Subject: IFP Connect – June 26, 2026
Pre-header:

United Healthcare

Español

IFP CONNECT

June 26, 2026

In this issue:

In the Spotlight

Individual & Family Plan Premium Payment FAQ

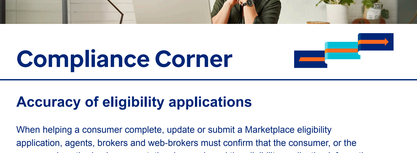
Helping clients understand how and when to pay their premium is essential for a smooth payment experience. To support agents in these conversations, the Individual & Family Plan Premium Payment FAQ is now available as a quick-reference resource you can easily share with clients.

What it covers:

- When bills are sent
- Ways to pay
- Payment timing
- Grace periods for missed payments
- Autopay setup and details

Agents can access and download the flyer in both English and Spanish by going to **Jarvis** > *Sales Tools* > *Sales and Marketing Materials* > *Member Onboarding*.

View flyer



Training Touchpoint

ICHRA training and resources

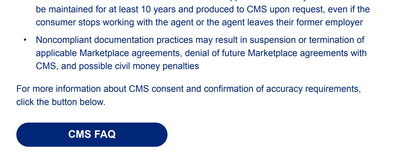
An Individual Coverage Health Reimbursement Arrangement (ICHRA) allows employers to provide tax-free reimbursement to employees for health insurance and other qualified medical expenses. The ICHRA training module on Jarvis is a great resource to help you build confidence and better assist consumers using ICHRA with their Marketplace coverage.

Complete the ICHRA training module and build your knowledge by going to **Jarvis** > *Knowledge Center* > *Agent Training* > *On-Demand Training* and launch IFP Training.

Additional valuable ICHRA resources like FAQs and guides are available on **Jarvis** under *Sales Tools* > *Off-Exchange and ICHRA*.

Launch IFP Training

Off-Exchange and ICHRA



Compliance Corner

Accuracy of eligibility applications

When helping a consumer complete, update or submit a Marketplace eligibility application, agents, brokers and web-brokers must confirm that the consumer, or the consumer's authorized representative, has reviewed the eligibility application information and confirmed it is accurate before submission.

This includes the relevant attestations at the end of the application. Consumer consent and confirmation of accuracy are separate requirements: consent must be obtained and documented before assisting the consumer, and confirmation of accuracy must be documented before submitting the application or any update.

Please note:

- Consumer consent must be documented before assisting with Marketplace enrollment, submitting an eligibility application, making updates, checking application status, conducting a person search, or collecting/using consumer PII for an individualized Marketplace quote
- Third-party means for consent, such as lead generators or checkbox attestations, do not satisfy agent/broker consent requirements
- Documentation of the consumer's review and confirmation of accuracy must include the date reviewed, the consumer or authorized representative's name, an explanation of the application attestations, and the name of the assisting agent, broker or web-broker
- Acceptable documentation may include a signed document, recorded verbal confirmation, written consumer response, or another method permitted by HHS guidance, as long as the record meets CMS requirements and can be produced upon request. Note that the consumer must take an affirmative action that produces a record
- A verbal confirmation that is not recorded or captured in writing is not sufficient to demonstrate compliance
- Existing consent may be sufficient for later actions if it authorizes the action and has not expired or been rescinded; however, the consumer must still review and confirm the accuracy of any new or updated eligibility application information before it is submitted
- An adult Marketplace application filer may provide consent and confirm accuracy for household members included on the same application, as long as the filer is also seeking coverage and is included on the application
- If you see changes on a consumer's eligibility application that you did not make, do not automatically adjust or revert the application. First confirm with the consumer whether the changes were authorized and document the consumer's authorization before making any further changes
- Documentation of both consumer consent and application accuracy review must be maintained for at least 10 years and produced to CMS upon request, even if the consumer stops working with the agent or the agent leaves their former employer
- Noncompliant documentation practices may result in suspension or termination of applicable Marketplace agreements, denial of future Marketplace agreements with CMS, and possible civil money penalties

For more information about CMS consent and confirmation of accuracy requirements, click the button below.

CMS FAQ

Archives: See previous IFP Connect articles

Archives

UHCJarvis.com

Click below to chat with the Producer Help Desk or call **1-866-235-4095.**

Chat with PHD

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