Marketplace or claimed on a tax return.
- If the Marketplace is responsible for granting a coverage exemption, it will send consumers notices with their exemption eligibility results. If a consumer qualifies for an exemption, the notice will include the consumer's unique Exemption Certificate Number (ECN). Consumers use their ECN to complete IRS Form 8965 - Health Coverage Exemptions.

Things You Should Know

Be aware that hardship exemptions usually cover the month before the hardship, the month(s) of the hardship, and the month after the hardship. In some cases, the Marketplace may provide the exemption for additional months, including up to a full calendar year.

Let consumers who qualify for a hardship exemption know that they can (but don't have to) buy a catastrophic plan no matter how old they are or what their household income is. To buy catastrophic coverage with a hardship, consumers need to provide their ECNs to the insurance company selling the plan.

Tell consumers who don't agree with a decision about their exemption that they can appeal that decision.

Inform consumers that if they do not apply for an exemption but are without coverage for part of the year, 1/12 of the yearly fee applies to each month the consumer is uninsured, unless the consumer is uninsured for less than three consecutive months of the year.

3.6 How can I help consumers use their coverage?

Once consumers have coverage, it is important they know how to use it. As an agent or broker, you can help. HHS has an initiative called Coverage to Care (C2C), which helps consumers understand their coverage and connect to the care they need. By educating consumers about their coverage, empowering them with the tools they need to be able to use it, and making the health care system easier to navigate, the C2C initiative aims to reduce health care costs and improve health outcomes.

Learn the Basics and Find More Information:

- See the C2C materials available at Marketplace.cms.gov.
- See the Roadmap to Better Care and a Healthier You (available in multiple languages), which lays out a path for newly covered consumers to get care and explains the basics of health coverage and how to select a provider.

Using Coverage Checklist

Selecting a Provider and Scheduling an Appointment

Many consumers who are newly covered may be insured for the first time and might not know how to find a provider in their service area or make an appointment. To help consumers find a provider and schedule an appointment:

- ❑ Review the plan's Provider Directory.
- ❑ Identify available providers based on geography or patient preferences.
- ❑ Help consumers get ready to call providers to schedule an appointment. Consumers may have to provide information from their insurance card (company, product, ID or group number) when they call a provider. See pages 24-25 of the C2C Roadmap for more details about what information consumers may need when scheduling an appointment.
- ❑ Remind patients to ask their plan if they need prior authorization before they visit their provider. If patients need but don't get preauthorization, they may be charged for services their health plan would have paid for otherwise.
- ❑ Remind patients to ask about the costs of their appointment (i.e., copayments or coinsurance) and the types of payments that are accepted.
- ❑ Once an appointment has been scheduled, remind the patient to bring their health insurance card and appropriate identification to the appointment.

If any problems should arise, consumers should contact their health insurance company directly.

- See the Enrollment Toolkit, which is available to help you educate consumers about why they need to sign up for coverage, what they should know before enrolling and choosing a plan, and what they should do after they receive coverage. The Enrollment Toolkit also has helpful tips about how you can help specific populations, such as immigrants, and American Indians and Alaska Natives.

- Find a guide to discussions with consumers that offers ways you can personalize your conversations with consumers, as well as suggested questions you can ask them, and other helpful tips for interacting with consumers in the Marketplace.
- Watch a training video that will walk you through the discussions that you should have with consumers during eligibility and enrollment activities.

Things You Should Know

Order C2C materials and share them with consumers. Find more information about ordering C2C materials.

Remember that C2C materials and resources are available in additional languages, including Spanish, Arabic, Chinese, Haitian Creole, Korean, Russian, Vietnamese, as well as tribal versions.

4. Information in Other Languages

The Marketplace provides numerous resources in other languages to assist non-English speaking individuals. This chapter describes which resources are available and where they can be accessed.

A. How do I access information and materials in other languages?

There are a number of ways to access information and materials in other languages:

- Find resources in other languages developed by CMS.
- Go to CuidadoDeSalud.gov for the Spanish version of HealthCare.gov.
- Use Find Local Help to find support in non-English languages.

The sections below provide details about accessing information and materials in other languages from each of these sources.

4.1.1 CMS-Developed Resources in Other Languages

CMS has produced resources in multiple languages to ensure all consumers, including non-English speaking consumers, have access to information about the Marketplace, Medicare, and Medicaid. CMS' Office of Minority Health has compiled an index of these resources.

Learn the Basics and Find More Information:

- ▶ Use this Index of CMS Resources by Language to find resources in English and non-English languages.

4.1.2 Marketplace Call Center (Hotline and Interpreter Information)

If consumers speak languages other than English and would like to get personal assistance in another language free of charge, they can contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). The Marketplace Call Center is available 24 hours a day, seven days a week.

Steps to Connect to a Marketplace Call Center Interpreter

Step 1	When consumers contact the Marketplace Call Center, they will initially be given the language options of English or Spanish via automated prompt. Consumers who speak a language other than English or Spanish can request to connect to a representative for assistance at any time.
Step 2	The representative will first try to determine what language is being spoken by asking the consumer what language he or she speaks, or by seeking assistance from another member of the consumer's household.

Step 3	Once the representative identifies the consumer's language, the consumer will be connected to the language line for assistance from an interpreter.
Step 4	On subsequent calls, the system will recognize the language preference set on the initial call, so if the consumer contacts the Marketplace Call Center again, the call will then be automatically connected to a representative who will initiate a language line conference by connecting the consumer to an interpreter/language line operator.

4.1.3 CuidadoDeSalud.gov

Consumers can be directed to the Spanish version of the Marketplace website, CuidadoDeSalud.gov, for the Spanish version of the application, as well as information about the Marketplace in Spanish.

- Go to CuidadoDeSalud.gov.

4.1.4 Find Local Help

A search result on Find Local Help may include agents and brokers who provide application and enrollment assistance in languages other than English. Select the Show Details section to see if an agent or broker provides non-English speaking assistance and has indicated it on Find Local Help.

- Search Find Local Help (also available in Spanish).

Appendix: Links Referenced in the Agent and Broker Roadmap to Resources and Additional Helpful Links

CHAPTER I. AGENT AND BROKER RESOURCES AND COMMUNICATIONS

A. How do I get the latest information from CMS on Marketplace policies and operations?

1. **Agents and Brokers Resources Webpage**
   - Resources for agents and brokers who are assisting individual market consumers in the Marketplaces, including small group market employers and employees in the SHOP Marketplace: http://go.cms.gov/CCIIOAB

2. **Monthly Agent and Broker Newsletter**
   - Monthly newsletter for agents and brokers who are assisting individual market consumers in the Marketplaces, including small group market employers and employees in the SHOP Marketplace. To subscribe to "News for Agents and Brokers," email the FFM Producer and Assister Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov. Archives of past editions of "News for Agents and Brokers" are available on the Agents and Brokers Resources webpage at http://go.cms.gov/CCIIOAB

3. **Agent and Broker Webinars**
   - Webinars cover various Marketplace and health coverage topics so you can help consumers get coverage. You can find information about upcoming agent and broker webinars in the monthly "News for Agents and Brokers" newsletter and on the Agents and Brokers Resources webpage: http://go.cms.gov/CCIIOAB

B. Which agencies and organizations have resources on the Affordable Care Act?

1. **CMS**
   - HealthCare.gov: https://www.healthcare.gov/
   - HealthCare.gov (Spanish version): https://www.cuidadodesalud.gov/es/
   - Quick Guide to the Marketplace: https://www.healthcare.gov/quick-guide/
   - Quick Guide to the Marketplace (Spanish version): https://www.cuidadodesalud.gov/es/quick-guide/
   - Marketplace.cms.gov: https://marketplace.cms.gov/
   - CCIIO website: http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html
   - REGTAP: https://www.regtap.info/

2. **Key Federal Partners**
   - HHS resources related to the Affordable Care Act: http://www.HHS.gov/healthcare/
   - Medicaid website: http://www.medicaid.gov/
   - Medicaid and CHIP programs by state: http://medicaid.gov/medicaid-chip-program-information/by-state/by-state.html
   - How the Affordable Care Act Affects Medicaid Beneficiaries: https://www.medicaid.gov/affordablecareact/affordable-care-act.html
   - Medicare website: http://medicare.gov/
   - How the Affordable Care Act Affects Medicare Beneficiaries: https://www.medicaid.gov/AffordableCareAct/Affordable-Care-Act.html
   - HRSA website: http://www.hrsa.gov/
   - How the Affordable Care Act Impacts Rural and Vulnerable Populations: http://www.hrsa.gov/advisorycommittees/rural/publications/ruralimplications.pdf

- HRSA-funded programs: http://www.hrsa.gov/gethealthcare/index.html
- OMH website: http://minorityhealth.hhs.gov/
- IHS Tribal Directory: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm
- IHS website: http://www.ihs.gov/aboutihs/
- IHS fact sheets: http://www.ihs.gov/newsroom/factsheets/
- IRS website: http://www.irs.gov/
- IRS Affordable Care Act: http://www.irs.gov/Affordable-Care-Act
- IRS Affordable Care Act (Spanish version): http://www.irs.gov/Spanish/Disposiciones-Tributarias-de-la-Ley-de-Cuidado-de-Salud-a-Bajo-Precio
- DOL website: http://www.dol.gov/
- DOL Affordable Care Act: http://www.dol.gov/ebsa/healthreform/consumer.html
- VA website: http://www.va.gov/
- VA Affordable Care Act: http://www.va.gov/health/aca/
- SBA website: https://www.sba.gov/
- SBA Affordable Care Act: https://www.sba.gov/healthcare

3. States

- State Medicaid profiles: http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html
- State DOIs: http://www.naic.org/state_web_map.htm
- SHIP centers: https://www.shiptacenter.org/

4. Non-governmental Organizations

- Enroll America: http://www.enrollamerica.org/
- The Kaiser Family Foundation Affordable Care Act: http://kff.org/health-reform/
- The Center on Budget and Policy Priorities Affordable Care Act: http://www.healthreformbeyondthebasics.org/
- The Center for Children and Families Affordable Care Act: http://ccf.georgetown.edu/aca/
- Refugee Health Technical Assistance Center: http://refugeehealthta.org/access-to-care/affordable-care-act/

Disclaimer: While CMS does not endorse the information and resources provided by the outside entities listed above, these entities have created websites with information intended for people helping consumers access coverage through the Marketplace. Other organizations not listed here may also provide information intended for the same audience. By providing these links, CMS does not intend to suggest that it endorses the information provided by these organizations over information provided by other organizations.

C. How can I get direct help?

1. Marketplace Call Center

- Contact the Marketplace Call Center: https://www.healthcare.gov/contact-us/
- Contact the Marketplace Call Center (Spanish version): https://www.cuidadodesalud.gov/es/contact-us/
- Checklist: Get Ready to Apply for or Renew Your Health Insurance Marketplace Coverage: https://marketplace.cms.gov/outreach-and-education/apply-for-or-renew-coverage.pdf

2. **Agent and Broker Call Center**

   - 1-855-CMS-1515 (855-267-1515)
   - Select option "1." Call Center representatives are available Monday through Saturday from 8:00 AM to 10:00 PM ET.

3. **SHOP Call Center**

   - 1-800-706-7893 for assistance related to coverage through the SHOP Marketplace

4. **FFM Agent and Broker Program Questions**

   - FFFMProducer-AssisterHelpDesk@cms.hhs.gov

CHAPTER II. COVERAGE OPTIONS AVAILABLE TO CONSUMERS

A. Marketplace Coverage for Individuals

1. **When Can Consumers Enroll in Coverage through the Marketplace?**

   - List of life events that may qualify for a special enrollment period: https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/
   - List of life events that may qualify for a special enrollment period (Spanish version): https://www.cuidadodesalud.gov/es/coverage-outside-open-enrollment/special-enrollment-period/
   - Special Enrollment Period Screener Tool: https://www.healthcare.gov/screener/
   - Special Enrollment Period Screener Tool (Spanish version): https://www.cuidadodesalud.gov/es/screener/
   - Detailed special enrollment period resources: https://marketplace.cms.gov/technical-assistance-resources/special-enrollment-periods-.html

2. **What coverage is available through the Marketplace?**

   - See plans and prices tool: https://www.healthcare.gov/see-plans/
   - See plans and prices tool (Spanish version): https://www.cuidadodesalud.gov/see-plans/
   - List of the 10 EHB: https://www.healthcare.gov/blog/10-health-care-benefits-covered-in-the-health-insurance-marketplace/
   - List of the 10 EHB (Spanish version): https://www.cuidadodesalud.gov/es/blog/10-health-care-benefits-covered-in-the-health-insurance-marketplace/
   - List of preventive services for adults: https://www.healthcare.gov/preventive-care-benefits/
   - List of preventive services for adults (Spanish version): https://www.cuidadodesalud.gov/es/preventive-care-benefits/
   - List of preventive services for women: https://www.healthcare.gov/preventive-care-women/
   - List of preventive services for women (Spanish version): https://www.cuidadodesalud.gov/es/preventive-care-women/
   - List of preventive services for children: https://www.healthcare.gov/preventive-care-children/
   - List of preventive services for children (Spanish version): https://www.cuidadodesalud.gov/es/preventive-care-children/
   - Categories of Marketplace coverage: https://www.healthcare.gov/choose-a-plan/plans-categories/
   - Categories of Marketplace coverage (Spanish version): https://www.cuidadodesalud.gov/es/choose-a-plan/plans-categories/
   - Catastrophic coverage: https://www.healthcare.gov/choose-a-plan/catastrophic-plans

- Catastrophic coverage (Spanish version): https://www.cuidadodesalud.gov/es/choose-a-plan/catastrophic-plans/
- Description of the different coverage types: https://www.healthcare.gov/choose-a-plan/plan-types/
- Description of the different coverage types (Spanish version): https://www.cuidadodesalud.gov/es/choose-a-plan/plan-types/
- Glossary of commonly used health coverage terms: http://www.cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf
- How to choose Marketplace coverage: https://www.healthcare.gov/choose-a-plan/benefits/
- How to choose Marketplace coverage (Spanish version): https://www.cuidadodesalud.gov/es/choose-a-plan/benefits/
- How to use Marketplace coverage: https://www.healthcare.gov/using-marketplace-coverage/
- How to use Marketplace coverage (Spanish version): https://www.cuidadodesalud.gov/es/using-marketplace-coverage/

B. Medicaid and CHIP Coverage

- Medicaid expansion under the Affordable Care Act: https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/
- Medicaid expansion under the Affordable Care Act (Spanish version): https://www.cuidadodesalud.gov/es/medicaid-chip/medicaid-expansion-and-you/
- State Medicaid and CHIP programs: http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html
- Assessment versus determination states: http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-and-the-marketplace/medicaid-chip-marketplace-interactions.html
- Coverage for lawfully present immigrants: https://www.healthcare.gov/immigrants/lawfully-present-immigrants/
- Coverage for lawfully present immigrants (Spanish version): https://www.cuidadodesalud.gov/es/immigrants/lawfully-present-immigrants/
- Eligibility for non-citizens in Medicaid and CHIP: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/downloads/overview-of-eligibility-for-non-citizens-in-medicaid-and-chip.pdf
- Answering the Medicaid block question: https://marketplace.cms.gov/technical-assistance-resources/applicants-denied-chip-medicaid.pdf
- Applying for coverage after receiving a Medicaid/CHIP denial: https://marketplace.cms.gov/outreach-and-education/applying-for-coverage.pdf
- More information about Medicaid and CHIP coverage: https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip
- More information about Medicaid and CHIP coverage (Spanish version): https://www.cuidadodesalud.gov/es/medicaid-chip/

C. SHOP Marketplace Coverage

- Overview of the SHOP Marketplace: https://www.healthcare.gov/small-businesses/provide-shop-coverage/shop-marketplace-overview/
- Overview of the SHOP Marketplace (Spanish version): https://www.cuidadodesalud.gov/es/small-businesses/provide-shop-coverage/shop-marketplace-overview/
- Benefits of the SHOP Marketplace: https://www.healthcare.gov/small-businesses/agents-and-brokers/
- How to assist small business clients: https://www.healthcare.gov/small-businesses/agents-and-brokers/sell-health-insurance-through-shop/.

- Health and Dental Coverage in the SHOP Marketplace: https://marketplace.cms.gov/outreach-and-education/things-to-think-about-shop-2016.pdf
- Determine if small business clients are eligible to enroll in the SHOP Marketplace: https://www.healthcare.gov/small-businesses/provide-shop-coverage/qualify-for-shop-marketplace/
- MPR Calculator: https://www.healthcare.gov/small-businesses/shop-calculators-mpr/
- FTE Employee Calculator: https://www.healthcare.gov/shop-calculators-fte/
- FTE Employee Calculator (Spanish version): https://www.cuidadodesalud.gov/es/shop-calculators-fte/
- SHOP Marketplace plans and prices: https://www.healthcare.gov/see-plans/#/small-business
- Small Business Health Care Tax Credit: https://www.healthcare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits/
- Small Business Health Care Tax Credit (Spanish version): https://www.cuidadodesalud.gov/es/small-businesses/provide-shop-coverage/small-business-tax-credits/
- Small Business Health Care Tax Credit from the IRS: http://www.irs.gov/Affordable-Care-Act/Employers/Small-Business-Health-Care-Tax-Credit-and-the-SHOP-Marketplace
- SHOP Tax Credit Estimator: https://www.healthcare.gov/shop-calculators-taxcredit/
- SHOP Tax Credit Estimator (Spanish version): https://www.cuidadodesalud.gov/es/shop-calculators-taxcredit/
- Overview of the SHOP Marketplace for Employees: https://www.healthcare.gov/small-businesses/employees-shop/overview/
- Overview of the SHOP Marketplace for Employees (Spanish version): https://www.cuidadodesalud.gov/es/small-businesses/employees-shop/overview/
- How Employees can Enroll in the SHOP Marketplace: https://marketplace.cms.gov/outreach-and-education/enroll-in-shop-employees.pdf
- How Employees can Enroll in the SHOP Marketplace (Spanish version): https://marketplace.cms.gov/outreach-and-education/enroll-in-shop-employees-spanish.pdf

D. Medicare Coverage

- Overview of the Medicare program: https://www.medicare.gov/sign-up-change-plans/decide-how-to-get-medicare/whats-medicare/what-is-medicare.html
- How Medicare satisfies the requirement to have health coverage: https://www.medicare.gov/about-us/affordable-care-act/medicare-and-the-marketplace.html
- When and How to Sign-up for Medicare Parts A and B: https://www.medicare.gov/sign-up-change-plans/get-parts-a-and-b/when-how-to-sign-up-for-part-a-and-part-b.html
- Changing from the Marketplace to Medicare: https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare/
- Changing from the Marketplace to Medicare (Spanish version): https://www.cuidadodesalud.gov/es/medicare/changing-from-marketplace-to-medicare/
- Part A Late enrollment penalty: https://www.medicare.gov/your-medicare-costs/part-a-costs/penalty/part-a-late-enrollment-penalty.html
- Part B Late enrollment penalty: https://www.medicare.gov/your-medicare-costs/part-b-costs/penalty/part-b-late-enrollment-penalty.html
- Part D enrollment penalty: https://www.medicare.gov/part-d/costs/penalty/part-d-late-enrollment-penalty.html
- Medicare savings program: http://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html
- SHIP: https://www.shiptacenter.org/
- Standards for dual eligibility: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Population/Medicare-Medicaid-Enrollees-Dual-Eligibles/Seniors-and-Medicare-and-Medicaid-Enrollees.html
- Medigap plans: https://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html

- Frequently asked questions about Medicare and the Marketplace: http://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Downloads/Medicare-Marketplace_Master_FAQ_6-11-15.pdf
- Medicare and the Marketplace video: https://www.youtube.com/watch?v=4bYQrWK3wr0

E. Other Coverage Options

- Employer-sponsored coverage: https://www.healthcare.gov/have-job-based-coverage/
- Employer-sponsored coverage (Spanish version): https://www.cuidadodesalud.gov/es/have-job-based-coverage/
- Minimum value standard and affordability: https://www.healthcare.gov/have-job-based-coverage/change-to-marketplace-plan/
- Minimum value standard and affordability (Spanish version): https://www.cuidadodesalud.gov/es/have-job-based-coverage/change-to-marketplace-plan/
- COBRA coverage and the Marketplace: https://www.healthcare.gov/unemployed/cobra-coverage/
- COBRA coverage and the Marketplace (Spanish version): https://www.cuidadodesalud.gov/es/unemployed/cobra-coverage/
- Health coverage options for veterans: https://www.healthcare.gov/veterans/
- Health coverage options for veterans (Spanish version): https://www.cuidadodesalud.gov/es/veterans/
- Health coverage for young adults: https://www.healthcare.gov/young-adults/
- Health coverage for young adults (Spanish version): https://www.cuidadodesalud.gov/es/young-adults/
- Health coverage for people with disabilities: https://www.healthcare.gov/people-with-disabilities/
- Health coverage for people with disabilities (Spanish version): https://www.cuidadodesalud.gov/es/people-with-disabilities/
- Helping consumers with disabilities fact sheet: https://marketplace.cms.gov/technical-assistance-resources/consumers-with-disabilities.pdf

CHAPTER III. THE MARKETPLACE APPLICATION AND ENROLLMENT PROCESS

A. How can I help consumers apply for and enroll in Marketplace coverage?

1. Application Process

- Fee for not being covered: https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/
- Fee for not being covered (Spanish version): https://www.cuidadodesalud.gov/es/fees-exemptions/fee-for-not-being-covered/
- How to Apply and Enroll in Coverage: https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/
- How to Apply and Enroll in Coverage (Spanish version): https://www.cuidadodesalud.gov/es/apply-and-enroll/get-ready-to-apply/
- Four Ways to Apply for Coverage: https://www.healthcare.gov/apply-and-enroll/how-to-apply/
- Four Ways to Apply for Coverage (Spanish version): https://www.cuidadodesalud.gov/es/apply-and-enroll/how-to-apply/
- Get coverage: https://www.healthcare.gov/get-coverage/
- Get coverage (Spanish version): https://www.cuidadodesalud.gov/es/get-coverage/
- Find Local Help: https://localhelp.healthcare.gov/
- Find Local Help (Spanish version): https://ayudalocal.cuidadodesalud.gov/es/
- Application process: https://marketplace.cms.gov/technical-assistance-resources/application-process-assistance.html
- Guide to applying for coverage: https://marketplace.cms.gov/technical-assistance-resources/training-materials/apply-for-coverage.zip

- How to help consumers fill out paper applications: https://marketplace.cms.gov/technical-assistance-resources/assisting-consumers-with-paper-applications.pdf
- Checklist to get Ready to apply for or renew your Marketplace coverage: https://marketplace.cms.gov/outreach-and-education/apply-for-or-renew-coverage.pdf

2. **Application Troubleshooting**

- HealthCare.gov browser compatibility: https://www.healthcare.gov/browser-compatibility/
- HealthCare.gov browser compatibility (Spanish version): https://www.cuidadodesalud.gov/es/browser-compatibility/
- Tips on Troubleshooting Technical Issues: https://www.healthcare.gov/tips-and-troubleshooting/application-tips-and-troubleshooting/
- Tips on Troubleshooting Technical Issues (Spanish version https://www.cuidadodesalud.gov/es/tips-and-troubleshooting/application-tips-and-troubleshooting/
- Tips for Resetting Marketplace Passwords and Unlocking Marketplace Accounts: https://www.healthcare.gov/blog/tips-for-resetting-your-password-and-unlocking-your-account/
- Tips for Resetting Marketplace Passwords and Unlocking Marketplace Accounts (Spanish version): https://www.cuidadodesalud.gov/es/blog/tips-for-resetting-your-password-and-unlocking-your-account/
- Troubleshooting Tips and Requirements for Marketplace Accounts: https://www.healthcare.gov/help/i-am-having-trouble-logging-in-to-my-marketplace-account/
- Troubleshooting Tips and Requirements for Marketplace Accounts (Spanish version): https://www.cuidadodesalud.gov/es/help/i-am-having-trouble-logging-in-to-my-marketplace-account/

3. **Authentication Process**

- Identity Proofing and Information Inconsistencies: https://marketplace.cms.gov/outreach-and-education/your-marketplace-application.pdf
- Identity Proofing and Information Inconsistencies (Spanish version): https://marketplace.cms.gov/technical-assistance-resources/id-proofing-spanish.pdf
- Frequently Asked Questions about ID Proofing: https://marketplace.cms.gov/technical-assistance-resources/remote-identity-proofing-faqs.pdf
- How We Use Your Data: https://www.healthcare.gov/how-we-use-your-data/
- How We Use Your Data (Spanish version): https://www.cuidadodesalud.gov/es/how-we-use-your-data/
- Privacy Act statement: https://www.healthcare.gov/individual-privacy-act-statement/
- Privacy Act statement (Spanish version): https://www.cuidadodesalud.gov/es/individual-privacy-act-statement/
- How to Resolve a Data-Matching Issue: https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/
- How to Resolve a Data-Matching Issue (Spanish version): https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/
- How to Upload Documents: https://www.healthcare.gov/help/how-to-upload-documents/
- How to Upload Documents (Spanish version): https://www.cuidadodesalud.gov/es/help/how-to-upload-documents/
- Tips for Submitting Supporting Documents: https://marketplace.cms.gov/technical-assistance-resources/submitting-supporting-documents.pdf
- Tips to Resolve Outstanding Data Matching Issues: https://marketplace.cms.gov/technical-assistance-resources/resolve-data-match-issues.pdf
- The Facts about the Affordable Care Act and Immigration Enforcement: https://www.whitehouse.gov/blog/2014/12/03/facts-about-affordable-care-act-and-immigration-enforcement

- Facts about the Affordable Care Act and Immigration Enforcement (Spanish version): https://www.whitehouse.gov/blog/2014/12/03/informaci-n-sobre-la-ley-de-cuidado-de-salud-bajo-precio-y-el-control-de-inmigraci-n

4. Immigration Status and the Marketplace

- Lawfully present immigration statuses: https://www.healthcare.gov/immigrants/immigration-status/
- Lawfully present immigration statuses (Spanish version): https://www.cuidadodesalud.gov/es/immigrants/immigration-status/
- Coverage options for lawfully present immigrants: https://www.healthcare.gov/immigrants/lawfully-present-immigrants/
- Coverage options for lawfully present immigrants (Spanish version): https://www.cuidadodesalud.gov/es/immigrants/lawfully-present-immigrants/
- List of immigration document types: https://www.healthcare.gov/help/immigration-document-types/
- List of immigration document types (Spanish version): https://www.cuidadodesalud.gov/es/help/immigration-document-types/
- Helping Consumers With Different Immigration Statuses: https://marketplace.cms.gov/technical-assistance-resources/immigration-fast-facts.pdf
- Dos And Don’ts For Providing Non-Discriminatory, Culturally And Linguistically Appropriate Services: https://marketplace.cms.gov/technical-assistance-resources/dos-and-donts-clas.pdf

5. Health Coverage for American Indians and Alaska Natives

- Marketplace Special Protections and Benefits for American Indians and Alaska Natives: https://www.healthcare.gov/american-indians-alaska-natives/
- Marketplace Special Protections and Benefits for American Indians and Alaska Natives (Spanish version): https://www.cuidadodesalud.gov/es/american-indians-alaska-natives/
- Two Ways Consumers Can File the Indian Health Coverage Exemption: https://www.healthcare.gov/american-indians-alaska-natives/exemptions/
- Two Ways Consumers Can File the Indian Health Coverage Exemption (Spanish version): https://www.cuidadodesalud.gov/es/american-indians-alaska-natives/exemptions/
- Tips for Working with American Indians and Alaska Natives: https://marketplace.cms.gov/technical-assistance-resources/working-with-aian.pdf

6. Financial Assistance through the Marketplace

- Information about MEC: https://www.healthcare.gov/glossary/minimum-essential-coverage/
- Information about MEC (Spanish version): https://www.cuidadodesalud.gov/es/glossary/minimum-essential-coverage/
- Detailed list of MEC: http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage
- Information about COBRA and the Marketplace: https://www.healthcare.gov/unemployed/cobra-coverage/
- Information about COBRA and the Marketplace (Spanish version): https://www.cuidadodesalud.gov/es/unemployed/cobra-coverage/
- Retiree coverage and the Marketplace: https://www.healthcare.gov/retirees/
- Retiree coverage and the Marketplace (Spanish version): https://www.cuidadodesalud.gov/es/retirees/
- How to Save on Monthly Premiums by Receiving APTC: https://www.healthcare.gov/lower-costs/save-on-monthly-premiums/
- How to Save on Monthly Premiums by Receiving APTC (Spanish version): https://www.cuidadodesalud.gov/es/lower-costs/save-on-monthly-premiums/
- How to Save on Out-of-Pocket Costs Through CSRs: https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/

- How to Save on Out-of-Pocket Costs Through CSRs (Spanish version): https://www.cuidadodesalud.gov/es/lower-costs/save-on-out-of-pocket-costs/
- Calculating household income: https://www.healthcare.gov/income-and-household-information/income/
- Calculating household income (Spanish version): https://www.cuidadodesalud.gov/es/income-and-household-information/income/
- Qualifying for Lower Costs: https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs/
- Qualifying for Lower Costs (Spanish version): https://www.cuidadodesalud.gov/es/lower-costs/qualifying-for-lower-costs/
- Reporting Life Changes to the Marketplace: https://www.healthcare.gov/reporting-changes/
- Reporting Life Changes to the Marketplace (Spanish version): https://www.cuidadodesalud.gov/es/reporting-changes/

B. How can I Help Consumers with the Annual Marketplace Coverage Renewal and Redetermination Process?

- 2016 FFM Redetermination and Re-Enrollment Process: http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/annual-redeterminations-for-coverage-42215.pdf

C. How can I Help Consumers Appeal a Marketplace Eligibility Decision?

- What Marketplace Decisions can be Appealed: https://www.healthcare.gov/marketplace-appeals/what-you-can-appeal/
- What Marketplace Decisions can be Appealed (Spanish version): https://www.cuidadodesalud.gov/es/marketplace-appeals/what-you-can-appeal/
- Three Ways in Which Consumers can File an Appeal Request: https://www.healthcare.gov/marketplace-appeals/ways-to-appeal/
- Three Ways in Which Consumers can File an Appeal Request (Spanish version): https://www.cuidadodesalud.gov/es/marketplace-appeals/ways-to-appeal/
- Marketplace appeal request form: https://www.healthcare.gov/marketplace-appeals/appeal-forms/
- Marketplace appeal request form (Spanish version): https://www.cuidadodesalud.gov/es/marketplace-appeals/appeal-forms/
- How to file an expedited appeal: https://www.healthcare.gov/marketplace-appeals/expedited-appeal/
- How to file an expedited appeal (Spanish version): https://www.cuidadodesalud.gov/es/marketplace-appeals/expedited-appeal/
- Designation of Authorized Representative: https://www.healthcare.gov/marketplace-appeals/getting-help/
- Designation of Authorized Representative (Spanish version): https://www.cuidadodesalud.gov/es/marketplace-appeals/getting-help/
- Designation of Authorized Representative form: https://www.healthcare.gov/downloads/marketplace-authorize-appeal-representative-form.pdf
- Marketplace Appeals and Health Plan Appeals Fact Sheet: https://marketplace.cms.gov/outreach-and-education/appeals-eligibility-and-health-plan-decisions.pdf
- Appealing SHOP Marketplace Decisions: https://marketplace.cms.gov/outreach-and-education/shop-appeals.pdf
- Healthcare.gov page on appeals: https://www.healthcare.gov/marketplace-appeals/
- Healthcare.gov page on appeals (Spanish version): https://www.cuidadodesalud.gov/es/marketplace-appeals/
- Get help with Marketplace applications or eligibility appeals: https://www.healthcare.gov/marketplace-appeals/getting-help/
- Get help with Marketplace applications or eligibility appeals (Spanish version): https://www.cuidadodesalud.gov/es/marketplace-appeals/getting-help/

D. How can I Help Consumers Report Life Changes to the Marketplace?

- List of changes that should be reported to the Marketplace: https://www.healthcare.gov/reporting-changes/which-changes-to-report/
- List of changes that should be reported to the Marketplace (Spanish version): https://www.cuidadodesalud.gov/es/reporting-changes/which-changes-to-report/
- How to Report Changes to the Marketplace: https://www.healthcare.gov/reporting-changes/how-to-report-changes/
- How to Report Changes to the Marketplace (Spanish version): https://www.cuidadodesalud.gov/es/reporting-changes/how-to-report-changes/
- Helping Consumers Report a Life Event or Change in Circumstance After the Open Enrollment Period: https://marketplace.cms.gov/technical-assistance-resources/report-life-event.pdf
- Options to Select Different Marketplace Coverage, Cancel or Terminate Marketplace Coverage, and Report Changes to the Marketplace: https://www.healthcare.gov/keep-or-change-plan/
- Options to Select Different Marketplace Coverage, Cancel or Terminate Marketplace Coverage, and Report Changes to the Marketplace (Spanish version): https://www.cuidadodesalud.gov/es/keep-or-change-plan/
- How to Cancel Marketplace Coverage: https://www.healthcare.gov/reporting-changes/cancel-plan/
- How to Cancel Marketplace Coverage (Spanish version): https://www.cuidadodesalud.gov/es/reporting-changes/cancel-plan/

E. How can I Help Consumers Prepare for Tax-Filing Season?

1. Preparing Tax Forms to Report Having Health Coverage

- How Health Coverage Affects Tax Returns: https://www.healthcare.gov/taxes/
- How Health Coverage Affects Tax Returns (Spanish version): https://www.cuidadodesalud.gov/es/taxes/
- IRS page on the Affordable Care Act: http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage
- Information about Form 8962: https://www.irs.gov/pub/irs-pdf/f8962.pdf
- Information about Form 8965: http://www.irs.gov/file_source/pub/irs-pdf/f8965.pdf
- Information about Form 1095-A: https://www.healthcare.gov/taxes/marketplace-health-plan/
- Information about Form 1095-A (Spanish version): https://www.cuidadodesalud.gov/es/taxes/marketplace-health-plan/
- Cover page of Form 1095-A: https://marketplace.cms.gov/technical-assistance-resources/training-materials/1095a-cover-page.pdf
- Cover page of Form 1095-A (Spanish version): https://marketplace.cms.gov/technical-assistance-resources/training-materials/1095a-cover-page-spanish.pdf
- Instructions for using Form 1095-A: http://www.irs.gov/instructions/i1095a/ar01.html
- Instructions for using Form 1095-A (Spanish version): https://marketplace.cms.gov/technical-assistance-resources/spanish-form-1095-a-and-instructions.pdf
- Frequently asked questions about Form 1095-A: https://marketplace.cms.gov/technical-assistance-resources/1095a-and-taxes-qa.pdf
- Frequently asked questions about Form 1095-A (Spanish version): https://www.cuidadodesalud.gov/es/taxes/
- No Coverage? What That Means for Your Taxes: https://marketplace.cms.gov/outreach-and-education/no-health-coverage-and-your-taxes-article.pdf
- No Coverage? What That Means for Your Taxes (Spanish version): https://marketplace.cms.gov/outreach-and-education/no-health-coverage-and-your-taxes-article-spanish.pdf
- Tax Tools to Claim the Affordability Exemption and to Calculate Premium Tax Credit: https://www.healthcare.gov/taxes/tools/

- Tax Tools to Claim the Affordability Exemption and to Calculate Premium Tax Credit (Spanish version): https://www.cuidadodesalud.gov/es/taxes/tools/
- How Health Coverage Affects Taxes (chart): http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Health-Care-Law-and-Your-Tax-Return
- How Health Coverage Affects Taxes (publication): http://www.irs.gov/pub/irs-pdf/p5187.pdf
- Online Catalog of Tax Resources for Agents and Brokers: https://marketplace.cms.gov/technical-assistance-resources/tax-information.html

2. Applying for an Exemption from the Requirement to Have Coverage

- Exemptions screener tool: https://www.healthcare.gov/exemptions-tool/#/
- Exemptions screener tool (Spanish version): https://www.cuidadodesalud.gov/es/exemptions-tool/#/
- Full list of types of exemptions: http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Exemptions
- IRS Form 8965 – Health Coverage Exemptions: http://www.irs.gov/pub/irs-pdf/f8965.pdf

F. How can I Help Consumers Use Their Coverage?

- C2C materials: https://marketplace.cms.gov/c2c
- Roadmap to Better Care and a Healthier You: https://marketplace.cms.gov/technical-assistance-resources/c2c-roadmap.pdf
- Enrollment Toolkit: https://marketplace.cms.gov/technical-assistance-resources/c2c-enrollment-toolkit.pdf
- Guide to Discussions with Consumers: https://marketplace.cms.gov/outreach-and-education/downloads/c2c-discussion-guide.pdf
- Training Guide video: http://www.youtube.com/watch?v=rsxLMrWvlAU&feature=youtu.be
- Ordering C2C materials: https://marketplace.cms.gov/outreach-and-education/order-coverage-to-care-materials.html

CHAPTER IV. INFORMATION IN OTHER LANGUAGES

A. How do I access information and materials in other languages?

1. CMS-Developed Resources in Other Languages

- CMS resources by language: http://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Dwnld-IndexByLanguage_rev060115_v070715.pdf

2. Marketplace Call Center (hotline and interpreter information)

- Marketplace Call Center: 1- 800-318-2596 (TTY: 1-855-889-4325)

3. CuidadoDeSalud.gov

- CuidadoDeSalud.gov (Spanish version of HealthCare.gov): https://cuidadodesalud.gov/es/

4. Find Local Help

- Find Local Help: https://localhelp.healthcare.gov/
- Find Local Help (Spanish version): https://ayudalocal.cuidadodesalud.gov/es/

ADDITIONAL HELPFUL LINKS

Guidance

- Role of Agents, Brokers, and Web-brokers in the Health Insurance Marketplaces. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/May_1_2013_CCIIO_AB_-Guidance_110414_508.pdf
- Final 2016 Letter to Issuers in the FFM. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2016_Letter_to_Issuers_2_20_2015_R.pdf
  Qualified Health Plan Manual Agents and Brokers Chapter. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance Marketplaces/Downloads/Agents_and_Brokers_QHP_Manual_09102014_508.pdf
- Information and Tips for Assisters Helping Consumers Affected by Grace Periods Related to Non-Payment of Premiums. https://marketplace.cms.gov/technical-assistance-resources/helping-consumers-grace-period.pdf
- Frequently Asked Question Regarding Agents and Brokers (Including Web-brokers) and Federally-facilitated Marketplace (FFM) Online Consumer Functionality. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/FAQ-AB-Consumer-Functionality_2.pdf

General Marketplace Regulations

- Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers (Exchange Final Rule). http://www.gpo.gov/fdsys/pkg/FR-2012-03-27/pdf/2012-6125.pdf
- Establishment of Exchanges and Qualified Health Plans; Small Business Health Options Program (SHOP Final Rule). http://www.gpo.gov/fdsys/pkg/FR-2013-06-04/pdf/2013-13149.pdf
- Patient Protection and Affordable Care Act; Program Integrity: Exchange, SHOP, and Eligibility Appeals (Program Integrity Rule). http://www.gpo.gov/fdsys/pkg/FR-2013-08-30/pdf/2013-21338.pdf
- Health and Human Services Notice of Benefit and Payment Parameters for 2015. http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf
- Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond. http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf
- Final Rule: Patient Protection and Affordable Care Act; Program Integrity: Exchange, SHOP, and Eligibility Appeal. http://www.gpo.gov/fdsys/pkg/FR-2013-08-30/pdf/2013-21338.pdf
- Patient Protection and Affordable Care Act: Annual Eligibility Redeterminations for Exchange Participation and Insurance Affordability Programs; Health Insurance Issuer Standards Under the Affordable Care Act, Including Standards Related to Exchanges. http://www.gpo.gov/fdsys/pkg/FR-2014-09-05/pdf/2014-21178.pdf

Agent and Broker FFM Registration and Training

- CMS Enterprise Portal. https://portal.cms.gov
- List of CMS-approved training vendors for plan year 2016. http://go.cms.gov/CCIIOAB
- Federally-facilitated Marketplace (FFM) Agent and Broker Plan Year 2016 Registration and Training Slides. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/FFM-Registration-and-Training-Webinar-091415.pdf
- Guidance on Plan Year 2016 Federally-facilitated Marketplace (FFM) Registration and Training for Agents and Brokers. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/AB_PY_2016_Registration_Guidance_Webinar_FINAL.pdf
- Quick Reference Guide – Plan Year 2016 Federally-facilitated Marketplace (FFM) Registration for Agents and Brokers. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Quick_Reference-Guide-Plan-Year-2016-FFM-Registration-for-Agents-and-Brokers.pdf
- Federally-facilitated Marketplace (FFM) Agent and Broker Plan Year 2016 Registration and Training Videos
  ***Important**: Agents and brokers previously registered with the FFM should start at Step 4 and use their existing FFM user ID and password.*
  - Step 1 – Creating an Enterprise Portal Account. https://downloads.cms.gov/media/cciio/Step%201%20-%20Creating%20an%20Enterprise%20Portal%20Account.mp4

- Step 2 – Navigating to the Registration Status Page. https://downloads.cms.gov/media/cciio/Step%202%20-%20Navigating%20to%20the%20Registration%20Status%20Page.mp4
- Step 3 – Completing Identity Proofing. https://downloads.cms.gov/media/cciio/Step%203%20-%20Completing%20Identity%20Proofing.mp4
- Step 4 – Accessing Training Options. https://downloads.cms.gov/media/cciio/Step%204%20-%20Accessing%20Training%20Options.mp4
- Step 5 – (Vendor Training Option) – Completing FFM Registration After Completing Training with a Third-Party Vendor. https://downloads.cms.gov/media/cciio/Step%205%20-%20(Vendor%20Training%20Option)%20-%20Completing%20FFM%20Registration%20After%20Completing%20Training%20with%20a%20Third-Party%20Vendor.mp4

- Agent and Broker Federally-facilitated Marketplace (FFM) Registration Completion List. http://go.cms.gov/CCIIOAB

Agent and Broker Resources for Plan Year 2016 FFM Open Enrollment

- Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/AB-OE-Kick-Off-Deck.pdf
- Operational Updates and Announcements for Agents and Brokers Participating in the FFM. http://go.cms.gov/CCIIOAB

Agents and Brokers Operating in the SHOP Marketplace

- Frequently Asked Questions for Agents and Brokers Operating in the SHOP Marketplace. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Frequently-Asked-Questions-AB-SHOP-FINAL-91815.pdf
- SHOP Marketplace Agent/Broker Enrollment User Guide. https://marketplace.cms.gov/technical-assistance-resources/agent-broker-user-guide.pdf
- Agents and Brokers: Assisting Employers to Register and Enroll in Federally-facilitated SHOPs. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/job-aid-assisting-employers-shop.pdf

Web-broker Information

- "Web-broker 101" slides. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/AB-Task-23-Draft-Web-broker-101-Webinar-Slide-Deck-09-30-15.pdf
- The 2016 Federally-facilitated Marketplace (FFM) Web-broker Public List. https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Public_2016_WBE_List_20151104.pdf