



2024 Notice of Benefits and Payment Parameters: Required Elements for Consumer Consent Documentation and Eligibility Application Confirmation

Quick Reference Guide

Individual & Family Plans



**United
Healthcare**

The Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) has established new regulations under the 2024 Notice of Benefit and Payment Parameters, including requirements for:

- [Receipt of Consumer Consent Documentation](#)
- [Eligibility Application Confirmation Documentation](#)

Required Elements for Receipt of Consumer Consent Documentation

Agents, brokers, and web-brokers assisting with facilitating enrollment for coverage through Federally-Facilitated Exchanges (FFE) and State-Based Exchanges on the Federal platform (SBE-FPs) or assisting an individual with applying for Advance premium tax credit (APTC) or cost-sharing reduction (CSR) are required to document the receipt of consent from the consumer or the consumer's authorized representative.

This requirement will help resolve disputes between enrolling agents and consumers, or between multiple enrolling entities.

Required Elements

- **Consumer or authorized representative is required to take an action, such as providing a signature or an audio recorded verbal confirmation, which produces a record**
 - The record should be in a format that can be maintained by the agent, broker, or web-broker, and produced to confirm the consumer's or their authorized representative's consent was provided
- **Documentation must include:**
 - A description of the scope, purpose, and duration of the consent provided by the consumer or their authorized representative;
 - The date the consent was given;
 - The name of the consumer or their authorized representative;
 - The name of the agent being granted consent; and
 - The process through which the consumer or authorized representative may rescind the consent.
- **Documentation must be maintained at least 10 years** and made available upon request in response to monitoring, audit, and enforcement activities

CMS Model Consent Form

CMS has released a Model Consent Form for Marketplace agents and brokers as an example and best practice for obtaining and documenting consumer consent.

View the form here: www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995/pralisting/cms-10840

Required Elements for Eligibility Application Confirmation Documentation

Agents, brokers, and web-brokers assisting with facilitating enrollment for coverage through FFEs and SBE-FPs or assisting an individual with applying for APTC or CSR are required to document that the eligibility application information has been reviewed by and confirmed to be accurate by the consumer or their authorized representative prior to application submission.

This requirement will help resolve activities related to agents, brokers, and web-brokers and help expedite the resolution of consumer complaints related to the provision of incorrect information on their eligibility applications.

Required Elements

- **Consumer or authorized representative is required to take an action, such as providing a signature or an audio recorded verbal confirmation, which produces a record**
 - The record should be in a format that can be maintained by the agent, broker, or web-broker, and produced to confirm the eligibility application information was reviewed and confirmed to be accurate
- **Documentation must include:**
 - The date the information was reviewed;
 - The name of the consumer or their authorized representative;
 - An explanation of the attestations at the end of the eligibility application*;
 - The name of the agent, broker, or web-broker providing the assistance; and
 - The process through which the consumer or authorized representative may rescind the consent.
- **Documentation must be maintained at least 10 years** and made available upon request in response to monitoring, audit, and enforcement activities

*** Examples of attestations at end of eligibility application:**

- I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.
- I know that I must tell the Health Insurance Marketplace® within 30 days if anything changes (and is different than) what I wrote on this application. I can visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596** to report any changes. I understand that a change in my information could affect my eligibility as well as eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).
- I know that information on this form will be used only to determine eligibility for health coverage, help paying for coverage (if requested), and for lawful purposes of the Marketplace and programs that help pay for coverage.