

**Be the right insurance agent**

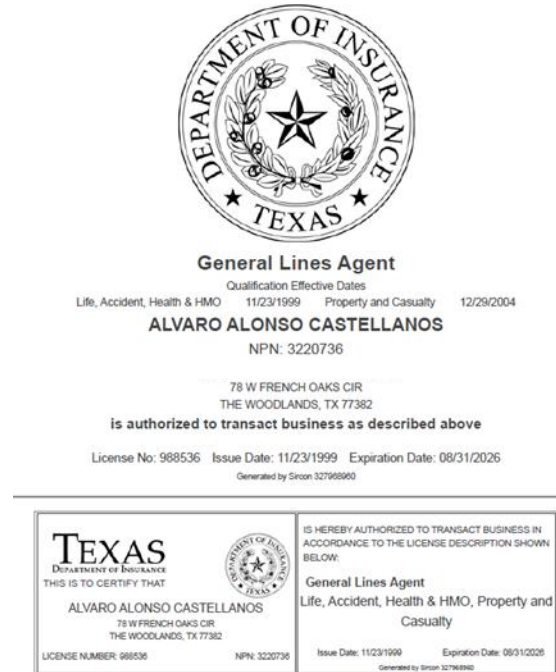


2025 Comprehensive ACA Training

# Our Group of Companies



# Your Instructor



Al Castellanos - CFP®

Master of Science Financial Planning

Master of Science Financial Analysis

Postgraduate Diploma In Digital Business



# ACA 2025 Training Series

- ☐ Session 1: Introduction to ACA Health Insurance & Certification
- ☐ Session 2: EDE Enrollment Platform / HealthSherpa
- ☐ Session 3: Digital marketing for ACA
  - ☐ Mashup
  - ☐ Content (Prinsuco, Molina, Ambetter, UHC, others)
  - ☐ Help on Demand
- ☐ Session 4: ACA business management
  - ☐ Monthly audit
  - ☐ New attestation forms

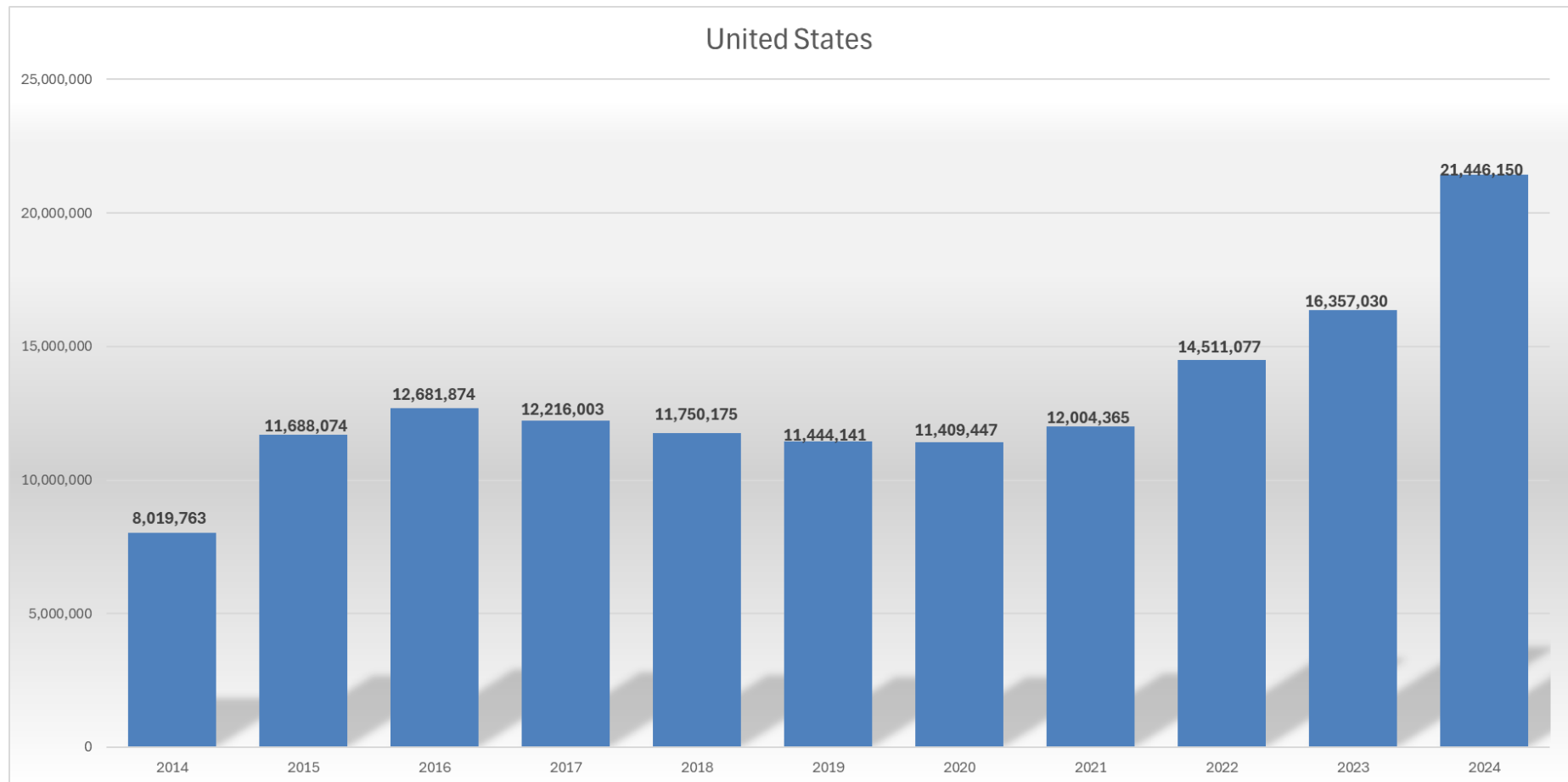
# ACA 2025 Comprehensive Training

- ❑ [www.ainfe.com](http://www.ainfe.com)
- ❑ Self Study 4 Hours C.E.
- ❑ Course Name: Managing the CMS  
Enterprise Portal & Marketplace Platform
- ❑ Coupon Code: CMS2025
- ❑ Valid through 10/31/2024



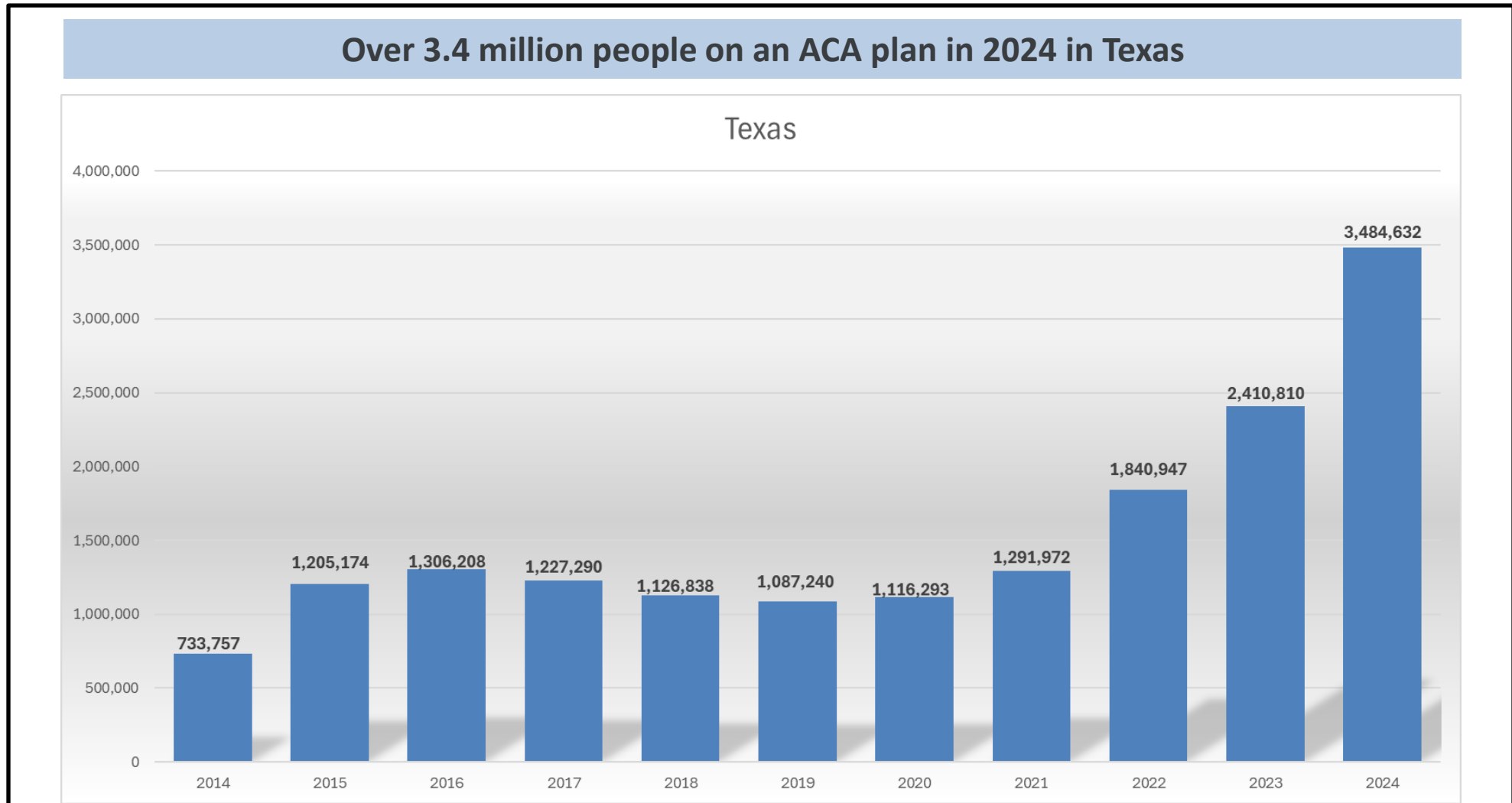
# Enrollment in ACA Marketplace

Over 21.4 million people on an ACA plan in 2024 in the USA



Source: U.S. Department of Health and Human Services; ASPE – Office of the Assistant Secretary for Planning and Evaluation

# Enrollment in ACA Marketplace - Texas



Source: U.S. Department of Health and Human Services; ASPE – Office of the Assistant Secretary for Planning and Evaluation

# Obtaining Consumer Consent



Agents and brokers may not enroll a consumer in coverage based solely on information gathered by a third party. If an agency or brokerage will be servicing their clients after enrollment, they should also obtain consumer consent for the agency or brokerage to access their client's sensitive information.



The Marketplace standards of conduct specify that agents and brokers must obtain consumer consent prior to assisting with Marketplace transactions, including conducting searches for consumer applications using approved Classic DE/EDE websites and ongoing account/enrollment maintenance.



If agents and brokers are aware of others who are conducting a search for consumer applications using approved Classic DE/EDE websites or enrolling consumers without their consent or inappropriately accessing CMS systems, they should report it to the Agent/Broker Email Help Desk at [FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov).



# Consent & Confirmation Forms

Language English español

RECEIPT OF CONSUMER CONSENT DOCUMENTATION (RCCD)

I,  give my permission to  to serve as the health insurance agent or broker for myself and my entire household if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace. By consenting to this agreement, I authorize the above-mentioned Agent to view and use the confidential information provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

1. Searching for an existing Marketplace application;
2. Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums;
3. providing ongoing account maintenance and enrollment assistance, as necessary; or
4. Responding to inquiries from the Marketplace regarding my Marketplace application.

I understand that the Agent will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The Agent will ensure that my PII is kept private and safe when collecting, storing, and using my PII for the stated purposes above.

I confirm that the information I provide for entry on my Marketplace eligibility and enrollment application will be true to the best of my knowledge. I understand that I do not have to share additional personal information, about myself or my health with my Agent beyond what is required on the application for eligibility and enrollment purposes. I understand that my consent remains in effect until I revoke it, and I may revoke or modify my consent at any time by email, text or written letter.

Name of Primary Writing Agent	Alvaro Castellanos	
Agent National Producer Number	3220736	
Phone Number	(+1) United <input type="text"/>	2816424082
Email Address	alcastellanos@prinsuco.com	

Name of Primary Household Contact and/or Authorized Representative	<input type="text"/>	
Phone Number	(+1) United <input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	

Date  Sign

Submit

Language English español

Eligibility Application Confirmation Documentation (EACD)

I,  confirm that I have reviewed the Marketplace Eligibility Application information and confirm it to be accurate.

Furthermore, I acknowledge that I have been explained the attestations included at the end of the eligibility application. I acknowledge that these attestations are referenced on page two of this document.

Zip Code  Number of members in tax household  Estimated Household Income \$

Do you qualify for an affordable employer based plan? ☐ Yes ☐ No

Do you qualify for Medicare or Medicaid? ☐ Yes ☐ No

The Marketplace Eligibility Application information was completed with assistance provided by the writing agent identified below.

Name of Primary Writing Agent	Alvaro Castellanos	
Agent National Producer Number	3220736	
Phone Number	(+1) Uni <input type="text"/>	2816424082
Email Address	alcastellanos@prinsuco.com	

Name of Primary Household Contact and/or Authorized Representative	<input type="text"/>	
Phone Number	(+1) Uni <input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	

Date  Sign

Date of Review

Explanation of Attestations

- I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.
- I know that I must tell the Health Insurance Marketplace within 30 days if the information I listed on this application changes. I know I can make changes in my Marketplace account or by calling Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). I understand that a change in my information could affect my eligibility as well as eligibility for member(s) of my household.

# Consent & Confirmation Grievance

**From:** SM\_AmbetterBrokerResearch <[SM\\_AmbetterBrokerResearch@centene.com](mailto:SM_AmbetterBrokerResearch@centene.com)>

**Sent:** Monday, September 23, 2024 2:37 PM

**To:**

**Cc:**

**Subject:** [Secure] Case ID (TX3499) 1st Attempt Broker (Grievance Due Date: (09/26/2024) (SV)

## 1st Attempt:

Hello,

We have received a complaint from the member below stating that they were enrolled without their consent.

**In order to avoid multiple email request, please provide proof of consent. Including a signed consent form, signed application, digital communication including IP address, copy of the ad and where it was being advertised, text message thread and all email correspondence, and recorded calls, benefit/ coverage discussed. Any attachments submitted must be supported with a recorded date.**

*If possible, provide all documentation listed above.*

*Please reply to this email thread, do not delete, or send a new email or change the subject line. We have transitioned to a shared email box and will need the email thread to correctly process this grievance.*

## Member:

Member ID: U

Date of Birth: C

Phone Numbe

**Date Span: (06/01/2024 - 06/30/2024)**

## Broker Name: |

Broker NPN#:

Thank you,

**Stephanie Vargas,**

Regulatory Compliance Investigator,  
G&A-Regulatory Operations

# Consent & Confirmation Grievance

From: Stephanie Vargas <[SVARGAS@CENTENE.COM](mailto:SVARGAS@CENTENE.COM)>

Sent: Thursday, September 26, 2024 3:32 PM

To: \_\_\_\_\_

Cc: Patrick McDonald <[Patrick.McDonald@CENTENE.COM](mailto:Patrick.McDonald@CENTENE.COM)>

Subject: [Secure] Case ID (TX3499) 2nd Attempt Broker

Due Date: (10/01/2024) (SV)

## 2nd Attempt:

Hello,

We have not received your statement for the complaint below. Please review the details below and provide us with your statement as soon as possible.

*Please keep in mind that this can affect your commissions and book of business.*

Thank you,

**Stephanie Vargas,**

Regulatory Compliance Investigator,

G&A-Regulatory Operations

[she/her]



Tucson, AZ – Remote

Preferred Contact – Teams or Email

[svargas@centene.com](mailto:svargas@centene.com) | [centene.com](https://centene.com)

*Transforming the health of the communities*

*we serve, one person at a time.*

# Consent & Confirmation Grievance

[Secure] Case ID (TX3499) 3rd Attempt Broker , Grievance Due Date: (10/07/2024) (SV)



SM AmbetterBrokerResearch <SM\_AmbetterBrokerResearch@centene.com>

To

Cc Patrick McDonald; AI Castellanos



Follow up. Start by Thursday, October 3, 2024. Due by Thursday, October 3, 2024.

You forwarded this message on 10/3/2024 1:53 PM.

If there are problems with how this message is displayed, click here to view it in a web browser.



Reply

Reply

**Caution:** External (sm\_ambetterbrokerresearch@centene.com)

First-Time Sender [Details](#)

[Report This Email](#) [FAQ](#) [GoDaddy Advanced](#)

## 3rd Attempt: Added principle

Hello,

We have not received your statement for the complaint below. Please review the details below and provide us with your statement as soon as possible. Please keep in mind that this can affect your commissions and book of business.

As of 4/16/2024, "Failure to provide required documentation during an investigation will be insufficient and result in substantiating the complaint."

Thank you,

**Stephanie Vargas,**  
Regulatory Compliance Investigator,  
G&A-Regulatory Operations  
[she/her]

**CENTENE**  
Corporation

Tucson, AZ – Remote  
Preferred Contact – Teams or Email  
[svargas@centene.com](mailto:svargas@centene.com) | [centene.com](https://centene.com)

# Prinsuco Portal for Brokers

**PRINSUCO PORTAL FOR BROKERS**

**REAL TIME ACA REPORT**

**PERSONAL LANDING PAGE**

**SOCIAL MEDIA LINKS**

**ADVANCED SECURITY FEATURES**  
Powered by advanced technology, it protects sensitive information, ensuring your peace of mind

**EFFORTLESS COMPLIANCE**  
Our portal simplifies compliance, safeguarding your business against audits with secure, legally compliant records.

**10 YEAR STORAGE**  
Our platform ensures your documentation is protected and readily accessible whenever needed.

**INSTANT SIGNATURE NOTIFICATIONS**

**BILINGUAL ACCESSIBILITY**

**DIGITAL SIGNATURE**

**My Clients**

ID	CLIENT NAME	EMAIL	PHONE NUMBER	DATE OF BIRTH	STATUS	STATUS NAME	ACTIONS
1	Amanda Ford	amanda2022@prinsuco.com	+13023228791	08-07-2024	Submitted		
2	Mr. Juan Garcia	juan2022@prinsuco.com	+13023228791	08-07-2024	Submitted		
3	Mrs. Jane Smith	jane2022@prinsuco.com	+13023228791	08-07-2024	Submitted	Pending	
4	Mr. John Doe	john2022@prinsuco.com	+13023228791	08-07-2024	Pending	Pending	


Showing 1 to 4 of 4 entries

**Prinsuco Agent**  
Hi, I am your local insurance agent & specialist in helping clients find the best plans to fit their needs.  
Email: john2022@prinsuco.com  
Phone: +13023228791  
Address: 123 Prinsuco Dr., Houston, TX 77001  
Buttons: WhatsApp, Telegram, Email, Facebook, Messenger


**RECEIPT OF CONSUMER CONSENT DOCUMENTATION (RCCD)**  
I, the undersigned, have read and understood the terms and conditions of the Prinsuco Health Plan and have agreed to the terms and conditions of the Prinsuco Health Plan. I have signed this document in the presence of a witness and have received a copy of this document. I have read and understood the terms and conditions of the Prinsuco Health Plan and have agreed to the terms and conditions of the Prinsuco Health Plan. I have signed this document in the presence of a witness and have received a copy of this document. I have read and understood the terms and conditions of the Prinsuco Health Plan and have agreed to the terms and conditions of the Prinsuco Health Plan. I have signed this document in the presence of a witness and have received a copy of this document.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Witness: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

# Your Need to be Licensed

	
<b>General Lines Agent</b>	
Qualification Effective Dates	
Life, Accident, Health & HMO	11/23/1999    Property and Casualty    12/29/2004
<b>ALVARO ALONSO CASTELLANOS</b>	
NPN: 3220736	
DBA: FINAMERICA INSURANCE	
78 W FRENCH OAKS CIR	
THE WOODLANDS, TX 77382	
<b>is authorized to transact business as described above</b>	
License No: 988536    Issue Date: 11/23/1999    Expiration Date: 08/31/2026	
Generated by Sircon 327968960	

<p><b>TEXAS</b> DEPARTMENT OF INSURANCE THIS IS TO CERTIFY THAT</p> <p><b>ALVARO ALONSO CASTELLANOS</b> 78 W FRENCH OAKS CIR THE WOODLANDS, TX 77382</p> <p>LICENSE NUMBER: 988536    NPN: 3220736</p>	<p></p> <p>IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:</p> <p><b>General Lines Agent</b> Life, Accident, Health &amp; HMO, Property and Casualty</p> <p>Issue Date: 11/23/1999    Expiration Date: 08/31/2026 Generated by Sircon 327968960</p>
--	--

# Your Need to be Certified



# Agent/Broker Marketplace Registration Tracker and Status

data.HealthCare.gov

Topics > Datasets API | Search

## Agent and Broker Marketplace Registration Status

For NPN 3220736

Information displayed is for the Current Plan Year Registration Status

[Return to search form](#)

Date last updated on: October 3, 2024

### Summary of registration status

[Glossary](#)

Portal (RIGP)	EFM Registered	SHIP Registered	Valid NPN
Complete	Complete	Complete	Complete

#### Portal (RIGP)

Portal (RIGP) Status: Complete  
Complete all the following items:

- Portal Account Active Status: Complete
- ID Proofing Status: Complete

#### Find Local Help & Help On Demand

Current Selection:  
I would like all my contact information displayed but only for my home state.

Links

- [Find Local Help](#)
- [Find Local Help FAQ](#)
- [Help On Demand Overview](#)
- [Help On Demand Resources](#)

#### Links

- [IDM FAQs](#)
- [Portal FAQs](#)

#### Training and Registration

MLMS Profile Complete Status: Complete

EFM Training and Agreements Complete Status: Complete  
Complete one of the following:

Individual Marketplace: New

- Complete Courses Status: Incomplete
- Sign Agreements Status: Incomplete

Individual Marketplace: Returning

- Complete Courses Status: Complete
- Sign Agreements Status: Complete

SHIP Registered Status: Complete  
Complete Sign Agreements.

- Complete Courses (Optional) Status: Complete
- Sign Agreements Status: Complete

Help On Demand Status: Complete  
Agreements to be signed within Help On Demand upon profile completion

Links

- [Registration and Training FAQs](#)

#### NPN Validation

Valid NPN Status: Complete  
Complete all the following items:

- License Status: Complete
- Approved LHA Name Status: Complete

Links

- [National Insurance Producer Registry](#)
- [NPN Validation FAQs](#)
- [Approved LHAs](#)

[Track and Check Your Registration Status](#)



# The Healthcare Marketplace

## The World of No Subsidies

## The World of Subsidies

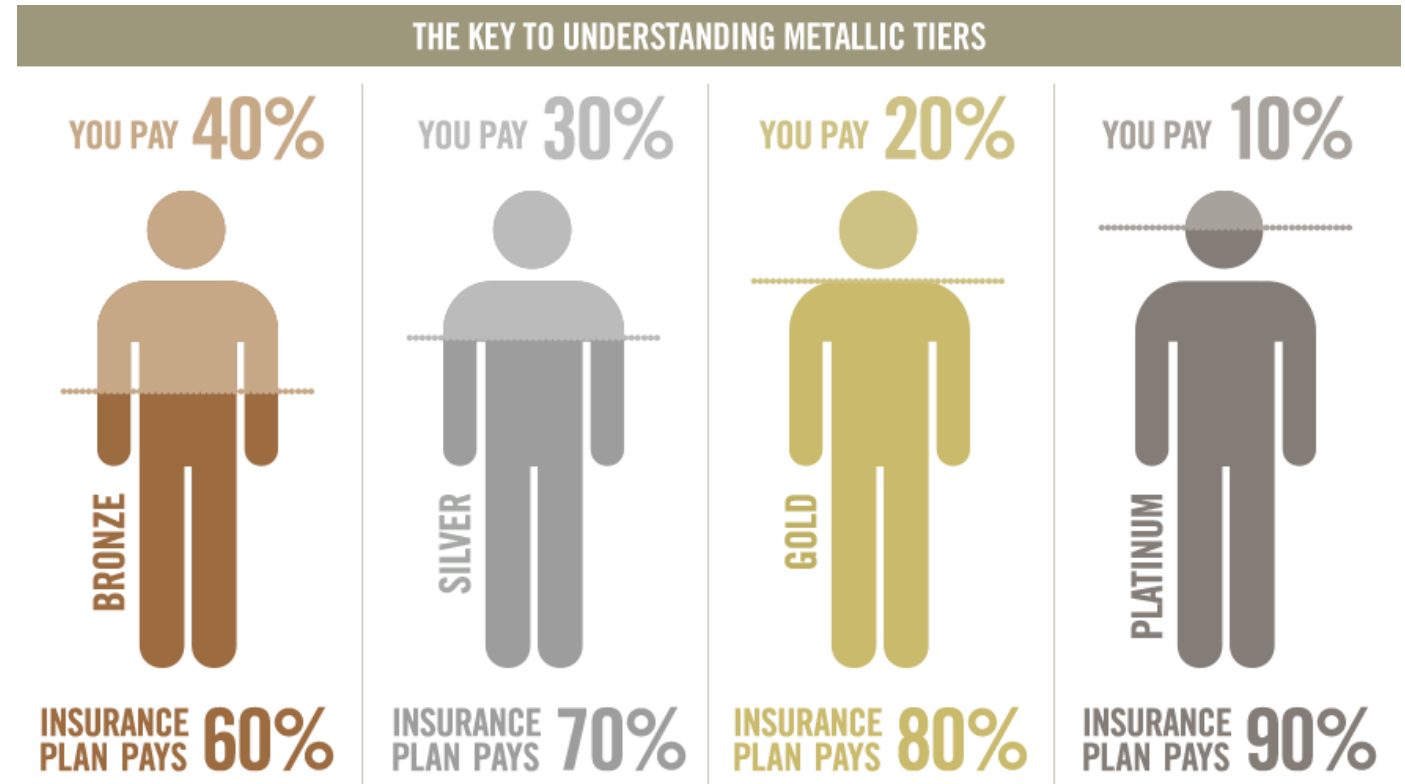
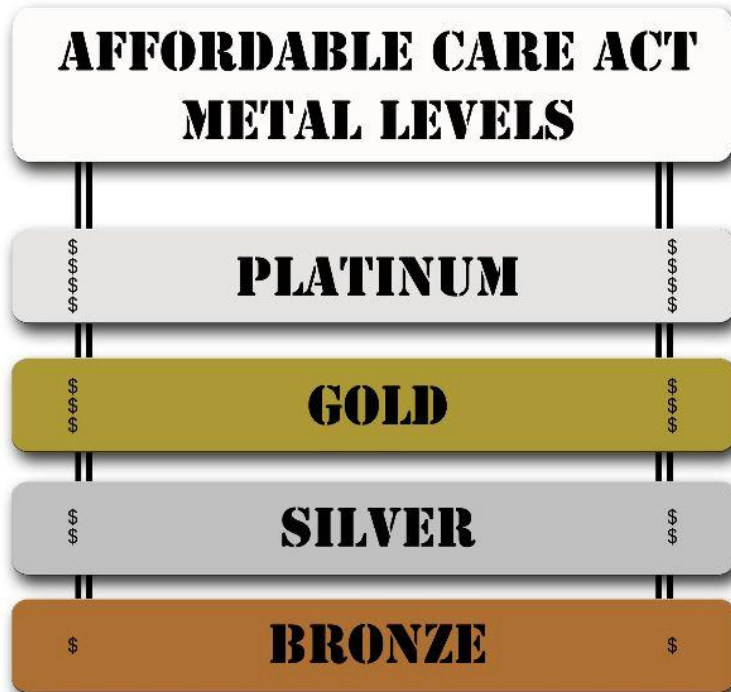
- No Subsidies

- Subsidies

# Essential Health Benefits (EHB)



# The Metallic Products



# The Products

## The World of No Subsidies

How you and your insurance plan pay for your care	Bronze	Silver	Gold	Platinum
Monthly Premium	Lowest	Moderate	High	Highest
Cost when you need care	Highest	Moderate	Low	Lowest
Deductibles	Can be in the 1000s of dollars per year	Usually lower than Bronze plan	<u>Usually</u> low	Very low
Insurance company pays	60%	70%	80%	90%
You pay	40%	30%	20%	10%

## The World of Subsidies

How you and your insurance plan pay for your care	Bronze	Silver	Gold	Platinum
Monthly Premium	Lowest	Moderate	High	Highest
Cost when you need care	Highest	Moderate	Low	Lowest
Deductibles	Can be in the 1000s of dollars per year	Usually lower than Bronze plan	Usually low	Very low
Insurance company pays	60%	70%	80%	90%
You pay	40%	30%	20%	10%

No

How you and your insurance plan pay for your care	Bronze	Silver	Gold	Platinum
Monthly Premium	Lowest	Moderate	High	Highest
Cost when you need care	Highest	Moderate	Low	Lowest
Deductibles	Can be in the 1000s of dollars per year	Usually lower than Bronze plan	<u>Usually</u> low	Very low
Insurance company pays	60%	70%	80%	90%
You pay	40%	30%	20%	10%

YES

# The Products

## The World of No Subsidies

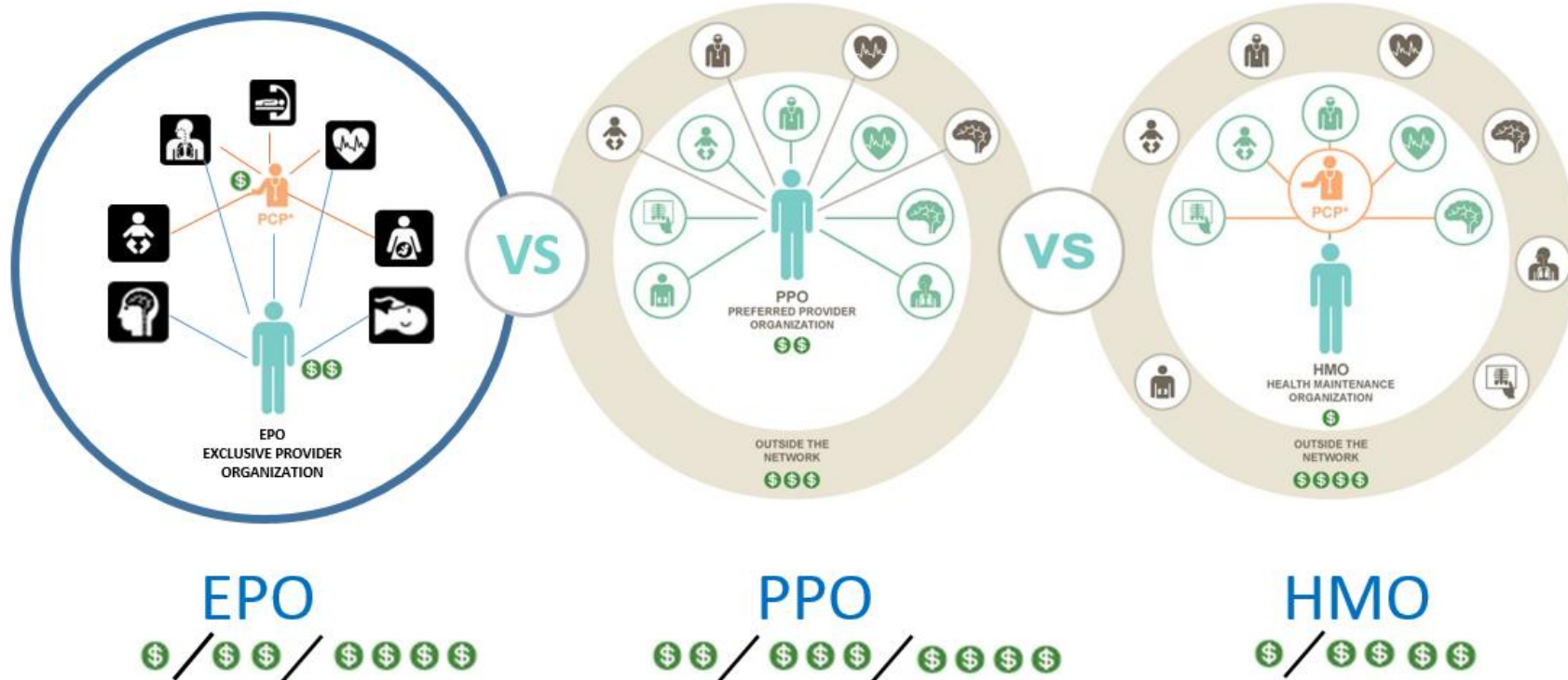
- Metallics
- Ancillaries
  - Short Term Medical
  - Multiple Risk Life Insurance
  - Supplemental Coverage
  - Dental & Vision
  - Accident
  - Critical Illness
  - Cancer/Heart & Stroke

## The World of Subsidies

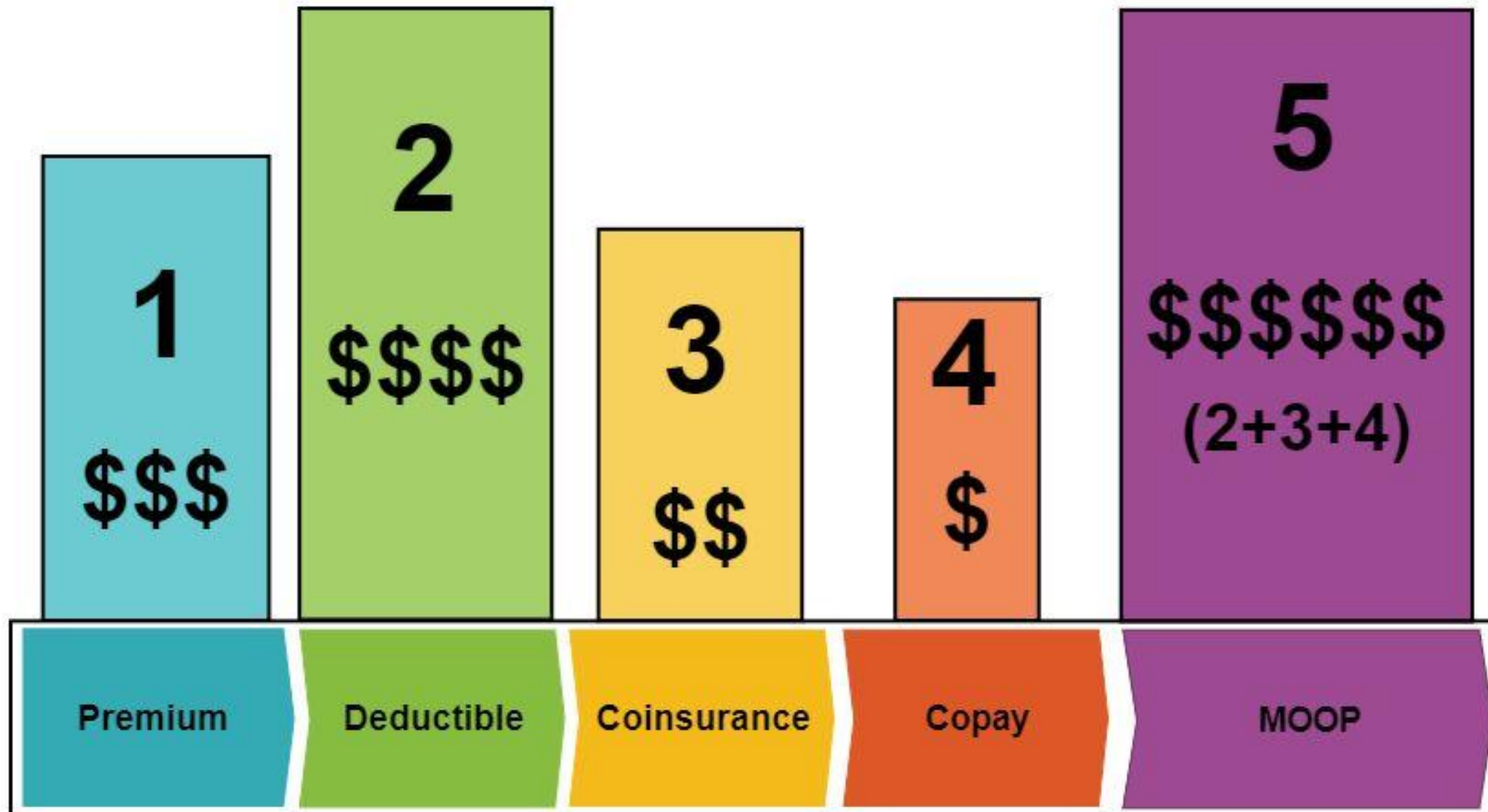
- The World of No Subsidies
  - Metallics
- The World of Subsidies
  - Metallics

# The Networks

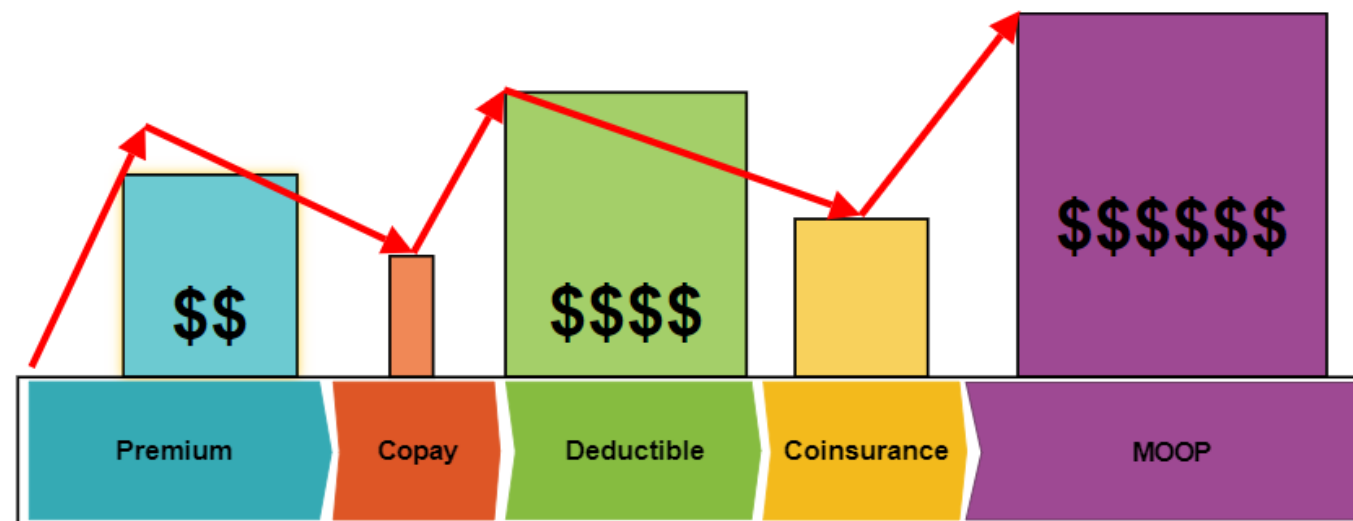
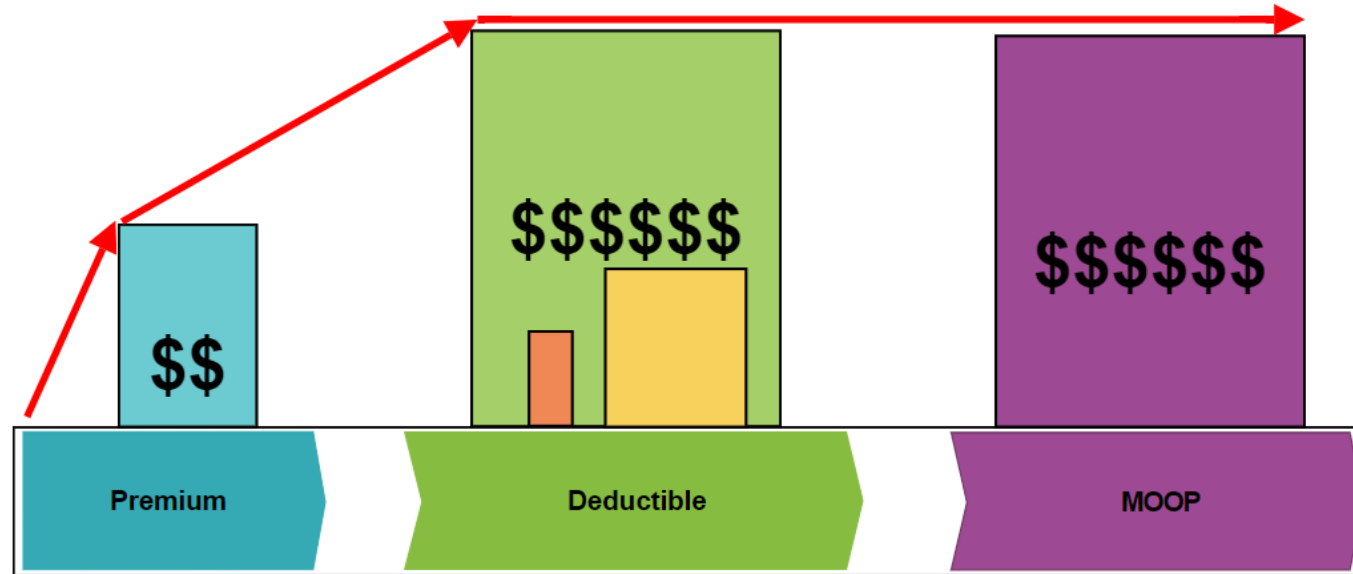
## EPO vs PPO vs HMO



# The Cost Structure of a Health Insurance Plan



# The Cash Flow Structure in an ACA plan

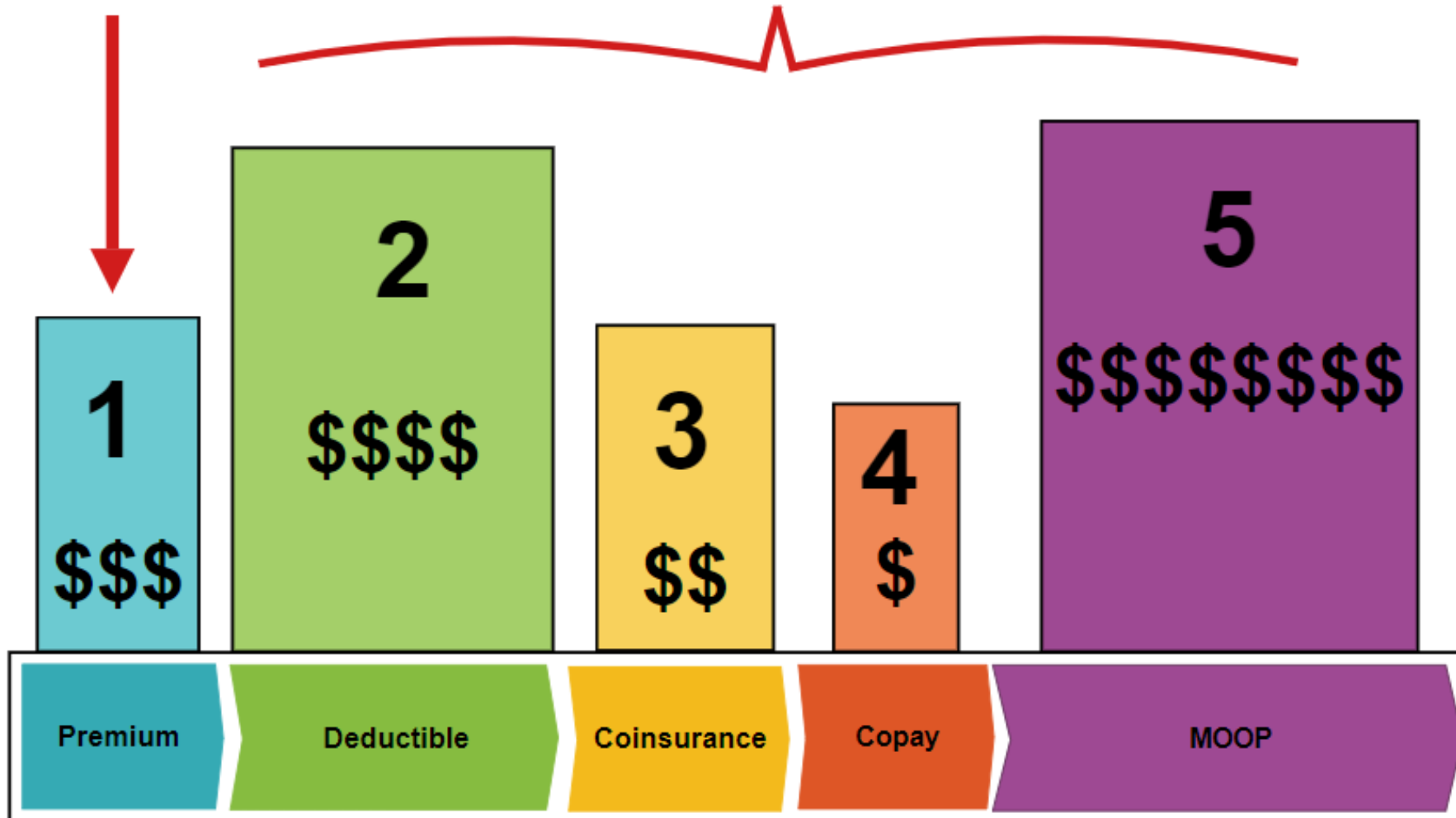




# How can we Help?

1. Advance premium Tax Credit (APTC)

2. Cost Sharing Reductions (CSR)



# 2025 Annual Cost Sharing Limits

\$ 9,200

2.6 % Decrease

\$ 18,400

**SINGLE**

**FAMILY**



# 2025 Federal Poverty Level Chart with Cost Sharing Reductions

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$15,060	\$20,783	\$22,590	\$30,120	\$37,650	\$45,180	\$60,240
2	\$20,440	\$28,207	\$30,660	\$40,880	\$51,100	\$61,320	\$81,760
3	\$25,820	\$35,632	\$38,730	\$51,640	\$64,550	\$77,460	\$103,280
4	\$31,200	\$43,056	\$46,800	\$62,400	\$78,000	\$93,600	\$124,800
5	\$36,580	\$50,480	\$54,870	\$73,160	\$91,450	\$109,740	\$146,320
6	\$41,960	\$57,905	\$62,940	\$83,920	\$104,900	\$125,880	\$167,840
7	\$47,340	\$65,329	\$71,010	\$94,680	\$118,350	\$142,020	\$189,360
8	\$52,720	\$72,754	\$79,080	\$105,440	\$131,800	\$158,160	\$210,880

94 % of AV in Silver Plan

87 %

73 %

# Silver vs Bronze

Consumers whose income falls between 100-250% of the federal poverty level (FPL) may be eligible for CSRs to help with out-of-pocket costs.

Income-based CSRs can only be used with Silver plans purchased through the Marketplace.

Many CSR-eligible consumers face a choice between a monthly premium and reduced out-of-pocket expenses through a Silver plan, or a Bronze plan that has no monthly premium or a smaller premium than the Silver plan.

However, if these consumers choose the Bronze plan and require medical services, they may find themselves with higher out-of-pocket expenses because of the Bronze plan's higher deductibles and lack of CSRs.

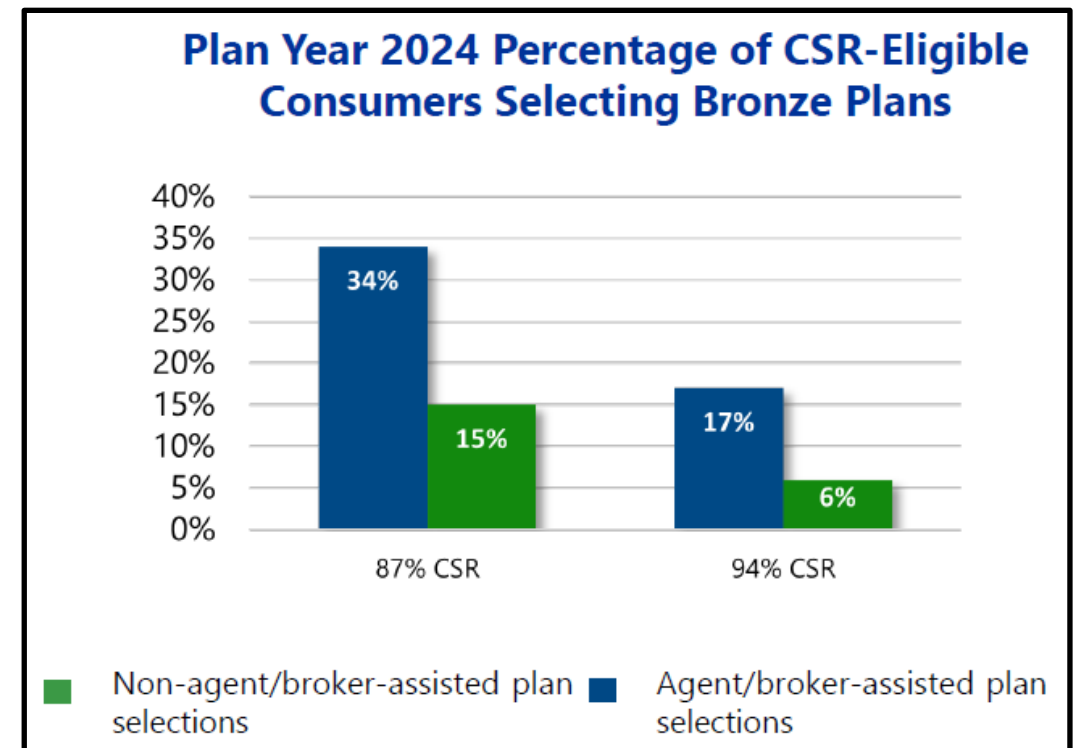
# Silver Vs Bronze

**Agents and brokers enrolled in Bronze plans at a higher rate than those who self-enrolled in Marketplace coverage.**

Consumers should be reminded that they are more likely to experience unexpected costs when they seek care if they have a Bronze plan compared to a plan at a higher metal level.

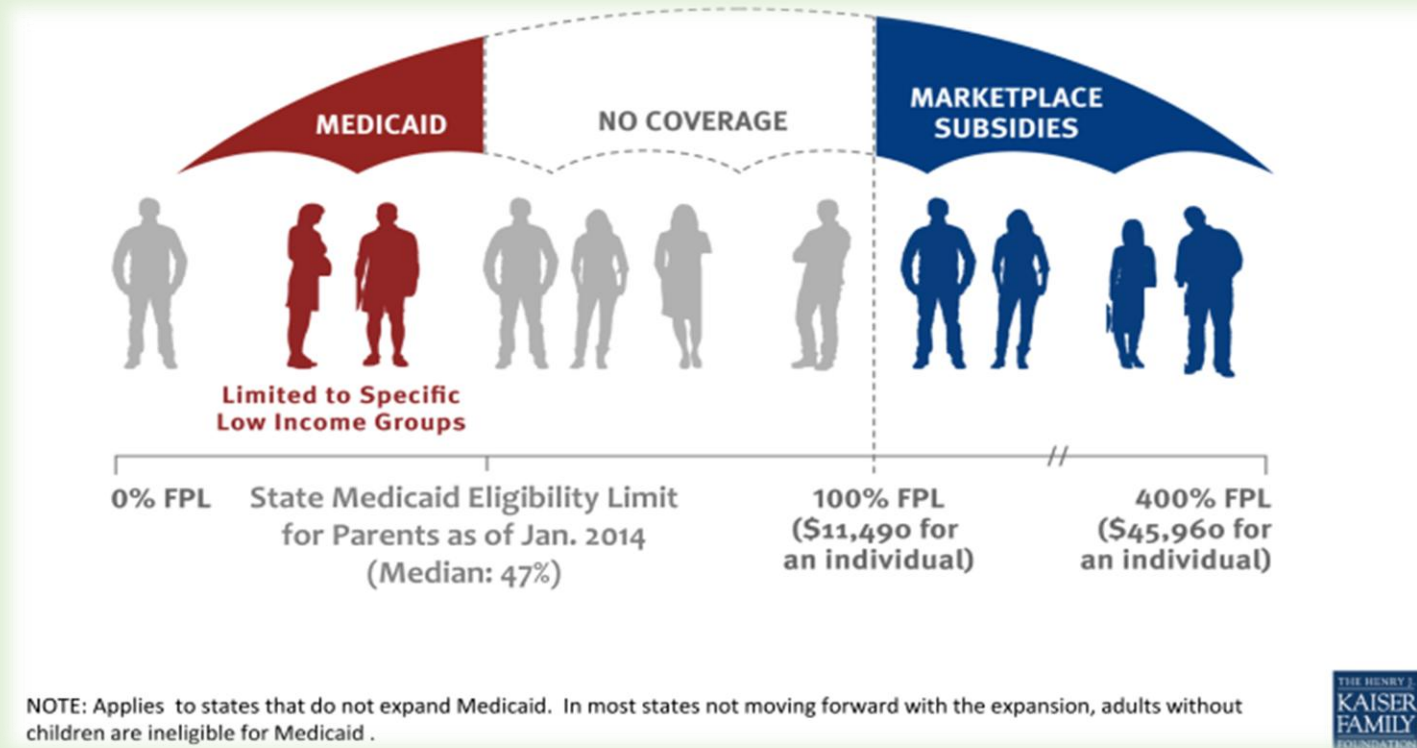
Healthy consumers with incomes at the higher-end of CSR eligibility may not see the value in CSR out-of-pocket savings, due to their potential for lower utilization of coverage.

Agents and brokers should help consumers understand how they would pay for a large, unexpected medical cost, like a hospitalization.

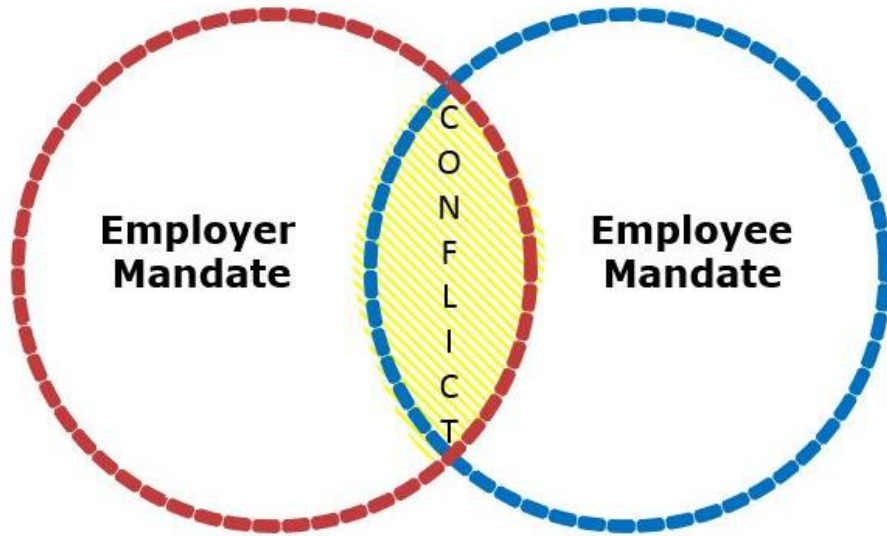


# The Medicaid Gap

- In states that do not expand Medicaid under ACA, there will be large gaps in coverage available for adults.



# The Employer / Employee Family Glitch



Overlap has to do with affordability.

Deemed affordable if employee's share of lowest cost of self-only coverage does not exceed 9.02 % (up from 8.39 %) of household income.

May use W -2 Form Box 1, Rate of Pay or Federal Poverty Level chart

Individuals have been unable to get federal subsidies for ACA health-insurance plans if they were eligible for affordable employer coverage that meets minimum coverage standards.

But the coverage had to be affordable just for the employee and didn't take into account other family members. This is what is know as The Family Glitch.

[Employer Health Insurance affordability calculator](#)

# Health Reimbursement Arrangements (HRA's)



Health reimbursement arrangements (HRAs) are a type of account-based health plan that employers can use to reimburse employees for their medical care expenses.



## Three Types

- Individual Coverage HRA
- Excepted Benefit HRA
- Qualified Small Employer HRA - QSEHRA



# HRA's: Things to Know



A Health Reimbursement Arrangement (HRA) isn't traditional health coverage through a job.

- An Employer contributes a certain amount to the HRA.
- The employee use the money to pay for qualifying medical expenses.
- For some types of HRA, employee can use the money to pay monthly premiums for own health plan.



Employee must have health coverage to use the HRA.

- For certain types of HRAs, employee must be enrolled in a health plan to use the HRA money.



It's important for employees to understand their options before they act.

- Employees could pay more for coverage.
- Use more tax credits than they qualify for.
- Face tax penalties unless they understand their options.

# Individual Coverage HRA's Affordability

ICHRA Affordability

Self Only Lowest cost **silver plan** monthly  
premium minus Monthly ICHRA amount



Employees Household Income / 12

**The Required Contribution Percentage 9.02%**

An employee's monthly contribution for self-only coverage is affordable if it is no more than 9.02 % of their monthly wages.

# HRA's: Accept HRA scenario

- HRA: \$ 3,000 per year
- Household Income \$ 30,000/Year
- HRA Contribution  
Household Income
- $3,000/30,000 = 0.1 = 10 \%$
- 10 % is greater than 9.02 %
- HRA Plan is affordable
- You can NOT get APTC in marketplace
- Accept HRA Offering

## Results based on your answers



### Accepting the Health Reimbursement Arrangement (HRA) is likely a good idea

Because of your HRA offer, you **may not be eligible** for savings on a Marketplace health plan called a “premium tax credit.” You may want to accept your HRA and use it to pay for qualifying medical costs, including health plan premiums. But, you’ll need to complete a Marketplace application to confirm this.

[Learn more about my results](#)

## What to do next



Apply



Enroll



Accept

# Get Ready to Apply

## Get Ready to Apply for or Re-Enroll in Your Health Insurance Marketplace® Coverage

Health Insurance Marketplace

To apply for or re-enroll in your Marketplace coverage, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

Have this information ready before you start your application. It will help you fill out your application faster.

What do I need?	Why do I need this?	Is it ready?
<b>Your information</b>	Your Marketplace application will ask you for some basic information, including your name and date of birth.	<input type="checkbox"/>
<b>Information about your household</b>	<p>Your Marketplace application will ask you about each person in your household, even those that aren't applying for coverage.</p> <p>For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes it includes people you live with who aren't in your tax household.</p> <p>Include yourself on your application. As you fill out your application, you may be asked questions about the following people:</p> <ul style="list-style-type: none"> <li>Your spouse</li> <li>Your children who live with you, even if they make enough money to file a tax return themselves</li> <li>Anyone you include on your tax return as a dependent, even if they don't live with you</li> <li>Anyone else under 21 who you take care of and lives with you</li> <li>Your unmarried partner, only if one or both of these apply: <ul style="list-style-type: none"> <li>They're your dependent for tax purposes</li> <li>They're the parent of your child</li> </ul> </li> </ul> <p>For more information, visit <a href="https://www.healthcare.gov/income-and-household-information/household-size">HealthCare.gov/income-and-household-information/household-size</a>, or call the Marketplace Call Center.</p>	<input type="checkbox"/>
<b>Home and/or mailing addresses for everyone applying for coverage</b>	<p>Where you live can affect what health coverage you're eligible for.</p> <p>You'll select your state at the beginning of the application. You'll enter your home address to show if you're a resident of the state where you're looking for coverage.</p> <p>You'll be asked for your mailing address. This is usually the same as your home address. If it's not, provide a mailing address in the state you live in.</p> <p>If anyone on your application has a different home or mailing address, you'll need to have it also.</p>	<input type="checkbox"/>
<b>Information about everyone applying for coverage</b>	Your Marketplace application will ask you for some basic information about everyone applying for coverage, including their relationship to you.	<input type="checkbox"/>

What do I need?	Why do I need this?	Is it ready?
<b>Social Security Numbers (SSNs) for everyone on your application</b>	Your Marketplace application will ask you for each person's 9-digit SSN, even those not applying for coverage. The Marketplace will confirm the SSNs with Social Security, after you give permission at the start of your application. If you don't enter an SSN, you may need to provide more information at a later time.	<input type="checkbox"/>
<b>Information about the professional helping you apply, if any</b>	If a professional is helping you complete your application, you'll enter their information. These professionals include navigators, certified application counselors, in-person assistance personnel, agents, and brokers.	<input type="checkbox"/>
<b>Immigration document information (this only applies to lawfully present immigrants)</b>	If anyone on your application who needs coverage is a lawfully present immigrant, you'll be asked to provide information from their immigration documents.	<input type="checkbox"/>
<b>Information on how you'll file your taxes</b>	If you file federal income taxes and are married, the Marketplace needs to know if you file separately or jointly. You'll also be asked about who you claim as a tax dependent.	<input type="checkbox"/>
<b>Employer and income information for everyone in your household</b>	<p>Your Marketplace application may ask you about the income and expenses of everyone in your household, even those not applying for coverage.</p> <p>The Marketplace counts these as income:</p> <ul style="list-style-type: none"> <li>Wages and salaries, as reported on your W-2 form and pay stubs</li> <li>Tips</li> <li>Net income from any self-employment or business</li> <li>Unemployment compensation</li> <li>Social Security payments, including disability payments (but not Supplemental Security Income (SSI))</li> <li>Alimony for divorces and separations finalized before January 1, 2019</li> <li>Retirement or pension income, including most IRA or 401k withdrawals</li> <li>Investment income, like dividends or interest</li> <li>Rental income</li> <li>Other taxable income</li> </ul> <p>For more information on income or what income sources to include, visit <a href="https://www.healthcare.gov/income-and-household-information/income">HealthCare.gov/income-and-household-information/income</a>.</p>	<input type="checkbox"/>
<b>Your best estimate of your household income</b>	<p>Your Marketplace application may ask you to estimate what your household's income will be in the year you're applying for coverage.</p> <p>If you're not sure, it's okay to make your best estimate. If your income changes, or is different than what you estimated, you'll need to update this information later. For more information, visit <a href="https://www.healthcare.gov/reporting-changes/why-report-changes">HealthCare.gov/reporting-changes/why-report-changes</a>.</p> <p>To help you calculate your household income, visit <a href="https://www.healthcare.gov/income-calculator">HealthCare.gov/income-calculator</a>.</p>	<input type="checkbox"/>

# Get Ready to Apply

What do I need?	Why do I need this?	Is it ready?
Current health coverage information	Your Marketplace application will ask if anyone in your household is currently enrolled in health coverage, including Medicaid, the Children's Health Insurance Program (CHIP), Medicare, TRICARE, VA health care program, Peace Corps, COBRA, retiree insurance, or coverage through individual insurance (including Marketplace coverage) or an employer.  If anyone has coverage now, you may need to enter their policy numbers. You can find this information on their insurance card or documents they get from their plan.	<input type="checkbox"/>
Employer information for each person in your household	Your Marketplace application will ask you for information about any job-based plan you or anyone in your household is eligible for. It will ask you for employer contact information for each person in your household who has a job. You can use the Employer Coverage Tool at <a href="https://healthcare.gov/downloads/employer-coverage-tool.pdf">healthcare.gov/downloads/employer-coverage-tool.pdf</a> to help collect this information. You'll want to fill out this worksheet for each family member who's eligible for traditional health coverage through a job, even if that person isn't enrolled in the job-based plan or isn't applying for Marketplace coverage.	<input type="checkbox"/>
Health Reimbursement Arrangement (HRA) notice (this only applies if anyone in your household is offered an HRA through their employer)	If someone works for a business that offers help paying for a health plan or health care expenses through an individual coverage HRA or qualified small employer HRA, use the notice from the employer to complete your Marketplace application. Visit <a href="https://HealthCare.gov/job-based-help">HealthCare.gov/job-based-help</a> to learn more.	<input type="checkbox"/>

You have the right to get your information in an accessible format, like large print, braille, or audio.  
You also have the right to file a complaint if you feel you've been discriminated against.  
Visit [CMS.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNonDiscriminationNotice](https://CMS.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNonDiscriminationNotice)  
or call 1-800-318-2596. TTY users can call 1-855-889-4325.

## Health Insurance Marketplace

CMS Product No. 11896  
August 2023  
This product was produced at U.S. taxpayer expense.  
Health Insurance Marketplace® is a registered service mark of  
the U.S. Department of Health & Human Services.



HealthCare.gov

<https://www.healthcare.gov/downloads/apply-for-or-renew-coverage.pdf>

# Two Paths to Enrollment

## 1. Consumer Pathway

1. Via Healthcare.gov
2. Via Marketplace Call Center

## 2. Agent/Broker Pathway

1. DE - Direct Enrollment
2. EDE – Enhanced Direct Enrollment

# The Marketplace Pathway



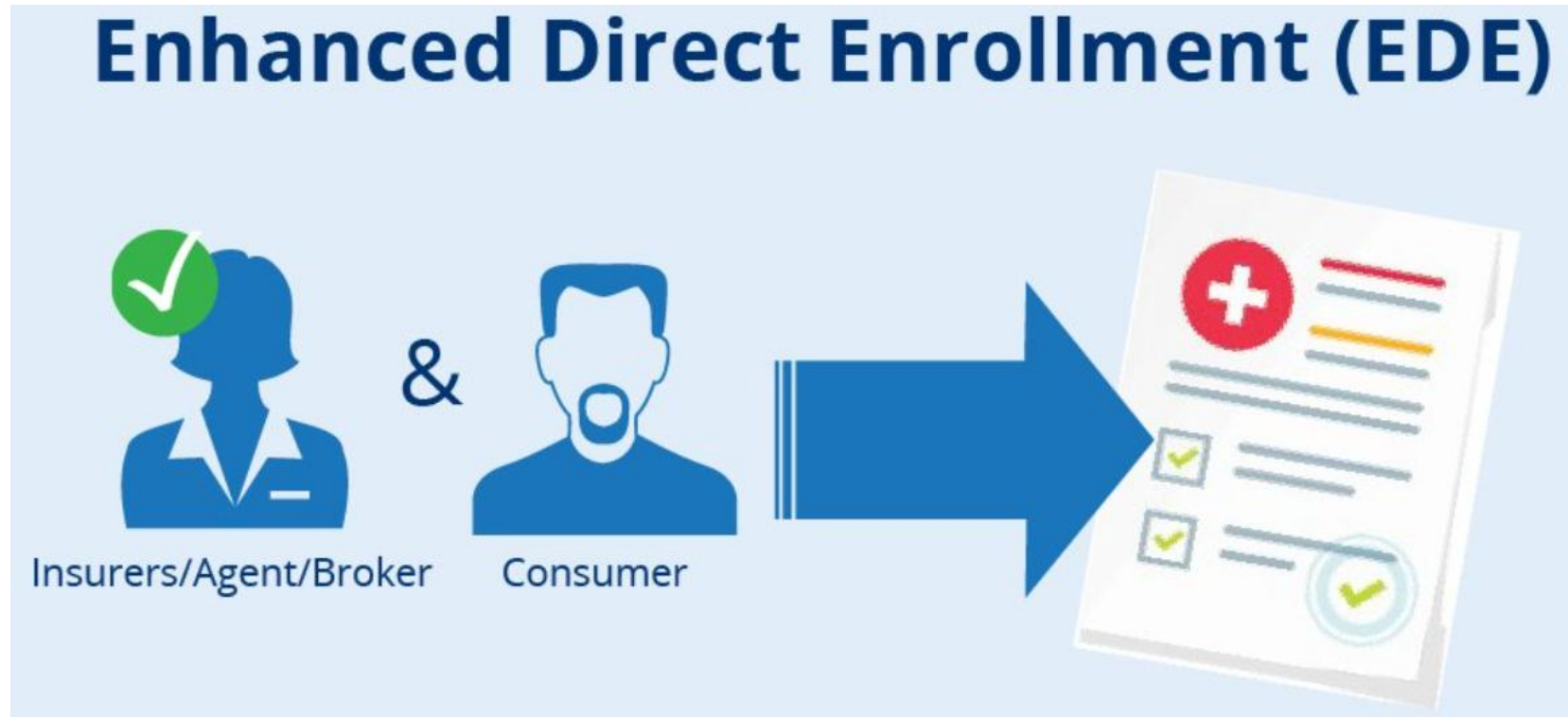
Agents and brokers can assist consumers “side by side” in the Marketplace pathway on HealthCare.gov.

Help a consumer obtain an eligibility determination and select a QHP directly.

The consumer creates an account, logs into HealthCare.gov with a consumer account, and “drives” the process.

**Agents and brokers must work “side by side” with consumers and are prohibited from logging into HealthCare.gov as the consumer.**

# Enhanced Direct Enrollment (EDE) Pathway



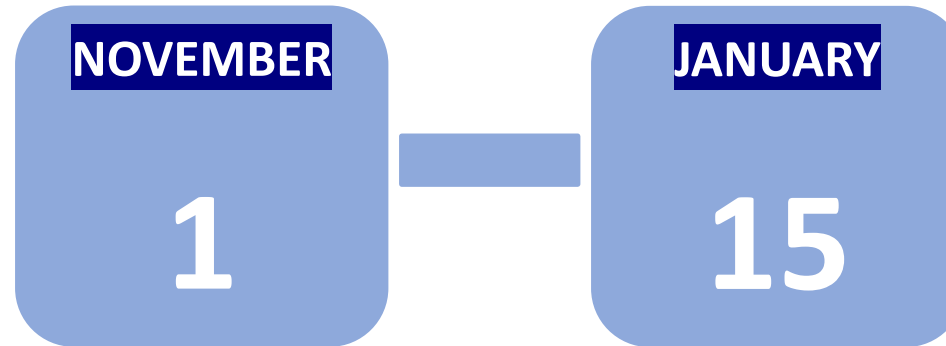
Allows consumers to interact directly with private partners and complete all steps in the eligibility and enrollment process on a single website.



# Agent / Broker Pathway Updates

- CMS now blocks an agent or broker from making changes to a consumer's FFM enrollment unless the agent is already associated with the consumer's enrollment.
- Agents and brokers working with consumers to update the National Producer Number (NPN) on their eligibility applications are required to either:
  - Conduct a 3-way call with the Marketplace Call Center
  - or
  - The consumer may submit the change through an approved DE/EDE consumer pathway or HealthCare.gov.
- Changes are expected to help drive bad actors out of the Marketplace and prevent them from ending other agents' and brokers' commissions.
- Federally-facilitated Marketplace (FFM) systems now require the direct involvement of consumers to add or change the agent associated with the consumer's enrollment.

# Enrollment Periods



The Marketplace sends an annual notice to all enrollees during the fall to inform them of the upcoming Open Enrollment Period (OEP)

Plan selections completed and received by the Marketplace from November 1, 2024, to December 15, 2024, become effective

**Nov. 1, 2024 – Jan 15, 2025**

**Feb. 1, 2025**

**Fall 2024**

**Jan. 1, 2025**

Qualified individuals make OEP plan selections with regular effective dates (i.e., not under a special enrollment period) for plan year (PY) 2025

Plan selections completed and received by the Marketplace from December 16, 2024, to January 15, 2025, become effective

# Working with Consumers: The Don'ts

- Create accounts, login, or submit applications on HealthCare.gov.
- Retain access to a consumer's HealthCare.gov account or associated email.
- Enter false or dummy addresses in place of a consumer's email or mailing address .
- Enter an agent or broker's own professional or company email or mailing address on a consumer's application.
- Share Marketplace credentials or use someone else's log-in credentials.
- Assume income for unemployed consumers or steer a consumer to a desired income amount.
- Coerce consumers into reporting false incomes.

# Working with Consumers: The Don'ts

- Falsely attest that the consumer has no other form of coverage if they have reported having other coverage such as employer-sponsored coverage.
- Only ask if someone has Medicare or Medicaid without considering all other coverage types a consumer may have.
- Estimate income after taxes. Income needs to be reported as gross income before taxes.
- Attest that a consumer doesn't have an SSN if they have one.
- Forget to ask if someone may be American Indian/Alaskan Native or if they have a disability.
- Assume a consumer won't provide race/ethnicity or gender identity information.
- Purchase leads from a company that uses misleading marketing tactics.

# How the Marketplace Works



**Create an  
Account**

**Apply for  
Federal Subsidy**

**Select  
a Plan**

**Enroll  
in Plan**

# Application Help

Application ID: 107244483

**GET STARTED**

- ✓ Privacy policy
- ✓ Contact information
- 3 Help applying for coverage**
- 4 Help paying for coverage
- 5 Who needs coverage

**FAMILY & HOUSEHOLD**

**ADDITIONAL INFORMATION**

**REVIEW & SIGN**

## Help applying for coverage

Tell us if you're getting help from one of these people

- ☐ Navigator
- ☐ Certified application counselor
- ☐ Non-Navigator assistance personnel
- ☒ Agent or broker
- ☐ None of these people

First name  Middle optional  Last name  Suffix optional

Organization name optional  ID number optional

FFM User ID optional  NPN number

**SAVE & CONTINUE**

[How to Instruct Consumers to Insert Your National Producer Number on Marketplace Applications](#)

# Special Election Periods (SEP)

Did you or anyone in your household lose qualifying health coverage in the past 60 days  
OR do you expect anyone in your household to lose coverage in the next 60 days? ⓘ

Did any of the following apply to you or anyone in your household in the past 60 days?

Changes in household size:

Got married

Had a baby

Gained/became a dependent

Got divorced or legally separated and lost health insurance ⓘ

Death ⓘ

Changes in residence or income:

Changed your primary place of living ⓘ

Had a change in income ⓘ

Changes in status:


Denied Medicaid/CHIP

Gained citizenship or lawful presence in the U.S.

Was released from incarceration (detention, jail, or prison)

Are you a member of a federally recognized tribe, or an Alaska Native corporation shareholder?

# 2025 ACA Product Review

 2025 ACA Product Review		
Date Enrolled		Effective Date
	Name	Age/DOB
First Adult		
Spouse		
Member 3		
Member 4		
Member 5		
Address		
City/State/Zip Code		Phone Number
Client Email		
Comments:		
	<b>2024-Current</b>	<b>2025-New Plan</b>
Carrier		
Product Name		
Subsidy Amount		
Pocket Premium		
Total Monthly Premium		
Deductible (I)		
Max Out of Pocket (I)		
Network Name/Type		
PCP Name		
Advisor Name		



# Final Verification

- ☐ Agent and Broker Marketplace Registration Tracker
- ☐ Ready to Sell (RTS)
- ☐ Your ACA Brochure (Including 2025 FPLC)
- ☐ Your 2025 ACA Product review
- ☐ Your Consumer Consent forms
  - ☐ Make sure you always use your Prinsuco Portal for Brokers

**Questions? Contact our Team (832) 850 6873**



[www.prinsuco.com](http://www.prinsuco.com)

**Thank You**

