

Obtaining Consumer Consent

- ❑ Agents may not enroll a consumer based solely on information gathered by a third party and must personally obtain consumer consent.
- ❑ **CMS requires agents and brokers to have two types of consent. Examples of ways to obtain consent:**
 - ✓ Via a recorded phone call, text message, email, electronic document with digital signatures, physical document with wet signatures, etc.
 - ✓ A written response accepting the information on the application
 - ✓ Use of the CMS Model Consent Form <https://www.cms.gov/files/document/cms-model-consent-form-marketplace-agents-and-brokers.pdf>
- ❑ Agents must be able to produce documentation upon request and documentation must be retained for a minimum of ten years.
- ❑ For **consent prior to helping a consumer, THE FOLLOWING REQUIREMENTS MUST BE MET:**
 - ✓ Date consent was given
 - ✓ Consumer's name
 - ✓ Name of agent, broker or web-broker, or agency being granted consent
 - ✓ A description of the scope, purpose, and duration of the consent **PLUS** how to rescind the consent
- ❑ For **consent prior to submitting a consumer enrollment, THE FOLLOWING REQUIREMENTS MUST BE MET:**
 - ✓ Date the information was reviewed
 - ✓ Consumer's name
 - ✓ Name of the assisting agent, broker, or web-broker
 - ✓ Explanation of the attestations at the end of the eligibility application



Plan Year 2024 Compliance Reminders with Marketplace Requirements

Here are just a few key compliance reminders that can help you have a successful Marketplace selling season!

Marketplace Enrollments

- ❑ **BEFORE** agents discuss or access a consumer's PII they **must** provide the consumer with a copy of their Privacy Notice. This applies to both new and returning clients where their PII has changed. If discussions do not require collection of any PII, the Privacy Notice does not have to be given. Privacy Notices can be provided electronically and should be reviewed annually and kept up to date.
- ❑ Ask consumers about their eligibility for other healthcare programs like Medicare and Medicaid to ensure benefits are not duplicated or lost.
- ❑ Always check the Florida Blue published list of multi-use addresses to ensure consumers are not enrolled at those locations.
- ❑ Never refer to plans as "FREE" since even \$0 dollar premium plans that are fully subsidized must be accounted for when the consumer files their taxes.
- ❑ Agents should not give tax advice to consumers. Always refer them to a tax professional.
- ❑ Agents must always have identification that can be presented when inquiries are made about their activities. Identification must have the agent's name and the agency they are representing.
- ❑ Contracted agents must never represent they are an employee of or working for Florida Blue.

Guidelines for Accessing CMS Systems

- ❑ Never share your login credentials, including credentials used to access DE and EDE websites.
- ❑ Agents may log into their CMS Portal account with only a single login session; System checks effectively prevent multiple people from using the same login credentials.
- ❑ Conduct only one person search at a time; Scripts or automation tools to conduct person searches, complete applications and submit enrollments is not allowed.
- ❑ Only conduct person searches for consumers who have given their consent to work with them, preferably in writing.



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Working with the Marketplace Call Center

- ❑ Consumers can authorize agents and brokers to work with the Marketplace Call Center on their behalf.
- ❑ **BEFORE** agents can contact the Marketplace Call Center on behalf of their client, the client **must** provide the Call Center with the agent's name and NPN.
- ❑ Once this consent is on record with the Marketplace Call Center, consent is valid for up to 365 days.
- ❑ Marketplace Call Center authorization is different from obtaining the client's consent to access their PII and/or conducting sales activities. This consent is **ONLY** related to talking to a Call Center rep.

Do not create or maintain access to a client's Healthcare.gov account, Florida Blue member website account or any associated email account(s); never log in to any account as the consumer

- ❑ Agents can assist with creating the account, but the consumer must enter their own information into the application.
- ❑ Advise consumers that any changes in their eligibility (i.e., change in their financial situation, marital status, location of residence, dependents, etc.) should be updated within 30 days of the change.

Marketplace Enrollment Applications

- ❑ Consumers must reside in the state of Florida to be eligible for a Florida Blue Qualified Health Plan and must be enrolled at their residential address.
- ❑ Consumers without a permanent residence should not be enrolled at a shelter, business, or other alternate address without the express permission of the address owner.
- ❑ Do not offer incentives, rewards, or money to potential consumers in return for their application
- ❑ Ensure you have the consumer's consent before completing an enrollment OR updating a passive renewal.
- ❑ Ensure the consumer's information is complete and accurate, including the estimated income.
- ❑ Contact information in the application must be for the enrollee, not the agent
- ❑ Include the consumer's FFM application ID on all Marketplace documents.
- ❑ Agents need to be able to provide demonstrable proof of their relationship or interaction with the consumer for any Marketplace enrollment submitted under their NPN.



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Medicare Anti-Duplication

- ❑ Ask consumers **at the beginning** of the sales process if they or any of their dependents are entitled to Medicare Part A and/or enrolled in Medicare Part B.
- ❑ If a consumer is entitled to Medicare Part A and/or enrolled in Medicare Part B, agents **MUST NOT** sell them a new commercial health plan.
- ❑ For passive renewals, if a member is already entitled to Medicare Part A and/or enrolled in Medicare Part B, discuss their coverage options, and ensure no duplication of benefits with the QHP.
- ❑ A member may not receive both a QHP premium tax credit and Medicare benefits, so in most cases, the member's QHP should be canceled to prevent duplication of benefits.

Payment Card Industry (PCI) Compliance

- ❑ Get to know PCI requirements to understand the importance of protecting payment card information.
- ❑ Never write down, save, or store a consumer's payment card information.
- ❑ For more information visit: <https://www.pcisecuritystandards.org/>

Compensation Reminders

- ❑ Agents must have a valid state license with an active, health-related line of authority.
- ❑ NPN must be verified on CCIO's FFM Registration Completion List for the current year.
- ❑ FFM registration must be valid at the time of policy creation.
- ❑ NPN must match the NPN on the consumer's enrollment application.
- ❑ Agents must never change an NPN on a consumer's application.
- ❑ Compensation is allowed once registration and validation are complete.

Privacy & Security

- ❑ Get to know the privacy and security requirements in your Agent Broker agreement with CCIO.
- ❑ Always **use or disclose only the minimum necessary PII** (*personally identifiable information*) that is reasonably needed to accomplish the task or purpose.
- ❑ Display a Privacy Notice.
- ❑ Report incidents and breaches as required.



Potentially Fraudulent Behavior

- ❑ Monitoring and oversight of potentially fraudulent behavior has increased due to a rise in fraudulent activity.
- ❑ Identify and report suspicious activity or potentially fraudulent behavior you observe in relation to the Marketplace; notify the Marketplace by email at FFMProducer-AssisterHelpDesk@cms.hhs.gov.
- ❑ Examples of potentially fraudulent activity include:
 - Offering consumers money to enroll in a Marketplace plan
 - Unlicensed agents offering to sell consumers a free health insurance plan
 - Offering to assist a consumer with getting money from the government
 - Using a single address to enroll multiple consumers who do not reside there
 - Enrolling a person at an address that is incorrect, not real or valid
 - Enrolling duplicate names and SSNs multiple times with concurrent or overlapping coverage periods
 - Enrolling a person in a different county in order to get a better plan, rate, or subsidy
 - Enrolling a person from a lead sheet or list without having a needs discussion and obtaining their consent to enroll

Data Matching Inconsistencies (DMI)

- ❑ DMIs occur when the consumer's information submitted on the application doesn't match information contained in federal databases.
- ❑ Proactively offer assistance to help resolve verification issues.
- ❑ Encourage consumers to check their Healthcare.gov account, email account, phone log, and U.S. mail often for notifications from CMS.
- ❑ Remind consumers they have 95 days to resolve citizenship or immigration DMIs and 90 days for all other DMIs.

Tips to Prevent DMIs

- ❑ Complete all possible fields in the application.
- ❑ Ensure the consumer's name exactly matches official documents, such as their driver's license or Social Security card.
- ❑ Double check the information on the application to ensure there are no errors or typos.
- ❑ Strongly encourage non-applicants in the household to provide their SSN if they have one.