

AB PRA Screenshots

Image 1

CMS Enterprise Portal Login Page

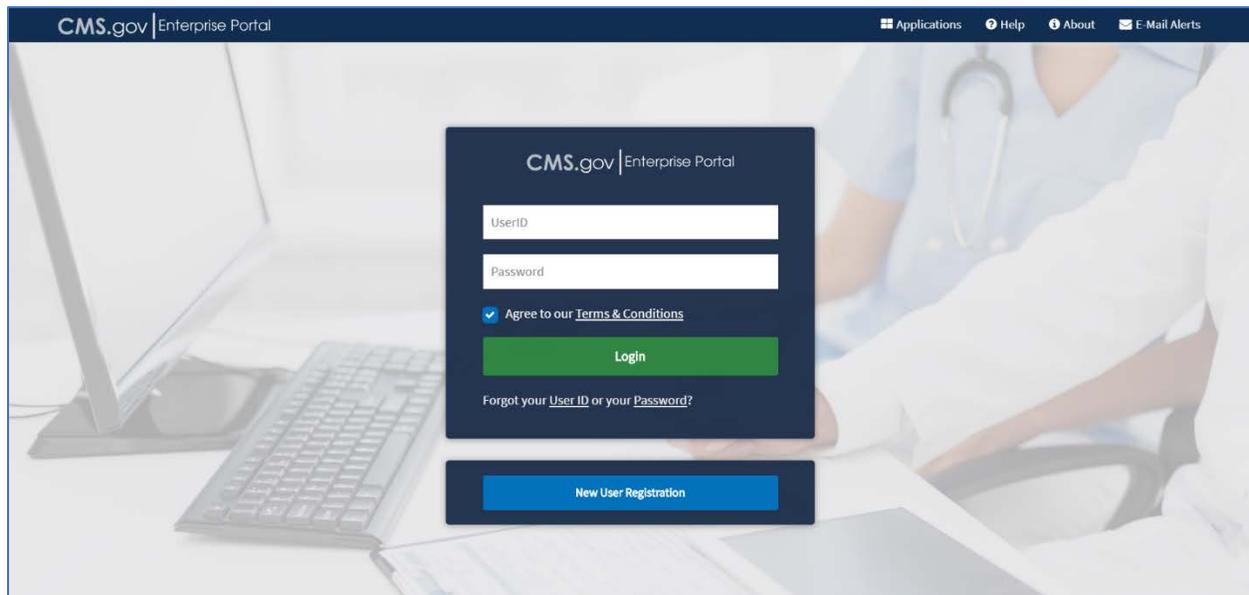
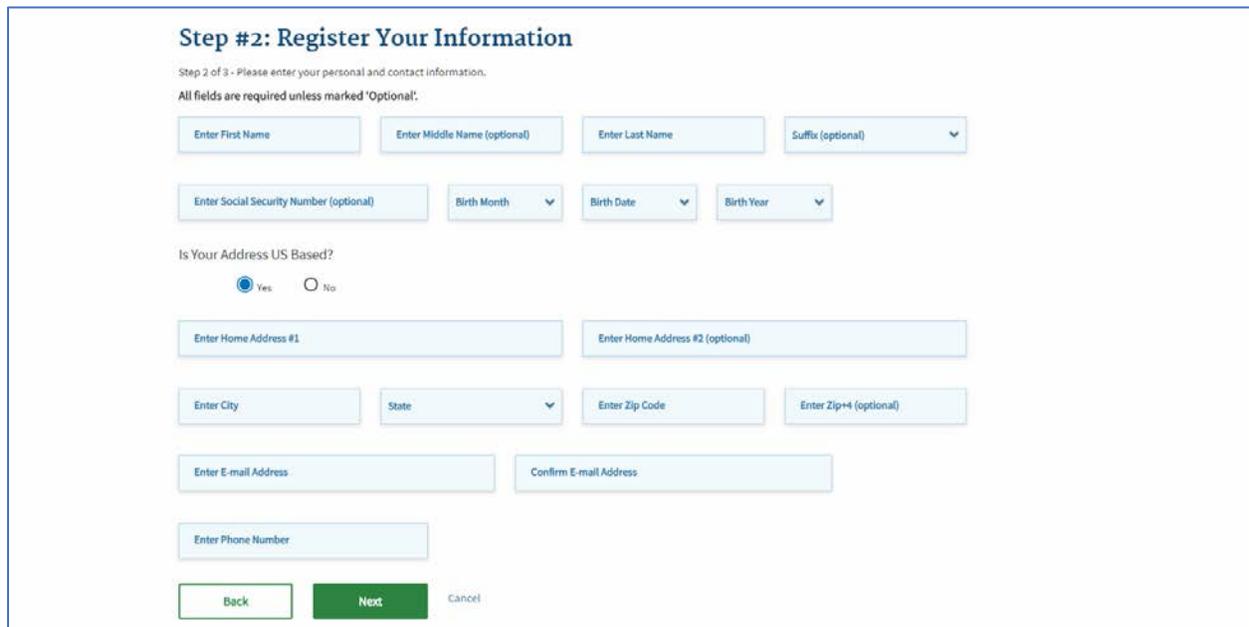


Image 2

Portal new user account information page example



PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1204, expiration date is XX/XX/2022. The time required to complete this information collection is estimated to take 36 minutes (24 minutes for new agent/brokers issuers per response) and 12 minutes (for returning agent/brokers per response) which includes the time to complete the Federally-facilitated Exchange (FFE) registration and training. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Image 3

Identity Proofing Page Example. Agent Broker completes remote identity proofing within enterprise Portal.

My Access

[Request New System Access](#)

[View and Manage My Access](#)

[Annual Certification](#)

Your Information Verify Your Identity

Your Information

Enter your legal first name and last name, as it may be required for Identity Verification.

* First Name:

* Last Name: Suffix:

Enter your E-mail address, as it will be used for account related communications.

* E-mail Address:

Re-enter your E-mail address.

* Confirm E-mail Address:

Image 4

Out-of-Wallet Questions Page Example. Agent Broker is asked questions to verify their identity based on information provided on Identity Proofing page example (see: Image 3).

My Access

[Request New System Access](#)
[View and Manage My Access](#)
[Annual Certification](#)

Your Information **Verify Your Identity**

Verify Identity

Which one of the following retail credit cards do you have? If there is not a matched retail credit card, please select 'NONE OF THE ABOVE'.

BED BATH AND BEYOND
 THE TIE BAR
 CABI
 JJ BUCKLEY
 NONE OF THE ABOVE/DOES NOT APPLY

Please select the county for the address you provided.

ARLINGTON
 MONTGOMERY
 PRINCE GEORGE
 DISTRICT OF COLUMBIA
 NONE OF THE ABOVE/DOES NOT APPLY

According to our records, you previously lived on (RIVERSCAPE). Please choose the city from the following list where this street is located.

FAIRFAX STATION
 WOODBRIDGE
 GREAT FALLS
 BURKE
 NONE OF THE ABOVE/DOES NOT APPLY

Which of the following is a previous phone number of yours? If there is not a matched phone number, please select 'NONE OF THE ABOVE'.

(202)205-3463
 (202)227-6100
 (202)215-7826
 (202)234-2034
 NONE OF THE ABOVE/DOES NOT APPLY

Image 5

Both an Individual and SHOP Marketplace Agent Broker Page Example

Please fill out the following fields with your business and/or professional contact information. This information is required by CMS to maintain an accurate agent broker registration completion list.

1 pm

Find Local Help

After you complete all CMS agent broker registration requirements, your professional contact information will be displayed on HealthCare.gov's 'Find Local Help' feature. Find Local Help is a tool accessible on HealthCare.gov to enable consumers, small businesses, and small business employees to identify a local registered agent or broker to assist them with the Federally-facilitated Marketplace, including the SHOP Marketplace.

Find Local Help and Help On Demand options

SHOP Marketplace

Note: This section is only applicable to Agents Brokers who elect to participate in SHOP Marketplace SHOP Marketplace Agents Brokers. Allow small employees to find and authorize you to work on their behalf by making the information below searchable in the SHOP Marketplace.

Yes, I want the information I provide to be searchable by small employees in the SHOP Marketplace so that they can authorize me to work on their behalf.
 No, I do not want the information I provide to be searchable by small employees in the SHOP Marketplace and I understand that I will not be able to assist clients or receive commission by making this selection.

SHOP Agency Name
SHOP Agency URL

Business Profile

Street Address *
City *
State *
Zip Code *
Phone *
Email *
URL
National Provider Number *
License ID(s) *
Preferred method of contact *
Preferred Language

Hours of Operation

From *
To *
Time Zone *
Week Days * Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Business Entity Profile

Web-Based Entity Profile

To save your profile information, please click "Save" below.