



Affordability of Employer Coverage for Family Members of Employees: “Fixing the Family Glitch”



October 27, 2022

Disclaimer

The information provided in this presentation is intended only as a general, informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

This document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agent and Broker Resources webpage (<http://go.cms.gov/CCIIOAB>) and Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to “Marketplace” in the presentation only include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).

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Job-based Coverage and Eligibility for Financial Assistance in the Marketplace

- If a consumer has an offer of job-based health coverage, they won't qualify for advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) on a Marketplace plan if:
 - Their offer of job-based coverage meets the **minimum value standard**; AND
 - Their offer of job-based coverage is considered **affordable**.



Minimum Value Standard and Affordability

- The “minimum value standard” is an actuarial standard. A job-based plan meets the minimum value standard if it’s designed to pay at least 60 percent of the total cost of medical services for a standard population, and its benefits include substantial coverage of physician and inpatient hospital services. **Most job-based plans meet the minimum value standard.**
- For 2023, a plan is considered “affordable” if the plan’s premiums do not exceed 9.12 percent of the employee’s household income.



What's Changing?



IMPORTANT!

- Until now, a job-based plan has been considered affordable for **all family members** to whom an employer's offer extends if the premium for the **employee's self-only coverage** was affordable. The premium required to cover any family members was **not** taken into account.
- The Internal Revenue Service (IRS) issued new regulations that apply starting in Plan Year 2023. If a consumer has an offer of employer coverage that extends to their family members, the affordability of employer coverage for those family members will be based on the **family premium amount**, not the self-only employee premium cost.
 - This will help more consumers qualify for APTC and CSRs through the Marketplace.

Scenario #1: Affordability and APTC Eligibility

- Paul and Lisa are married and will file a joint tax return. Paul is offered coverage through his employer, ABC Inc., and that coverage extends to Lisa. All plans offered by ABC Inc. meet the minimum value standard. Lisa is not offered coverage through her employer. Paul and Lisa have an annual household income of \$40,000.
- The lowest-cost plan offered by ABC Inc. that would cover **Paul only** has a premium of \$300 per month.
- The lowest-cost plan offered by ABC Inc. that would cover **Paul and Lisa** has a premium of \$500 per month.



Scenario #1: Affordability and APTC Eligibility (Continued)



- For 2022, affordability and APTC eligibility for both Paul and Lisa is determined using the **self-only premium** for Paul. Since \$300 is less than 9.61 percent of the couple's income (the affordability percentage for 2022), the offer is considered affordable, and both Paul and Lisa are ineligible for the premium tax credit (PTC).
- For 2023, we still use the **self-only premium** for Paul, but the **family premium** for Lisa. Paul remains ineligible for APTC since \$300 is less than 9.12 percent of the couple's income. However, Lisa is now eligible for APTC since \$500 is more than 9.12 percent of their income, which means Lisa's offer is considered unaffordable.

Helping Consumers Complete the Marketplace Application

- Since the IRS's new regulations take effect for 2023, consumers will see changes to the 2023 Marketplace application when Open Enrollment begins on November 1, 2022.
- The HealthCare.gov application and enhanced direct enrollment certified partner applications will include new questions to collect information about employer coverage premium costs for the entire family, as well as costs for just the individual employee.
- Before completing their application, consumers should find out what the lowest-cost premium options are for self-only and family coverage from their employer for Plan Year 2023. Consumers can use a PDF worksheet to collect this information from their employers: [HealthCare.gov/downloads/employer-coverage-tool.pdf](https://www.healthcare.gov/downloads/employer-coverage-tool.pdf). This resource will be updated to include family coverage information by November 1, 2022, the start of Open Enrollment 2023.
- Consumers can also update their application during the 2023 coverage year at any time even after Open Enrollment, for example, if they newly receive an offer of employer coverage mid-year because their company's benefit year runs on a non-calendar year cycle.

What is the Family Premium?

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

Scenario #2: Application Completion



- Alex and Bailey are married and have a child, Carly.
- Alex and Bailey will file a joint tax return and will claim Carly as a dependent.
- Alex works at Target, and Bailey works at HomeGoods.
 - Alex's job at Target offers health coverage to Alex, Bailey, and Carly.
 - Bailey's job does not offer health coverage.
- Based on their attested income, Alex and Bailey appear eligible for APTC, and Carly appears eligible for Medicaid.
- To evaluate Alex's eligibility for APTC, we'll need to collect the premium for the lowest-cost plan from Target that covers **Alex only**.
- To evaluate Bailey's eligibility for APTC, we'll need to collect the premium for the lowest-cost plan from Target that covers **Alex, Bailey, and Carly**.

Scenario #2: Application Completion (Continued)

Job-based health coverage

[Learn how to complete this section.](#)

Are any of these people offered health coverage through their own job?

[Learn more about health coverage that's offered through a job.](#)

Alex

Bailey

None of these people

Save & continue

Application ID: 159127290

Job-based health coverage

[Learn how to complete this section.](#)

Are any of these people offered health coverage through their own job?

[Learn more about health coverage that's offered through a job.](#)

Alex

Bailey

None of these people



Have coverage offer details ready

Before you continue, get any documents about health coverage that include information about **premium costs** and **who in the household can get coverage**.

- You may find this information in an online employee portal or account, a letter, email, PDF, or another document from the employer that's offering health coverage.
- If none of these are available, you can print or download the [Employer Coverage Tool](#) (PDF) and ask the employer to fill out their part.

Don't worry - all the information you've entered in your application so far will be saved if you need to stop for now.

Save & continue

Application ID: 159127290



Scenario #2: Application Completion (Continued)

Alex's coverage offers

[Learn how to complete this section.](#)

Which of Alex's employers offers them health coverage?

Select all that apply. If Alex can get health coverage through someone else's job, we'll ask about that later.

[Learn more about which employers to select.](#)

Target

Will this coverage offer still be available on 09/01/2022?

Answer Yes if Target will still offer coverage as of this date, even if Alex hasn't enrolled and doesn't plan to, or the employer's enrollment period has ended.

Yes

No

Add an employer

Save & continue

Application ID: 159127290

Coverage offer: Target

[Learn how to complete this section.](#)

Coverage details

Besides Alex, who else could enroll in health coverage at Target?

Select everyone who's included in the offer of health coverage. If the offer is only for Alex, select "None of these people".

Bailey

Carly

None of these people

Do the plans offered by Target meet the minimum value standard?

Most job-based plans meet this standard, but if you're not sure, ask the employer to fill out their section of the Employer Coverage Tool.

[Learn more about the minimum value standard.](#)

[Print or download the Employer Coverage Tool \(PDF\).](#)

Yes

No

Scenario #2: Application Completion (Continued)

Premium costs

Below, only enter the amount Alex would pay. Don't include any amount paid by Target.

[Learn more about entering premium amounts.](#)

Coverage for Alex only

How much would Alex pay for the lowest-cost plan just for themselves?

Alex's premium amount

How often?

Coverage for Alex, Bailey, & Carly

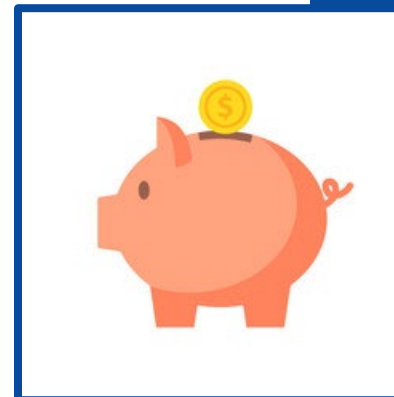
How much would Alex pay for the lowest-cost plan for themselves and these household members?

Alex's premium amount

How often?

[Save & continue](#)

Application ID: 159127290



What should consumers do if they have an offer of coverage or are enrolled in employer coverage?

- Consumers will need to submit a Marketplace application to find out whether they can get savings on a Marketplace plan, or whether their employer's offer may be considered affordable for themselves or their family.
- Consumers may also need help from their employer to provide answers about the coverage the employer offers.
- Consumers can use the employer coverage tool PDF to collect the information the Marketplace needs before getting started.
- If a consumer is already enrolled in their employer's coverage but wants to see if a Marketplace plan may be more affordable, they should fill out a Marketplace application on HealthCare.gov to find out whether they qualify for savings.
- People enrolled in employer coverage shouldn't drop it before finding out whether they can get savings on a Marketplace plan.

If you qualify for a Marketplace plan with a premium tax credit and want to enroll in a Marketplace plan, what to do next with your employer coverage:

- Consumers must be enrolled in a health plan through the Marketplace to use the tax credit to help pay for a health insurance premium.
- Consumers can't use both a premium tax credit and enroll in employer coverage for the same person.
- If they aren't enrolled in the employer's plan - once you've confirmed that they're eligible for a premium tax credit AND enrolled in Marketplace coverage, they should tell the employer they're declining (or "opting out" of) the employer coverage.
- If they're enrolled in the employer's plan but find out they qualify for Marketplace savings and want to switch, they'll need to disenroll from employer coverage in order to enroll in a Marketplace plan with a tax credit.

Helping Consumers Navigate Their Coverage Options



- Under the new affordability rules, an employee's self-only premium for their own coverage may be considered "affordable," blocking the employee from APTC and CSR eligibility, while the premium for family coverage may be considered "unaffordable," meaning that family members other than the employee may be eligible for APTC and CSRs to lower the cost of Marketplace coverage.
- It's important to help consumers in this situation understand their health coverage options for their family.

Helping Consumers Navigate Their Coverage Options: Split Coverage

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

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

Helping Consumers Navigate Their Coverage Options: Marketplace Coverage

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

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

Helping Consumers Navigate Their Coverage Options: Employer Coverage

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

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



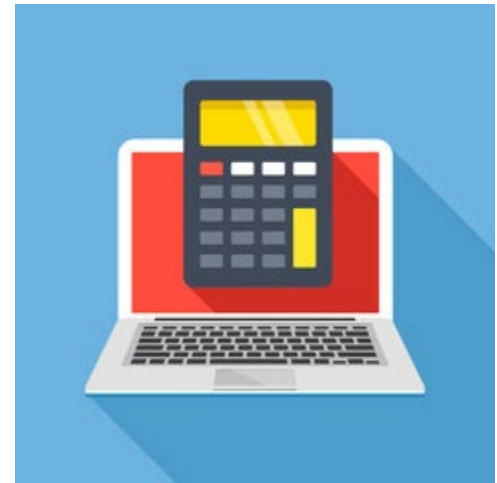
Special Enrollment Periods

- We encourage consumers to apply for 2023 Marketplace coverage during the Open Enrollment period beginning November 1, 2022.
- Consumers who are currently enrolled in employer coverage and wish to drop it and enroll in a Marketplace plan should confirm with their employer that they can terminate their coverage before their Marketplace plan would start.
- Consumers who are enrolled in a job-based plan may qualify for a Special Enrollment Period (SEP) if they are determined newly eligible for APTC because their job-based plan no longer offers affordable coverage, and they drop their employer coverage. This applies to consumers whose coverage is no longer affordable due to the change in IRS rules. Consumers can access this SEP by attesting “Yes” to the application question that asks about losing qualifying health coverage and providing the date they can end their employer coverage or the date they lost it in the past.



Health Reimbursement Arrangements (HRAs)

- The IRS rule does **not** impact how affordability is calculated for individual coverage Health Reimbursement Arrangements (HRAs) or Qualified Small Employer HRAs (QSEHRAs).
- Affordability for these types of HRAs will still be based on the reimbursement amount made available to the employee only.



GENERAL REMINDERS

REMINDER: Complete Marketplace Registration and Training

- » The OEP for PY 2023 is **November 1, 2022 - January 15, 2023.**
- » All agents and brokers planning to assist consumers with Marketplace coverage must complete PY 2023 registration and training available through the CMS Enterprise Portal at <https://portal.cms.gov> prior to assisting consumers with enrolling in coverage.

NEW AGENTS AND BROKERS +

Agents and brokers who did not complete PY 2022 registration and training must:

- » Take the full Individual Marketplace training for PY 2023
- » Execute the Agent Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the Marketplace Learning Management System (MLMS)

RETURNING AGENTS AND BROKERS +

Agents and brokers who completed PY 2022 registration and training:

- » Take either the condensed or full Individual training for PY 2023
- » Execute the Agent and Broker General Agreement and the Individual Marketplace Privacy and Security Agreement via the MLMS
- » If you didn't **complete registration by October 24** you still have time to register before Open Enrollment begins

To learn how to complete registration and training, read this [Frequently Asked Question](#).

Registration and Training Survey

- » For agents and brokers who **have already completed registration and training for PY 2023**, we encourage you to also complete **the Registration and Training Survey**. This survey takes only a couple of minutes to complete, and your feedback is important to CMS.
 - If you are an agent or broker new to the Marketplace, please complete the survey here: <https://www.research.net/r/newABtrainingfeedbackPY23>
 - If you are a returning agent or broker, please complete the survey here: <https://www.research.net/r/ReturningABtrainingfeedbackPY23>

We want to hear from you!



Cybersecurity Awareness Month: Best Practices for Protecting Consumer Data

The Marketplace Privacy and Security Agreement (part of the annual registration process) authorizes agents and brokers to create, collect, disclose, access, maintain, store, and use specific data and personally identifiable information (PII). **Agents and brokers cannot release, publish, or disclose consumer PII to unauthorized personnel and must protect this information in accordance with federal laws and regulations.**

- » Perform cybersecurity hygiene regularly to secure your devices and networks to keep client data secure. These practices include:
 - **Backup:** Regularly back up important files to a separate, secure location that would remain safe in case of a breach.
 - **Awareness & Education:** Learn how to avoid phishing scams and how to prevent malware attacks.
 - **Encryption:** Use encryption to protect sensitive data in files and on devices.
 - **Password hygiene:** Maintain good “password hygiene” by requiring unique passwords, employing password managers, reviewing cycle frequency, and using multifactor authentication (MFA) to make it more challenging for hackers to gain access.
 - **Patch management:** Keep software up to date and install security patches on all devices used for work.
 - **Security software:** Install security software to defend systems against malware. Also, run regular scans to flag unusual activity.

- » Access the agent/broker webinar slides for The Marketplace and Cybersecurity:
<https://www.cms.gov/cciioprograms-and-initiativeshealth-insurance-marketplacesgeneral-resources/2022-05>

- » View the CBT: http://cbt.regtap.cms.gov/cbt/regtap/AB_CyberSecurity_5CR_071422/story.html

Agent and Broker Outreach Information

Webinar:

Affordability of Employer Coverage for Family
Members of Employees: “Fixing the Family Glitch”

October 27, 2022



Agent and Broker Email Communications

Agents and brokers can manage the emails they want to receive from the Marketplace by updating subscriber preferences. To get started, agents and brokers should visit <https://public.govdelivery.com/accounts/USCMSHIM/subscriber/new?preferences=true>, enter the email address at which they receive emails from CMS, and click "Continue."

To subscribe to additional emails:

1. Select the "Manage Subscriptions" tab.
2. Click the "Add Subscriptions" link.
3. Select the subscription topics of interest.
4. Complete the Subscription questionnaire and click "Save."

To adjust the number of emails received:

1. Select the "Email Frequency" tab.
2. Complete the subscription questionnaire and click "Save."

Agents and brokers who need additional assistance can contact the Agent and Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.

Previous Webinars & Additional Resources

Additional Resources – Recently Posted Webinar Slides, Computer-based Trainings (CBTs), and Transcripts

10/13/22 Webinar Slides: [Help on Demand for Plan Year 2023](#)

10/6/22 Webinar Slides: [Plan Year 2023 Marketplace Policy and Operations Updates](#)

10/6/22 CBT: [Plan Year 2023 Marketplace Policy and Operations Updates](#) and [Transcript](#)

9/29/22 Webinar Slides: [Helping Consumers More Effectively for Plan Year 2023](#)

9/29/22 CBT: [Helping Consumers More Effectively for Plan Year 2023](#) and [Transcript](#)

9/22/22 Webinar Slides: [Preparing for Plan Year 2023 Open Enrollment](#)

9/22/22 CBT: [Preparing for Plan Year 2023 Open Enrollment](#) and [Transcript](#)

9/15/22 Webinar Slides: [Complex Case Scenarios](#)

9/8/22 Webinar Slides: [Welcome to the Marketplace: A Guide for New Agents and Brokers](#)

9/1/22 Webinar Slides: [Understanding Marketplace Compliance Rules and Regulations](#)

8/25/22 CBT: [Reaching Underserved Communities](#) and [Transcript](#)

Upcoming Office Hours & Registration

Register for upcoming office hours by visiting <https://www.regtap.info/> and following the instructions below. Registration for webinars will be available as the date approaches.

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

Office Hour Dates	Time
Thursday, November 3, 2022	2:00–3:00 p.m. EST
Thursday, November 17, 2022	2:00–3:00 p.m. EST
Thursday, December 8, 2022	2:00–3:00 p.m. EST
Thursday, January 5, 2023	2:00–3:00 p.m. EST

Frequently Used Agent and Broker Help Desks and Call Centers

Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Agent and Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • General enrollment and compensation questions • Manual identity proofing/Experian issues • Escalated registration and training questions (not related to a specific training platform) • Agent and Broker Registration Completion List (RCL) issues • Find Local Help listing issues • Help On Demand participation instructions or questions • Report concerns that a consumer or another agent and broker has engaged in fraud or abusive conduct 	Monday-Friday 8:00 a.m.-6:00 p.m. EST
Marketplace Service Desk	855-CMS-1515 855-267-1515 CMS_FEPS@cms.hhs.gov	<ul style="list-style-type: none"> • CMS Enterprise Portal password resets and account lockouts • Other CMS Enterprise Portal account issues or error messages • General registration and training questions (not related to a specific training platform) • Login issues on the Classic DE agent and broker landing page • Technical or system-specific issues related to the MLMS • User-specific questions about maneuvering in the MLMS site or accessing training and exams 	Monday-Friday 8:00 a.m.-8:00 p.m. EST
Marketplace Call Center Agent and Broker Partner Line	855-788-6275 Note: Enter an NPN to access this line. TTY users 1-855-889-4325	Specific consumer application questions related to: <ul style="list-style-type: none"> • Password reset for a consumer HealthCare.gov account, • Special enrollment period not available on the consumer application, or • Consumer specific eligibility and enrollment questions 	Monday-Sunday 24 hours/day
Agent and Broker Training and Registration Email Help Desk	MLMSHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • Technical or system-specific issues related to the MLMS • User-specific questions about maneuvering in the MLMS site or accessing training and exams 	Monday-Friday 9:00 a.m.-5:30 p.m. EST
SHOP Call Center	800-706-7893	<ul style="list-style-type: none"> • Inquiries related to SHOP eligibility determinations on HealthCare.gov • Contact the insurance company for most questions about SHOP plans, such as applications, enrollment, renewal, or changing or updating coverage. 	Monday-Sunday 24 hours/day
Marketplace Appeals Center	1-855-231-1751 TTY users 1-855-739-2231	<ul style="list-style-type: none"> • Status of a Marketplace eligibility appeal • How to appoint an Authorized Representative to request Marketplace eligibility appeal on a consumer's behalf 	Monday-Friday 7:00 a.m.-8:30 p.m. EST

Agent and Broker Resource Links

Resource	Description	Link
Agents and Brokers Resources Webpage	Primary outlet for agents and brokers to receive information about working in the Health Insurance Marketplace; provides the latest news and resources, including newsletters, webinars, fact sheets, videos, and tip sheets	http://go.cms.gov/CCIIOAB
HealthCare.gov	Official site of the Health Insurance Marketplace; used for researching health coverage choices, eligibility, and enrollment	https://www.healthcare.gov/
Marketplace Information	Official Marketplace information source for assisters and outreach partners about Marketplace eligibility, financial assistance, enrollment, and more	https://marketplace.cms.gov
Find Local Help	Tool available on HealthCare.gov that enables consumers to search for a local, Marketplace-registered agent and broker to assist with Marketplace enrollment	https://localhelp.healthcare.gov/
Help On Demand	Consumer assistance referral system operated by Help On Demand (formerly known as BigWave Systems) that connects consumers seeking assistance with Marketplace-registered, state- licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments	https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Help-On-Demand.pdf
Agent and Broker NPN Search Tool	Enables users to search and find the correct NPN to enter in the MLMS profile and on Marketplace applications	https://npr.com/help/look-up-your-npn

Agent and Broker Resource Links

(Continued)

Resource	Description	Link
List of Approved Health-related Lines of Authority (LOAs)	Provides a list of valid health-related LOAs for agents and brokers by resident state	https://data.healthcare.gov/AB-NIPR-Health-Line-Of-Authority
National Insurance Producer Registry	Provides licensure and compliance information for agents and brokers	https://nipr.com/licensing-center/add-a-line-of-authority
CMS Enterprise Portal	Allows agents and brokers to securely complete identity proofing and access the MLMS to complete annual, required Marketplace agent and broker training and registration	https://portal.cms.gov
Partner Directory for Agents and Brokers	List of approved, participating issuers and web-brokers includes entities that offer online resources for agents and brokers, such as enrollment and client management functionality	https://data.healthcare.gov/issuer-partner-lookup
Assisting Clients with Marketplace Eligibility Appeals	Reviews the Marketplace eligibility appeal process and describes consumers' rights to appeal a Marketplace eligibility determination	http://cbt.regtap.info/cbt/regtap/AB_MarketplaceEligibilityAppeals_CBT_5CR_061119/story_html5.html
FAQs for Agents and Brokers	Provides answers to commonly asked questions about working with the Marketplace and helping clients enroll in and maintain their coverage	https://www.agentbrokerfaq.cms.gov/s/

Agent and Broker Resource Links

(Continued)

Resource	Description	Link
Agent and Broker FFM Registration Completion List	Public list of agents and brokers who have completed Marketplace registration; used by issuers to verify agents' and brokers' eligibility for compensation for assisting with Marketplace consumer enrollments	https://data.healthcare.gov/ffm_ab_registration_lists
Agent and Broker Marketplace Registration Tracker	Searchable database that allows users to look up their Marketplace registration status with the NPN and ZIP Code saved in their MLMS profile for the current Plan Year	https://data.healthcare.gov/ab-registration-tracker/
Agent and Broker Video Learning Center	The Agent and Broker VLC features technical assistance videos on a variety of topics to help navigate the Marketplace	https://www.youtube.com/playlist?list=PLaV7m2-zFKpgUK9AqdbnOdW69-WwodvRj

Thank you!



- Agents and brokers are valued partners to all of us at CMS for the vital role you play in enrolling consumers in qualified health coverage.
- We thank you for the trusted advice, support, and assistance you provide throughout the year and wish you continued success!