

Assister Standard Operating Procedures



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Course Introduction

Welcome

The screenshot shows a digital course interface. At the top, there's a dark blue header with 'Course Introduction' on the left, 'Text Version' with a red 'OFF' toggle in the center, and 'Exit Course' on the right. Below this is a light blue bar with the word 'Welcome'. The main content area features a woman on the left, Taniya, in a blue button-down shirt and dark skirt, with a speech bubble containing a welcome message. To her right is a large white box with a grey border containing the heading 'Can you answer these questions?' and three questions. At the bottom, a dark blue navigation bar includes icons for Menu, Help, Glossary, Resources, and Map, along with the text 'Module 1 of 6', 'Page 1 of 4', and left/right navigation arrows.

Course Introduction Text Version **OFF** Exit Course

Welcome

Welcome to Assister Standard Operating Procedures! I'm Taniya, and I'll be helping you move through this course. We'll go over what resources are available to you in your effort to help consumers.

Can you answer these questions?

Do you know all of the resources that are available to you as you assist consumers?

Have you ever used the 3 Cs — cost, coverage, and convenience — to help consumers compare and select qualified health plans?

Do you know what other resources are available to help consumers access health coverage and care?

Menu Help Glossary Resources Map Module 1 of 6 Page 1 of 4

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Disclaimers

Course Introduction Text Version Exit Course

Disclaimers

You need to be aware of these training disclaimers. Select "Continue" on the tablet to read each disclaimer.

Assister Training Content:

The information provided in this training course is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This course summarizes current policy and operations as of the date it was uploaded to the Marketplace Learning Management System. Links to certain source documents have been provided for your reference. We encourage persons taking the course to refer to the applicable statutes, regulations, CMS assister webinars, and other interpretive materials for complete and current information.

This course includes references and links to nongovernmental third-party websites. CMS offers these links for informational purposes only, and inclusion of these websites should not be construed as an endorsement of any third-party organization's programs or activities.

Previous Continue

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Coronavirus (COVID-19):

This training does not address COVID-19-related guidance or related requirements for assisters. CMS will communicate applicable information to assisters and assister organizations through separate channels.

- To learn more about how we're responding to coronavirus, visit [HealthCare.gov/blog/coronavirus-marketplace-coverage/](https://www.healthcare.gov/blog/coronavirus-marketplace-coverage/).
- For preventive practices and applicable state/local guidance, visit [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus).

Individual Shared Responsibility Payment, Exemptions, and Catastrophic Coverage:

This course includes references to the Patient Protection and Affordable Care Act's individual shared responsibility provision and exemptions from it. Under the Tax Cuts and Jobs Act, taxpayers must continue to report minimum essential coverage, qualify for an exemption, or pay an individual shared responsibility payment for tax years prior to 2019.

For tax year 2018 only (for which consumers generally filed taxes by April 2019), consumers do not have to fill out an application to get a hardship exemption certificate number (ECN). Consumers can claim the exemption without having to submit documentation about the hardship on their 2018 federal tax returns.

Beginning with tax year 2019, consumers do not need to make an individual shared responsibility payment or file Form 8965, Health Coverage Exemptions, with their tax returns if they don't have minimum essential coverage for part or all of the tax year.

For all tax years, as set forth in §155.305(h), individuals age 30 and above must continue to apply for, obtain, and report an exemption certificate number (ECN) for a Marketplace affordability or hardship exemption if they wish to purchase Catastrophic health coverage.

Standards Related to Essential Health Benefits:

Navigators in FFM(s) must be prepared to inform consumers of the essential health benefits (EHB) that qualified health plans (QHPs) must cover in the FFM(s) they service. For plan years beginning on or after January 1, 2020, states may select which benefits will be EHB in their state by:

1. Choosing from the 50 EHB-benchmark plans that other states used for the 2017 plan year;
2. Replacing one or more EHB categories of benefits under its EHB-benchmark plan used for the 2017 plan year with the same categories of benefits from another state's EHB-benchmark plan used for the 2017 plan year; or
3. Selecting a set of benefits to become its EHB-benchmark plan, provided that the new EHB-benchmark plan meets certain requirements.

When selecting an updated EHB-benchmark plan from the available options, the generosity of the state's updated EHB-benchmark plan may not exceed a 0.0 percentage point actuarial increase above the most generous among the set of comparison plans.

Remote Application Assistance:

Effective June 18, 2018, Navigators in FFM(s) are not required to maintain a physical presence in their Marketplace service area. In some cases, Navigators may provide remote application assistance (e.g., online or by phone), provided that such assistance is permissible under their organization's contract, grant terms and conditions, or agreement with CMS and/or their organization.

Certified application counselors in FFM(s) may also provide remote application assistance if such assistance is permissible with their certified application counselor designated organization (CDO).

For guidance on obtaining consumers' consent remotely over the phone, visit: [Marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf](https://www.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf).

FFM Navigator Duties:

Beginning with Navigator grants awarded in 2019, FFM Navigators may but are no longer required to provide information on or assist consumers with the following topics:

1. Understanding the process of filing Marketplace eligibility appeals;
2. Understanding and applying for exemptions from the individual shared responsibility provision granted through the Marketplace and/or claimed through the tax filing process;
3. Marketplace-related components of the premium tax credit reconciliation process;
4. Understanding basic concepts and rights related to health coverage and how to use it; and
5. Referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process, exemptions from the requirement to maintain minimum essential coverage and from the individual shared responsibility payment (for tax years prior to 2019), and premium tax credit reconciliations.


CMS will continue to provide all assisters with additional information related to these assistance activities through webinars, job aids, and other technical assistance resources.

Definitions


Course Introduction Text Version Exit Course

Definitions

In this lesson, the terms "you" and "assister" refer to the following types of assisters:
Select each nametag.



HealthCare.gov
Navigators
in Federally-facilitated Marketplaces



HealthCare.gov
Certified application counselors
in Federally-facilitated Marketplaces

Note: In some cases, "you" is also used to refer to a consumer but it should be clear when this is the intended meaning.
The terms "Federally-facilitated Marketplace" and "FFM," as used in these training courses, include FFMs where the state performs plan management functions. The terms "Marketplace" or "Marketplaces," standing alone, often (but not always) refer to FFMs.

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In this lesson, the terms "you" and "assister" refer to the following types of assisters:

Navigators in Federally-facilitated Marketplaces

Certified application counselors in Federally-facilitated Marketplaces

Note: In some cases, "you" is also used to refer to a consumer but it should be clear when this is the intended meaning.


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Course Goal


Course Introduction Text Version Exit Course

Course Goal

As an assister, you should be able to help consumers determine their coverage needs as they compare, select, and enroll in a plan or program through the individual market FFMs. But you do not have to accomplish this task alone! A variety of resources are available to help you fulfill your assister duties.



Goal:
This course reviews a range of resources available to both assisters and consumers that help consumers select an appropriate coverage option and enroll in health coverage.



Topics:
This course includes information on:

- Centers for Medicare & Medicaid Services (CMS) resources
- Internal Revenue Service (IRS) resources
- FFM Call Center and FFM Appeals Center
- Appealing eligibility decisions
- Health Insurance Casework System (HICS)
- Local Resources
- Referrals

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- Referrals

Resources

Introduction

Resources		Text Version	Exit Course
Introduction			
The first thing to note is that you'll feel more capable and confident in your ability to provide assistance to consumers when you have up-to-date resources.			
01	CMS Resources List CMS resources available to assisters such as manuals, toolkits, newsletters, and webinars		
02		IRS Resources List IRS resources available to assisters such as consumer tax forms and premium tax credit forms	
03	IRS Form 1095-A and Form 8962 Describe how to use IRS Form 1095-A and IRS Form 8962		

Menu Help Glossary Resources Map Module 2 of 6 Page 1 of 11

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CMS Resources

List CMS resources available to assisters such as manuals, toolkits, newsletters, and webinars

IRS Resources

List IRS resources available to assisters such as consumer tax forms and premium tax credit forms

IRS Form 1095-A and Form 8962

Describe how to use IRS Form 1095-A and IRS Form 8962

Overview of Marketplace.cms.gov Resources

Resources Text Version Exit Course

Overview of Marketplace.cms.gov Resources

[Marketplace.cms.gov](#) is your best source for Marketplace tools and materials to help you counsel consumers. This is the official CMS website for assisters. The site consists of three main areas.

[Applications, Forms, & Notices](#). This part of the site contains paper application forms for individuals and families seeking Marketplace coverage (with and without financial assistance), as well as job aids in various languages.

[Technical Assistance Resources](#). This part of the site has resources that explain eligibility, enrollment, tax credits, exemptions, and more. You'll also find previous Assister Newsletters and webinars. Finally, this section houses the Marketplace assister toolkit and training for Navigators, agents, brokers, and other assister types.

[Outreach & Education](#). Here you can find materials for consumers, resources for presentations, and promotional tools. Examples include fact sheets, postcards, brochures, templates, press resources, multimedia presentations, and Marketplace research.

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Standard Operating Procedures Manual for Assisters in the Individual FFM

Resources Text Version Exit Course

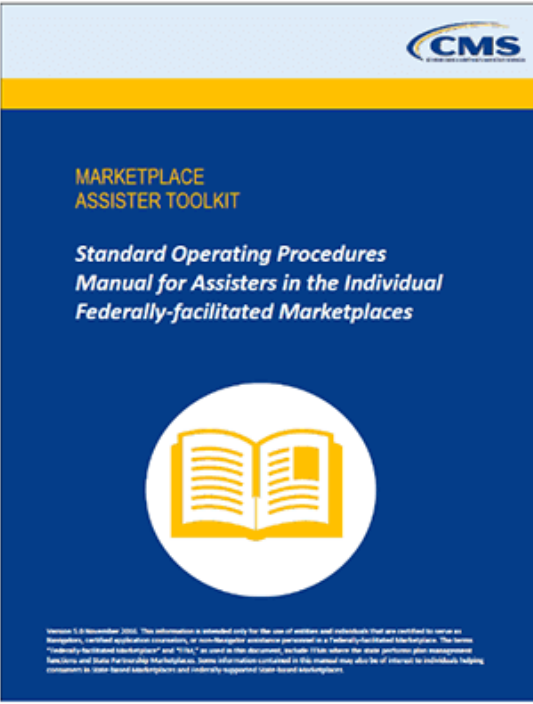
Standard Operating Procedures Manual for Assisters in the Individual FFM

Another resource located at [Marketplace.cms.gov](https://marketplace.cms.gov) is the Assister's [Standard Operating Procedures \(SOP\) Manual](#). You can find the SOP Manual in the Marketplace assister toolkit under "Technical Assistance Resources." After you have completed this certification training, the SOP Manual serves as your primary guide to helping consumers with activities such as enrolling in health coverage in the individual market FFM.

The SOP Manual includes information on:

- Preparing, completing, and updating individual market FFM applications for coverage
- Enrolling in coverage through an individual market FFM
- Understanding eligibility determinations for enrollment in coverage through an individual market FFM application
- Resolving data matching issues (DMIs)
- Renewing eligibility and enrollment for coverage through an individual market FFM
- Certain issues related to exemptions from the requirement to maintain minimum essential coverage (MEC)
- Understanding the process of filing individual market FFM eligibility appeals

Select the image on this page for a short video preview of how you can navigate the online Assister's Standard Operating Procedures Manual.



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The Assister's Roadmap to Resources

Resources Text Version Exit Course


The Assister's Roadmap to Resources

[The Assister's Roadmap to Resources](#) (the Roadmap) serves as your quick guide to the resources developed to help assisters and consumers navigate the FFMs. The Roadmap introduces important Marketplace and coverage topics, providing links to helpful resources on those topics. It also contains information that assisters need to know when helping consumers apply for and enroll in Marketplace coverage and other health coverage.

The Roadmap explains:

- How to get the latest information on Marketplace policies and operations from CMS
- What coverage options are available to consumers
- What you need to know about Marketplace eligibility and enrollment processes to help consumers get coverage
- How to access Marketplace information and resources in other languages

Select the image on this page for a short video preview of this publication.



November 2016. This information is for the use of entities and individuals that are certified to serve as navigators, certified application assisters, or non-navigator assistance personnel in a Federally Facilitated Marketplace or a State Partnership Marketplace.

Menu Help Glossary Resources Map Module 2 of 6 Page 4 of 11

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- How to access Marketplace information and resources in other languages

Assister Newsletters, Webinars, and Communications

The screenshot shows a web page with a dark blue header containing 'Resources', 'Text Version', 'Exit Course', and a 'Help' button. The main content area has a blue title bar. Below the title bar, there is text about additional resources for assisters, including newsletters, webinars, and tip sheets. A table of contents for a 'January Marketplace Update for Assisters' is displayed, listing various topics and their page numbers. A prominent reminder box states that the 'Assister Readiness Webinar Series Modules Are Now Posted' and provides a link to the modules. The footer includes a navigation menu with 'Menu', 'Help', 'Glossary', 'Resources', and 'Map', along with page indicators for 'Module 2 of 6' and 'Page 5 of 11'.

Resources

Text Version Exit Course

Assister Newsletters, Webinars, and Communications

Additional resources for assisters include:

Assister Newsletters: Assister newsletters provide information about the Patient Protection and Affordable Care Act (PPACA) and the FFMs. Once subscribed, you will receive the latest information about FFM policies and operations, information from past assister webinars, answers to frequently asked questions (FAQs), invitations to upcoming webinars, and outreach resources and assister spotlights highlighting best practices from fellow assisters. You can subscribe by emailing assisterlistserv@cms.hhs.gov and including the phrase "add to listserv" in the subject line. In the body of the email, provide the email address you would like the newsletter and webinar invitations sent to.

Webinars: Whether you are a new or returning assister, we encourage you to participate in the assister webinar series for additional training opportunities. Webinars cover various Marketplace and health coverage topics and provide up-to-date information about the latest tools to help consumers. You can find the assister webinar schedule in the Assister Newsletter. Newsletter subscribers receive webinar invitations with login instructions.

Tip sheets: Tip sheets are available in the Technical Assistance Resources section at Marketplace.cms.gov. These tip sheets cover a variety of different topics such as:

- Application process assistance
- Eligibility and enrollment
- ID proofing
- Special populations (like immigrants)
- Special Enrollment Periods (SEPs)

January Marketplace Update for Assisters

January 2019

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Reminder: Assister Readiness Webinar Series Modules Are Now Posted

Thank you to all of the assisters who participated in the 2019 Assister Readiness Webinar Series. The modules are all posted here: <http://marketplace.cms.gov/technical-assistance-resources/assister-readiness-webinar-series.html>

The 2019 Assister Readiness Webinar Series served as a supplement to the 2019 web-based Assister Certification Training. The series was delivered in weekly installments to help assisters get ready to serve Marketplace consumers during the 2019 Plan Year.

- [The first week's modules](#) covered Assister Roles and Responsibilities.
- [The second week's modules](#) provide an overview of the 2019 Individual Marketplace.
- [The third week's modules](#) cover Helping Consumers Apply for & Enroll in Coverage.
- [The fourth week's modules](#) focus on Making Coverage Accessible.

Menu Help Glossary Resources Map

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IRS Consumer Tax Forms and Resources

Resources Text Version  Exit Course

IRS Consumer Tax Forms and Resources

You have learned about key resources at Marketplace.cms.gov. Now, we will review forms and resources at IRS.gov that might be useful to you when helping consumers. Remember, you are not permitted to provide tax advice to consumers within your capacity as an assister.

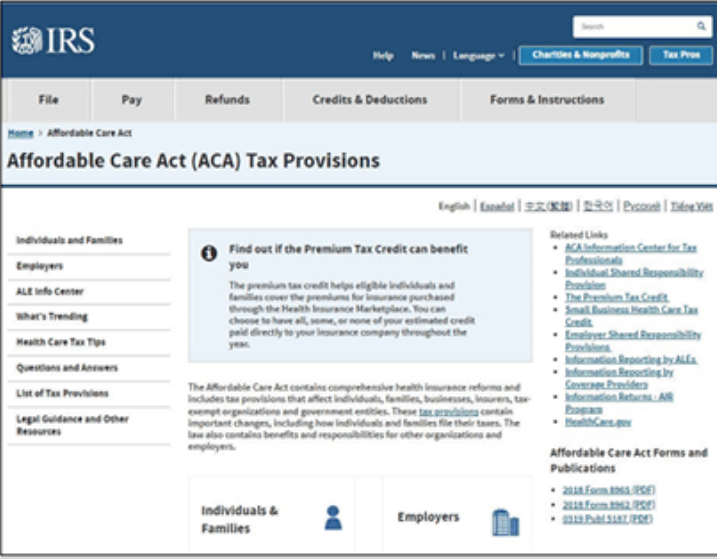
[IRS.gov](https://www.irs.gov) is the official IRS website, and it explains PPACA-related tax benefits and responsibilities for individuals and families. This includes information about the individual shared responsibility provision and premium tax credit provision. It also provides basic information about how the health insurance choices consumers make may affect their tax returns.

Marketplace-related IRS electronic publications include:

- Pub. 5187 — Affordable Care Act: What You and Your Family Need to Know
- Pub. 974 — Premium Tax Credit
- Pub. 5093 — Health Care Law Online Resources
- Pub. 5120 — Premium Tax Credit: Fact Sheet
- Pub. 5152 — Premium Tax Credit: Report Changes to the Marketplace
- Pub. 5172 — Facts about Health Coverage Exemptions

Remember, important forms found at IRS.gov include Form 8962 (for reconciling the premium tax credit), Form 8965 (for tax year 2018 exemptions), and instructions for using Form 1095-A (the Health Insurance Marketplace Statement).

The IRS website also contains information about IRS-related rules and responsibilities for employers and tax provisions for insurers, tax-exempt organizations, and other businesses.



You have learned about key resources at Marketplace.cms.gov. Now, we will review forms and resources at IRS.gov that might be useful to you when helping consumers. Remember, you are not permitted to provide tax advice to consumers within your capacity as an assister.

[IRS.gov](https://www.irs.gov) is the official IRS website, and it explains PPACA-related tax benefits and responsibilities for individuals and families. This includes information about the individual shared responsibility provision and premium tax credit provision. It also provides basic information about how the health insurance choices consumers make may affect their tax returns.

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The IRS website also contains information about IRS-related rules and responsibilities for employers and tax provisions for insurers, tax-exempt organizations, and other businesses.

Frequently Used Resources

The screenshot shows the CMS.gov Health Insurance Marketplace website. At the top, there is a 'Resources' header and a 'Text Version' toggle set to 'OFF'. Below this is a 'Frequently Used Resources' section. The main content area features the CMS.gov logo, the text 'Health Insurance Marketplace', and a 'Terminate coverage' button. A large blue banner contains the text: 'Health Insurance Marketplace', 'Welcome to the official Marketplace information source for assisters and outreach partners.', and 'On this site, you'll find information about assister programs and tools to help existing and new Health Insurance Marketplace consumers.' Below the banner are three buttons: 'Applications, Forms, & Notices', 'Technical Assistance Resources', and 'Outreach & Education'. A woman in a blue shirt and black skirt is pointing to the 'Applications, Forms, & Notices' button. A speech bubble next to her contains the text: 'Let's practice finding resources you can use to help consumers. We will start at the Marketplace.cms.gov home page. A family needs a paper application to apply for Marketplace coverage because the HealthCare.gov website is down. Select the button that will lead you to the paper application.'

Let's practice finding resources you can use to help consumers. We will start at the Marketplace.cms.gov home page.

A family needs a paper application to apply for Marketplace coverage because the HealthCare.gov website is down. The correct area to select is "Applications, Forms, & Notices".

This button will take you to the paper application forms for Marketplace coverage (with and without financial assistance) for families and individuals and family application job aids in various languages. You can also find eligibility appeals forms and exemption applications here.

Frequently Used Resources (cont'd)

The screenshot shows the CMS.gov Health Insurance Marketplace website. At the top, there is a navigation bar with 'Resources', 'Text Version' (with a toggle switch), and 'Exit Course'. Below this is a blue header with 'Frequently Used Resources (cont'd)'. The main content area features the CMS.gov logo and 'Health Insurance Marketplace' text. A woman in a blue shirt and black skirt stands to the right, pointing towards the 'Technical Assistance Resources' button. A speech bubble above her says: 'This time, select the button you would use to find a list of assister webinars that contain important updates.' The website footer includes a navigation menu with 'Menu', 'Help', 'Glossary', 'Resources', and 'Map', along with 'Module 2 of 6' and 'Page 8 of 11'.

This time, select the button you would use to find a list of assister webinars that contain important updates. The correct choice is "Technical Assistance Resources".

This button will take you to a list of assister webinars that contain important updates. You will also be able to find information about various topics, such as Marketplace plans, special populations, SEPs, canceling or terminating Marketplace plans, and SHOP Marketplace resources.

Frequently Used Resources (cont'd)

The screenshot shows the CMS.gov Health Insurance Marketplace website. At the top, there is a navigation bar with "Resources", "Text Version" (with a red "OFF" indicator), and "Exit Course". Below this is a blue header with "Frequently Used Resources (cont'd)". The main content area features the CMS.gov logo, "Health Insurance Marketplace", and "Centers for Medicare & Medicaid Services". There are search and "Get email updates" buttons. The main heading is "Health Insurance Marketplace" with a sub-heading: "Welcome to the official Marketplace information source for assisters and outreach partners." Below this, it says: "On this site, you'll find information about assister programs and tools to help existing and new Health Insurance Marketplace consumers." At the bottom of the main content area are three buttons: "Applications, Forms, & Notices >", "Technical Assistance Resources >", and "Outreach & Education >". A callout box with a white background and a blue border points to the "Outreach & Education" button, containing the text: "Now select the button that will take you to multimedia files that you can share with consumers to help explain the Marketplaces to them." To the right of the callout box is a woman in a blue shirt and black skirt, standing with her hand on her chin in a thinking pose.

Now select the button that will take you to multimedia files that you can share with consumers to help explain the Marketplaces to them.


The correct choice is "Outreach & Education".

This button will take you to multimedia files that you can share with consumers to help you explain the Marketplaces to them. You will also find resources for presentations and promotional tools. These materials contain information tailored to various audiences, including newly enrolled consumers, special populations, and SHOP Marketplace consumers.

Knowledge Check

Resources Text Version Exit Course

Knowledge Check



Hi! My name is Ann, and I am a new assister. Can you tell me where to find resources I can use to help me do the best job I can to assist consumers?

Use the [Marketplace.cms.gov](https://marketplace.cms.gov) website to answer this question.
Choose **all that apply** and then select **Check Your Answer**.

- A. You show Ann the Applications, Forms, and Notices; Outreach and Education; and Technical Assistance Resources sections.
- B. You show Ann where to find the SOP Manual and the Roadmap to Resources.
- C. You do not tell Ann about the Assister newsletter because you don't want to overwhelm her with too much information.
- D. All of the above.

Check Your Answer

MenuHelpGlossaryResourcesMapModule 2 of 6Page 10 of 11

Hi! My name is Ann, and I am a new assister. Can you tell me where to find resources I can use to help me do the best job I can to assist consumers?

Use the [Marketplace.cms.gov](https://marketplace.cms.gov) website to answer this question.


- A. You show Ann the Applications, Forms, and Notices; Outreach and Education; and Technical Assistance Resources sections.
- B. You show Ann where to find the SOP Manual and the Roadmap to Resources.
- C. You do not tell Ann about the Assister newsletter because you don't want to overwhelm her with too much information.
- D. All of the above.

The correct answers are A and B. You should show Ann these areas on Marketplace.cms.gov that provide important information for assisters and consumers. You should tell Ann about the Assister Newsletter and how to subscribe, as that resource provides important up-to-date information for assisters.

Key Points

Resources Text Version Exit Course

Key Points



- 01 Resources located at Marketplace.cms.gov include the SOP Manual for Assisters in the Individual Federally-facilitated Marketplaces, The Assister's Roadmap to Resources, and Assister Newsletters.
- 02 IRS.gov also offers forms and resources that can be useful when you are helping consumers.

Menu Help Glossary Resources Map Module 2 of 6 Page 11 of 11

- Resources located at Marketplace.cms.gov include the SOP Manual for Assisters in the Individual Federally-facilitated Marketplaces, The Assister's Roadmap to Resources, and Assister Newsletters.
- IRS.gov also offers forms and resources that can be useful when you are helping consumers.

Helping Consumers Understand Marketplace Coverage Tax Forms

Introduction

Helping Consumers Understand Marketplace Coverage Tax Forms Text Version Exit Course

Introduction

Many tax-related resources may be useful to you when you are helping consumers.
You may help consumers understand the general purpose of certain IRS forms and help consumers understand the Marketplace-related components of the premium tax credit reconciliation process.

- 01 Tax Forms**
Identify tax forms consumers may need
- 02 Purpose of IRS Tax Forms**
State the purpose of IRS tax forms
- 03 Premium Tax Credit Reconciliation**
Explain the Marketplace-related components of the premium tax credit reconciliation process

Menu Help Glossary Resources Map Module 3 of 6 Page 1 of 8

Many tax-related resources may be useful to you when you are helping consumers.

You may help consumers understand the general purpose of certain IRS forms and help consumers understand the Marketplace-related components of the premium tax credit reconciliation process.

Tax Forms

Identify tax forms consumers may need

Purpose of IRS Tax Forms

State the purpose of IRS tax forms

Premium Tax Credit Reconciliation

Explain the Marketplace-related components of the premium tax credit reconciliation process

Introduction to Tax Forms for the Premium Tax Credit

Helping Consumers Understand Marketplace Coverage Tax Forms Text Version OFF ON Exit Course

Introduction to Tax Forms for the Premium Tax Credit

Remember, consumers can visit the IRS.gov homepage to learn about claiming a premium tax credit (PTC) and reconciling this amount with any advance payments of the premium tax credit (APTC) they received during the year.

Next we will review tax forms 1095-A and 8962. All consumers who enroll in qualified health plans (QHPs) through the individual market FFMs receive Form 1095-A regardless of whether they apply for programs to help lower their costs. Consumers who receive APTC must use Form 8962 to figure out the amount of PTC they are eligible for and reconcile that amount with any APTC they received as reported on Form 1095-A. If consumers receive APTC during a coverage year or wish to obtain a PTC for the previous year in which they had Marketplace coverage, they must file federal income taxes and complete Form 8962-- even if they are not otherwise required to do so.

Note: Always keep in mind that you should not provide tax advice in your role as an assister. Consumers can get additional help with IRS forms and other tax-related questions by seeking advice from a tax professional.

Form 1095-A Health Insurance Marketplace Statement VOID CORRECTED **2019**
OMB No. 1545-0046
Department of the Treasury Internal Revenue Service
Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095A for instructions and the latest information.

Part I Recipient Information

1 Marketplace identifier	2 Marketplace assigned policy number	3 Policy issuer's name
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)
13 City or town	14 State or province	15 Country and ZIP or foreign postal code

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16				
17				

Form 8962 Premium Tax Credit (PTC) **2019**
OMB No. 1545-0046
Department of the Treasury Internal Revenue Service
Attach to Forms 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8962 for instructions and the latest information.
Your social security number

You cannot take the PTC if your filing status is married filing separately, unless you qualify for an exception (see instructions). If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1 Tax family size. Enter your tax family size (see instructions)	1
2a Modified AGI. Enter your modified AGI (see instructions)	2a
2b Enter the total of your dependent's modified AGI (see instructions)	2b
3 Household income. Add the amounts on lines 2a and 2b (see instructions)	3
4 Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used: a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> Other 48 states and DC	4
5 Household income as a percentage of federal poverty line (see instructions)	5
6 Did you enter 433% on line 5? (See instructions if you entered less than 100%.) <input type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.	6
7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7
8a Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a
8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. See Part V, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.

Menu Help Glossary Resources Map Module 3 of 6 Page 2 of 8

Remember, consumers can visit the IRS.gov homepage to learn about claiming a premium tax credit (PTC) and reconciling this amount with any advance payments of the premium tax credit (APTC) they received during the year.

Next we will review tax forms 1095-A and 8962. All consumers who enroll in qualified health plans (QHPs) through the individual market FFMs receive Form 1095-A regardless of whether they apply for programs to help lower their costs. Consumers who receive APTC must use Form 8962 to figure out the amount of PTC they are eligible for and reconcile that amount with any APTC they received as reported on Form 1095-A. If consumers receive APTC during a coverage year or wish to obtain a PTC for the previous year in which they had Marketplace coverage, they must file federal income taxes and complete Form 8962-- even if they are not otherwise required to do so.

Note: Always keep in mind that you should not provide tax advice in your role as an assister. Consumers can get additional help with IRS forms and other tax-related questions by seeking advice from a tax professional.

Accessing and Understanding the General Purpose of IRS Form 1095-A

Helping Consumers Understand Marketplace Coverage Tax Forms Text Version Exit Course

Accessing and Understanding the General Purpose of IRS Form 1095-A

Consumers who have enrolled in a QHP through an individual market FFM will receive [Form 1095-A from the Marketplaces by mail](#). The form will also be available online through their Marketplace account. If household members enroll in different policies during the coverage year, they only need to submit one 1095-A for each policy in a household. Consumers should use the information on their Form 1095-A to complete [Form 8962](#), Premium Tax Credit (PTC). Form 1095-A contains the following information:

- Names and other information for the consumer or family members enrolled in a QHP
- Coverage information for a QHP, such as the premium amount, second lowest cost Silver plan (SLCSP) premium, and monthly APTC, if paid to the QHP or insurance company

Consumers need to review the information provided on Form 1095-A to make sure it's accurate. In addition, consumers may want to make sure the SLCSP information is correct.

Note: If a consumer believes enrollment-related information may be incorrect, the consumer should contact the [FFM Call Center](#). Consumers may also contact the [FFM Call Center](#) if they did not receive Form 1095-A by mail or through their Marketplace account.

Form **1095-A** **Health Insurance Marketplace Statement** VOID OMB No. 1545-2232
Department of the Treasury Internal Revenue Service **2019**
 CORRECTED
▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095A for instructions and the latest information.

Part I Recipient Information

1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name	
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth	
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)	
13 City or town	14 State or province	15 Country and ZIP or foreign postal code	

Part II Covered Individuals

Menu Help Glossary Resources Map Module 3 of 6 Page 3 of 8

Consumers who have enrolled in a QHP through an individual market FFM will receive [Form 1095-A from the Marketplaces by mail](#). The form will also be available online through their Marketplace account. If household members enroll in different policies during the coverage year, they only need to submit one 1095-A for each policy in a household. Consumers should use the information on their Form 1095-A to complete [Form 8962](#), Premium Tax Credit (PTC). Form 1095-A contains the following information:

- Names and other information for the consumer or family members enrolled in a QHP
- Coverage information for a QHP, such as the premium amount, second lowest cost Silver plan (SLCSP) premium, and monthly APTC, if paid to the QHP or insurance company

Consumers need to review the information provided on Form 1095-A to make sure it's accurate. In addition, consumers may want to make sure the SLCSP information is correct.

Note: If a consumer believes enrollment-related information may be incorrect, the consumer should contact the [FFM Call Center](#). Consumers may also contact the [FFM Call Center](#) if they did not receive Form 1095-A by mail or through their Marketplace account.

The Second Lowest Cost Silver Plan

Helping Consumers Understand Marketplace Coverage Tax Forms Text Version Exit Course

The Second Lowest Cost Silver Plan

SLCSP

Before continuing with more information about Form 1095-A, let's review the SLCSP. The SLCSP is the second lowest cost Silver plan premium available to a consumer and any family members in their geographic area at the time they enrolled in Marketplace coverage. This isn't necessarily the plan a consumer enrolls in; rather, it's the plan premium used to determine the amount of PTC the consumer is eligible for to purchase QHP coverage if he or she isn't eligible for other health coverage.

Select each to learn more.

Again, remember that you should not provide tax advice in your role as an assister. This means you should not help consumers fill out tax forms and you should not help them file their taxes. However, you can help consumers seek assistance from a tax specialist to complete the form. You will find additional information about tax-related referrals later in this course.

Additional information is available at [IRS.gov/uac/About-Form-1095-A](https://www.irs.gov/uac/About-Form-1095-A). Instructions to complete Form 1095-A are at [IRS.gov/pub/irs-pdf/i1095a.pdf](https://www.irs.gov/pub/irs-pdf/i1095a.pdf).

Menu Help Glossary Resources Map Module 3 of 6 Page 4 of 8

SLCSP

Before continuing with more information about Form 1095-A, let's review the SLCSP. The SLCSP is the second lowest cost Silver plan premium available to a consumer and any family members in their geographic area at the time they enrolled in Marketplace coverage. This isn't necessarily the plan a consumer enrolls in; rather, it's the plan premium used to determine the amount of PTC the consumer is eligible for to purchase QHP coverage if he or she isn't eligible for other health coverage.

Verifying the SLCSP

The SLCSP information provided on Form 1095-A may be inaccurate if:

- A "0" or blank is in the column for a month consumers or their family members were enrolled in a Marketplace plan
- Consumers had a change in their household that they did not report to the Marketplaces, such as having a baby
- Consumers didn't apply for financial assistance when completing their Marketplace application and now want to find out if they qualify
- Consumers didn't take APTC to lower their premium amount

If any of the above applies to consumers, they can use the [Health Coverage Tax Tool](#) to determine their SLCSP.

SLCSP Results

Consumers can complete simple questions using the tax tool to find the SLCSP in their geographic area. When using the tool, it is important for consumers to select each month they had Marketplace coverage and paid their premiums. Remember, you should not help consumers fill out IRS Form 8962 or help them file their taxes.

View the example of SLCSP results from the tool. The results provide the premium amount used to calculate the premium tax credit on Form 8962. Again, the premium amount is the second lowest premium in the Silver plan category available to consumers in their geographic area and will be used to compare or reconcile on Form 8962.

If the SLCSP results and the amounts on the form are different, a consumer does not need to request a new Form 1095-A. Consumers can print out their results from the tax tool and submit them when filing their tax returns.

SLCSP In Depth

Premium Tax Credit Calculation and Premium Increases

PTCs are calculated in a way that protects consumers financially against rising premium costs. Generally, PTCs for eligible consumers are likely to increase as average premium prices increase. Remember, PTCs are calculated as the difference between consumers' monthly premium costs and the premium of the SLCSP available to them. If consumers' household incomes remain the same from one year to the next while the SLCSP premium amount increases significantly, they will likely receive PTCs that cover the increase in cost.

If consumers enroll in plans with higher monthly premiums than the available SLCSP, they may still experience a price increase. However, if consumers enroll in the available SLCSP or a plan with a lower monthly premium than the SLCSP, their PTCs will likely compensate the increase in cost.

Note: As described in the Marketplace Assister Essentials course, consumers may determine how to use or distribute PTC amounts during the year. The amount of PTC a consumer distributes may need to be adjusted if premiums increase to ensure that monthly premiums are discounted to meet the consumer's needs. This may also affect a consumer's tax refund amount at the end of the year.

EXAMPLE:

Roy's expected contribution is \$50 per month. The premium for the SLCSP available to Roy is \$300 per month. Roy's PTC is \$250 per month. Roy can decide to purchase the SLCSP and pay \$50 per month toward the premium for that plan, or he can select a plan with a lower premium and pay less.

Again, remember that you should not provide tax advice in your role as an assister. This means you should not help consumers fill out tax forms and you should not help them file their taxes. However, you can help consumers seek assistance from a tax specialist to complete the form. You will find additional information about tax-related referrals later in this course.

Additional information is available at [IRS.gov/uac/About-Form-1095-A](https://www.irs.gov/uac/About-Form-1095-A). Instructions to complete Form 1095-A are at [IRS.gov/pub/irs-pdf/i1095a.pdf](https://www.irs.gov/pub/irs-pdf/i1095a.pdf).

Additional IRS Forms

Helping Consumers Understand Marketplace Coverage Tax FormsText Version ONExit Course

Additional IRS Forms

Consumers may also receive other 1095 forms, including 1095-B or 1095-C. They will receive these forms if they or someone in their household had coverage through a job or other source of insurance.

For example, consider a consumer who starts the year with employer-sponsored insurance. This consumer then loses his job and qualifies for Medicaid. Later, the consumer finds a new job and no longer qualifies for Medicaid, but that job does not offer health insurance coverage. Assuming he buys a QHP through a Marketplace, he will get three different 1095 forms at the end of the year:

- 1095-C for the employer-sponsored insurance
- 1095-B for the Medicaid coverage
- 1095-A for the Marketplace QHP

This consumer would need to use all three of these 1095 forms when filing taxes.

560118 VOIDOMB No. 1545-2252

Form **1095-B****Health Coverage** CORRECTED**2019**

Department of the Treasury
Internal Revenue Service

▶ Do not attach to your tax return. Keep for your records.
▶ Go to www.irs.gov/Form1095B for instructions and the latest information.

Part I Responsible Individual		
1 Name of responsible individual—First name, middle name, last name	2 Social security number (SSN) or other TIN	3 Date of birth (if SSN or other TIN is not available)
4 Street address (including apartment no.)	5 City or town	6 State or province
		7 Country and ZIP or foreign postal code
8 Enter letter identifying Origin of the Health Coverage (see instructions for codes): . . . ▶ <input type="checkbox"/>		
9 Reserved		
Part II Information About Certain Employer-Sponsored Coverage (see instructions)		
10 Employer name	11 Employer identification number (EIN)	
12 Street address (including room or suite no.)	13 City or town	14 State or province
		15 Country and ZIP or foreign postal code
Part III Issuer or Other Coverage Provider (see instructions)		
16 Name	17 Employer identification number (EIN)	18 Contact telephone number
19 Street address (including room or suite no.)	20 City or town	21 State or province
		22 Country and ZIP or foreign postal code

MenuHelpGlossaryResourcesMapModule 3 of 6Page 5 of 8

Consumers may also receive other 1095 forms, including 1095-B or 1095-C. They will receive these forms if they or someone in their household had coverage through a job or other source of insurance.

For example, consider a consumer who starts the year with employer-sponsored insurance. This consumer then loses his job and qualifies for Medicaid. Later, the consumer finds a new job and no longer qualifies for Medicaid, but that job does not offer health insurance coverage. Assuming he buys a QHP through a Marketplace, he will get three different 1095 forms at the end of the year:

- 1095-C for the employer-sponsored insurance
- 1095-B for the Medicaid coverage
- 1095-A for the Marketplace QHP

This consumer would need to use all three of these 1095 forms when filing taxes.

Availability of IRS Resources, Including the General Purpose of and How to Access IRS Form 8962

Helping Consumers Understand Marketplace Coverage Tax Forms Text Version Exit Course

Availability of IRS Resources, Including the General Purpose of and How to Access IRS Form 8962

After consumers receive Form 1095-A and confirm the information on it is accurate, they can complete Form 8962, Premium Tax Credit (PTC). Form 8962 helps consumers determine the amount of PTC they actually qualified for during a tax year and reconcile that amount with the amount of APTC they received. The Marketplaces discontinue APTC and CSRs for consumers who do not reconcile APTC paid on their behalf by filing a federal income tax return and including Form 8962 for the previous benefit year.

Remember, APTC is the amount paid to an insurance company to reduce or subsidize a consumer's premium amount. The amount of PTC a consumer actually qualifies for during the year may reduce the amount of taxes the consumer owes by generating a refund or increasing a refund amount (as applicable) to provide financial assistance to pay for the QHP premium. If the PTC is more than the APTC, the consumer can take the difference as a tax credit on their tax return. If APTC are greater than the PTC, the consumer must repay the excess APTC, subject to certain limitations.

To reconcile Form 8962, consumers should include the premium and SLCS amounts from Form 1095-A and contribution amounts as described in Form 8962.

Additional information is available at [IRS.gov/uac/About-Form-8962](https://www.irs.gov/uac/About-Form-8962).

Instructions to complete Form 8962 are at [IRS.gov/pub/irs-pdf/i8962.pdf](https://www.irs.gov/pub/irs-pdf/i8962.pdf). As a reminder, in your role as an assister, you should not provide tax advice. You should not help consumers fill out tax forms and you should not help consumers file their taxes. Consumers may also seek assistance from a tax specialist to complete the form.

Form 8962 Premium Tax Credit (PTC)

Department of the Treasury Internal Revenue Service

OMB No. 1545-0074
2019
Attachment Sequence No. 73

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form8962 for instructions and the latest information.

Name shown on your return _____ Your social security number _____

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception (see instructions). If you qualify, check the box

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size (see instructions)	1	
2a	Modified AGI. Enter your modified AGI (see instructions)	2a	
b	Enter the total of your dependents' modified AGI (see instructions)	2b	
3	Household income. Add the amounts on lines 2a and 2b (see instructions)	3	
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3 (see instructions). Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input type="checkbox"/> Other 48 states and DC	4	
5	Household income as a percentage of federal poverty line (see instructions)	5	%
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%.) <input type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.		
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	
		b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount
		8b	

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage (see instructions)?
 Yes. Skip to Part IV Allocation of Policy Amounts, or Part V Alternative Calculation for Year of Marriage No. Continue to line 10

Menu Help Glossary Resources Map Module 3 of 6 Page 6 of 8

After consumers receive Form 1095-A and confirm the information on it is accurate, they can complete Form 8962, Premium Tax Credit (PTC). Form 8962 helps consumers determine the amount of PTC they actually qualified for during a tax year and reconcile that amount with the amount of APTC they received. The Marketplaces discontinue APTC and CSRs for consumers who do not reconcile APTC paid on their behalf by filing a federal income tax return and including Form 8962 for the previous benefit year.

Remember, APTC is the amount paid to an insurance company to reduce or subsidize a consumer's premium amount. The amount of PTC a consumer actually qualifies for during the year may reduce the amount of taxes the consumer owes by generating a refund or increasing a refund amount (as applicable) to provide financial assistance to pay for the QHP premium. If the PTC is more than the APTC, the consumer can take the difference as a tax credit on their tax return. If APTC are greater than the PTC, the consumer must repay the excess APTC, subject to certain limitations.

To reconcile Form 8962, consumers should include the premium and SLCS amounts from Form 1095-A and contribution amounts as described in Form 8962.

Additional information is available at [IRS.gov/uac/About-Form-8962](https://www.irs.gov/uac/About-Form-8962).

Instructions to complete Form 8962 are at [IRS.gov/pub/irs-pdf/i8962.pdf](https://www.irs.gov/pub/irs-pdf/i8962.pdf). As a reminder, in your role as an assister, you should not provide tax advice. You should not help consumers fill out tax forms and you should not help consumers file their taxes. Consumers may also seek assistance from a tax specialist to complete the form.

Applying for Advance Payments of the Premium Tax Credit Scenario

The screenshot shows a digital course interface. At the top, there is a dark blue header with the text 'Helping Consumers Understand Marketplace Coverage Tax Forms' and 'Text Version' with a red toggle switch. Below this is a blue sub-header with the title 'Applying for Advance Payments of the Premium Tax Credit Scenario'. The main content area features a woman in a blue shirt and black skirt on the left, pointing towards a large whiteboard on the right. A speech bubble next to her contains the text: 'Let's say you are preparing to meet with consumers to help them review the tax forms received for their premium tax credit. What information should you be prepared to assist them with or explain to them?'. The whiteboard has a central black box with the text 'Information you can provide.'. At the bottom, there is a navigation bar with icons for Menu, Help, Glossary, Resources, and Map, along with the text 'Module 3 of 6' and 'Page 7 of 8' with left and right arrow buttons.

Let's say you are preparing to meet with consumers to help them review the tax forms received for their premium tax credit. What information should you be prepared to assist them with or explain to them?

- Why they are receiving Form 1095-A
- That Form 1095-A is used to complete Form 8962
- The general purpose of Form 1095-A and Form 8962
- Why more than one copy of Form 1095-A was received, if applicable
- How to locate Form 1095-A online at their Marketplace account
- Explain next steps if the consumer finds incorrect information on Form 1095-A, such as wrong address, incorrect premium amounts or SLCSP*, or dependents that the consumer added to coverage but were not included on the form

*The SLCSP on Form 1095-A may be incorrect if: there is a zero or blank in a column for a month the consumer or family members were enrolled in a Marketplace plan, the consumer did not take APTC or did not apply for financial assistance previously, or the consumer did not report a household change to the FFM.

Keep in mind that you should not provide tax advice when acting in your role as an assister. Providing basic information about Form 1095-A and informing the consumer about IRS resources is the most appropriate action you should take when helping consumers. The consumer should fill out Form 8962 on his or her own behalf. You should not help the consumer fill out Form 8962. You should not advise consumers about whether to file an amended tax return and should not help them complete their income tax return. Consumers should be directed to IRS resources, or to licensed tax advisers or tax preparers, for assistance with tax preparation and tax advice related to these forms.


Additional Information

Beginning with Navigator grants awarded in 2019, FFM Navigators may but are no longer required to assist consumers with Marketplace-related components of the premium tax credit reconciliation process and IRS resources on this process.

Key Points

Helping Consumers Understand Marketplace Coverage Tax Forms Text Version Exit Course

Key Points



- 01 IRS.gov offers forms and resources that can be useful when you are helping consumers.
- 02 You may help consumers understand the general purpose of IRS Forms 1095-A and 8962, as well as Marketplace-related components of the premium tax credit reconciliation process.
- 03 You should not provide tax advice in your role as an assister. Consumers can get additional help with IRS forms and other tax-related questions by seeking advice from a tax professional.

Menu Help Glossary Resources Map Module 3 of 6 Page 8 of 8

- IRS.gov offers forms and resources that can be useful when you are helping consumers.
- You may help consumers understand the general purpose of IRS Forms 1095-A and 8962, as well as Marketplace-related components of the premium tax credit reconciliation process.
- You should not provide tax advice in your role as an assister. Consumers can get additional help with IRS forms and other tax-related questions by seeking advice from a tax professional.

Engaging Consumers in the Marketplaces

Introduction

The screenshot shows a course interface with a dark blue header containing 'Engaging Consumers in the Marketplaces', 'Text Version' (with a red 'off' toggle), and 'Exit Course'. Below the header is a blue bar labeled 'Introduction'. The main content area features a central vertical arrow graphic with four segments, numbered 01 to 04, pointing downwards. Each segment is associated with a topic and a brief description:

- 01 Preparing Materials**: Describe information security, information privacy, and customer service considerations for preparing materials for community outreach, an enrollment appointment, and a post-enrollment follow up.
- 02 Customer Service Questions**: List questions assisters should consider when working with consumers.
- 03 Knowledge Gaps**: Describe strategies for responding to enrollment objections from eligible consumers and for filling knowledge gaps.
- 04 Using the 3 Cs**: Describe how to use the 3 Cs (cost, coverage, and convenience) to help consumers review their health coverage options.

At the bottom of the page is a navigation bar with icons for Menu, Help, Glossary, Resources, and Map. It also displays 'Module 4 of 6', 'Page 1 of 16', and navigation arrows.

As an assister, you are likely to work with consumers the very first time they come into contact with the FFMs. For this reason, it's important that you are ready to provide assistance to consumers.

Preparing Materials

Describe information security, information privacy, and customer service considerations for preparing materials for community outreach, an enrollment appointment, and a post-enrollment follow up

Customer Service Questions

List questions assisters should consider when working with consumers

Knowledge Gaps

Describe strategies for responding to enrollment objections from eligible consumers and for filling knowledge gaps

Using the 3 Cs

Describe how to use the 3 Cs (cost, coverage, and convenience) to help consumers review their health coverage options

Outreach or Enrollment Events

Engaging Consumers in the Marketplaces Text Version Exit Course

Outreach or Enrollment Events


If your organization is participating in an outreach or enrollment event, it might be helpful to create a sign-up sheet for consumers so you can follow up with them later.

Information Privacy and Security Guidelines for Sign-up Sheets

The following guidelines regarding sign-up sheets will help you comply with FFM privacy and security standards:

- You must clearly communicate in writing that, by providing their name and contact information, consumers are consenting to be contacted for application and enrollment assistance.

Example: "By signing up, you agree that it is okay for an assister to contact you to help you with health care coverage and/or the Marketplaces."
- Any personally identifiable information (PII) collected on the sign-up sheet should be kept private and secure and accessed only by staff who need it.
- It is unlikely that authorizations provided by consumers on an event sign-up sheet will contain the minimum elements required for obtaining consumers' authorization to access their PII for purposes related to your assister functions. These minimum required elements are summarized in CMS guidance available at [Marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf](https://www.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf). Thus, you should obtain a full and complete authorization if and when you follow up with the consumer by following your organization's standard authorization procedures.



Menu Help Glossary Resources Map Module 4 of 6 Page 2 of 16

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Preparing Consumers to Enroll in Coverage

Engaging Consumers in the Marketplaces Text Version Exit Course

Preparing Consumers to Enroll in Coverage

Consumer education and assistance begins when assisters set up enrollment appointments. These appointments encourage consumers to start thinking about the information they will need to apply for and enroll in health coverage, as well as important things they should consider when choosing a plan. When consumers schedule appointments in advance, it makes it easier to predict the appropriate number of assisters needed [on site](#).


Consumer Pre-Enrollment Packet

As soon as a consumer makes an appointment, assisters can email or mail a hard copy of a pre-enrollment packet. This packet should include these types of items:

- A list of important dates, such as when Open Enrollment for the FFMs begins and ends
- A form consumers can use to note the date and time of their appointment
- Instructions on how to set up an email address, a HealthCare.gov account, and important information to retain after doing so (e.g., a hint that will help them remember their usernames and passwords)
- A checklist of what to bring to the appointment to help the consumer complete the application
- Introductory brochures about the Marketplaces and health insurance, such as "[The Value of Health Insurance](#)" and "[Questions to Ask Yourself When Choosing a Plan](#)"

Before the Appointment

If you schedule in-person appointments with consumers, you should call them the day before their appointment to confirm, review what they should bring, and provide directions and parking information. This increases the likelihood that consumers will have a smooth and stress-free experience. When making this call to consumers, make sure you follow your organization's PII protocol regarding leaving messages for consumers.



Menu Help Glossary Resources Map Module 4 of 6 Page 3 of 16

Consumer education and assistance begins when assisters set up enrollment appointments. These appointments encourage consumers to start thinking about the information they will need to apply for and enroll in health coverage, as well as important things they should consider when choosing a plan. When consumers schedule appointments in advance, it makes it easier to predict the appropriate number of assisters needed on site.

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As soon as a consumer makes an appointment, assisters can email or mail a hard copy of a pre-enrollment packet. This packet should include these types of items:

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- A form consumers can use to note the date and time of their appointment
- Instructions on how to set up an email address, a HealthCare.gov account, and important information to retain after doing so (e.g., a hint that will help them remember their usernames and passwords)
- A checklist of what to bring to the appointment to help the consumer complete the application
- Introductory brochures about the Marketplaces and health insurance, such as "[The Value of Health Insurance](#)" and "[5 Questions to Ask Yourself When Choosing a Plan](#)"

Before the Appointment

If you schedule in-person appointments with consumers, you should call them the day before their appointment to confirm, review what they should bring, and provide directions and parking information. This increases the likelihood that consumers will have a smooth and stress-free experience. When making this call to consumers, make sure you follow your organization's PII protocol regarding leaving messages for consumers.

On Site

Navigators are no longer required to maintain a physical presence in their Marketplace service area and may provide remote application assistance in some cases. However, these tips continue to be best practices when assisting consumers.

Questions to Consider When Helping Consumers

Engaging Consumers in the Marketplaces

Text Version Exit Course

Questions to Consider When Helping Consumers

When working with consumers, such as during a scheduled appointment, you should have conversations with them to gauge their knowledge about health coverage, the PPACA, and the Marketplaces. This is especially important when you are meeting with them for the first time.

Next

Menu Help Glossary Resources Map Module 4 of 6 Page 4 of 16

When working with consumers, such as during a scheduled appointment, you should have conversations with them to gauge their knowledge about health coverage, the PPACA, and the Marketplaces. This is especially important when you are meeting with them for the first time.

Here are some questions to ask related to **health coverage**.

- What questions do you have about coverage?
- How have you managed your health care costs in the past?
- Do you understand how premiums, deductibles, coinsurance, and copayments function?

Here are some questions to ask related to the **PPACA**.

- What questions do you have about how the PPACA can lower the cost of your coverage?
- Do you understand the consequences for consumers who do not meet the coverage requirements?
- Are you aware that some consumers may be exempt from the requirement to obtain coverage?

Here are some questions to ask related to **Marketplaces**.

- What questions do you have about applying for and enrolling in coverage through the Marketplaces?
- What questions do you have about the coverage available through the Marketplaces?

Are you aware of the types of services that Marketplace plans cover?

Responding to Enrollment Objections From Eligible Consumers

The screenshot shows a digital course slide. At the top left, it says 'Engaging Consumers in the Marketplaces'. At the top right, there are buttons for 'Text Version' (with a red 'OFF' indicator) and 'Exit Course'. The main title of the slide is 'Responding to Enrollment Objections From Eligible Consumers'. The slide content consists of a large white rectangular area with a thin grey border. Inside this area, on the left, is a 'Continue' button. On the right, there is a photograph of a woman in a blue button-down shirt and a dark skirt. A speech bubble points from the text to her. The text in the speech bubble reads: 'During appointments or other meetings with consumers, you may find that they are hesitant to sign up for coverage through the Marketplaces. When this happens, you should consider what factors are holding them back. Every consumer is different. Ultimately, it is the consumer's choice whether or not to enroll. While it's important to explain why consumers should have health insurance, it's even more important to identify any knowledge gaps they might have.' At the bottom of the slide, there is a navigation bar with icons for 'Menu', 'Help', 'Glossary', 'Resources', and 'Map'. It also displays 'Module 4 of 6', 'Page 5 of 16', and left and right navigation arrows.

During appointments or other meetings with consumers, you may find that they are hesitant to sign up for coverage through the Marketplaces. When this happens, you should consider what factors are holding them back. Every consumer is different. Ultimately, it is the consumer's choice whether or not to enroll.

While it's important to explain why consumers should have health insurance, it's even more important to identify any knowledge gaps they might have.

Cost is the main barrier to insurance. Often consumers make calculated decisions based on more than just the premium. They also consider out-of-pocket expenses, deductibles, copayments, and other factors in their decisions.

Emphasize affordability. The following statistics show that the PPACA has lowered costs for many consumers:

- During the Open Enrollment Period (OEP) for 2020 coverage, more than 8 in 10 individuals with a Marketplace plan selection received APTC.
- The average net premium after these consumers applied APTC was \$89 per month.
- The average APTC covered about 85 percent of the total premium cost for eligible consumers.

Responding to Enrollment Objections From Eligible Consumers (cont'd)


Engaging Consumers in the Marketplaces Text Version Exit Course

Responding to Enrollment Objections From Eligible Consumers (cont'd)

Here are a few examples you could share with them:

- Individual and small group market health insurance covers essential health benefits critical to maintaining your health and treating illness and accidents.
- Health insurance protects you from unexpected, high medical costs.
- You often pay less for covered in-network health care, as opposed to out-of-network care.
- Even before you meet your deductible, under most coverage, you get certain recommended preventive care at no additional cost, including vaccines, screenings, and some checkups.

When responding to consumers with cost objections, you can remind them that no one plans to get sick or injured, but most people need medical care at some point. Health insurance helps enrollees cover their medical care costs while offering many other important benefits.



The image shows a woman in a blue button-down shirt and a black skirt pointing towards a whiteboard. The whiteboard contains a list of points and a callout box with text. The callout box text is: "When responding to consumers with cost objections, you can remind them that no one plans to get sick or injured, but most people need medical care at some point. Health insurance helps enrollees cover their medical care costs while offering many other important benefits."

Menu Help Glossary Resources Map Module 4 of 6 Page 6 of 16

When responding to consumers with cost objections, you can remind them that no one plans to get sick or injured, but most people need medical care at some point. Health insurance helps enrollees cover their medical care costs while offering many other important benefits.

Here are a few examples you could share with them:

- Individual and small group market health insurance covers essential health benefits critical to maintaining your health and treating illness and accidents.
- Health insurance protects you from unexpected, high medical costs.
- You often pay less for covered in-network health care, as opposed to out-of-network care.
- Even before you meet your deductible, under most coverage, you get certain recommended preventive care at no additional cost, including vaccines, screenings, and some checkups.

Additional Objections From Eligible Consumers

Engaging Consumers in the Marketplaces Text Version Exit Course

Additional Objections From Eligible Consumers

There are other reasons uninsured consumers may be putting off purchasing health insurance. Many uninsured consumers still get care when needed and pay cost-sharing amounts for services. Others fear committing to a plan when they can get temporary coverage. For example, consumers may get temporary coverage when they are in between jobs or when they are otherwise not covered by employer-sponsored insurance.

Also, there are substantial knowledge gaps among consumers around tax credits and SEPs. You will need to help explain these benefits to them to increase their understanding.



Menu Help Glossary Resources Map Module 4 of 6 Page 7 of 16

There are other reasons uninsured consumers may be putting off purchasing health insurance. Many uninsured consumers still get care when needed and pay cost-sharing amounts for services. Others fear committing to a plan when they can get temporary coverage. For example, consumers may get temporary coverage when they are in between jobs or when they are otherwise not covered by employer-sponsored insurance.

Also, there are substantial knowledge gaps among consumers around tax credits and SEPs. You will need to help explain these benefits to them to increase their understanding.

Knowledge Gaps

Engaging Consumers in the Marketplaces Text Version Exit Course

Knowledge Gaps

When trying to fill knowledge gaps for consumers, remember to keep your message simple by practicing the following:

- Realize that consumers may not understand Marketplaces or insurance terminology, including "Open Enrollment."
- Use consistent, short, and easy-to-understand messages. Instead of "There are affordability programs to help you pay lower monthly premiums," say, "You may pay lower costs."
- Don't avoid talking about specific concepts because you think they are too complicated (e.g., deductibles, cost sharing, etc.). Find clear and concise ways to talk about them.



Menu Help Glossary Resources Map Module 4 of 6 Page 8 of 16

When trying to fill knowledge gaps for consumers, remember to keep your message simple by practicing the following:

- Realize that consumers may not understand Marketplaces or insurance terminology, including "Open Enrollment."
- Use consistent, short, and easy-to-understand messages. Instead of "There are affordability programs to help you pay lower monthly premiums," say, "You may pay lower costs."
- Don't avoid talking about specific concepts because you think they are too complicated (e.g., deductibles, cost sharing, etc.). Find clear and concise ways to talk about them.

Helping Consumers Find Coverage That Best Fits Their Needs

Engaging Consumers in the Marketplaces Text Version Exit Course

Helping Consumers Find Coverage That Best Fits Their Needs


We have addressed several common enrollment objections you may encounter and provided tips to help alleviate consumers' concerns. Next, we'll review how you can address cost, coverage, and convenience (the 3 Cs) when helping consumers find coverage that meets their needs.

Consumers will want to know:

- How much the plan costs
- Whether the services they need are covered
- Whether the plan benefits are convenient

When assisting consumers, you will want to review the following information with them:

- Plan costs, including the premium, copayments, and deductibles
- Which benefits are most important to the consumer
- Details associated with each plan (e.g., in-network doctors and covered prescription drugs)



Menu Help Glossary Resources Map Module 4 of 6 Page 9 of 16

We have addressed several common enrollment objections you may encounter and provided tips to help alleviate consumers' concerns. Next, we'll review how you can address cost, coverage, and convenience (the 3 Cs) when helping consumers find coverage that meets their needs.

Consumers will want to know:

- How much the plan costs
- Whether the services they need are covered
- Whether the plan benefits are convenient

When assisting consumers, you will want to review the following information with them:

- Plan costs, including the premium, copayments, and deductibles
- Which benefits are most important to the consumer
- Details associated with each plan (e.g., in-network doctors and covered prescription drugs)

Using the 3 Cs to Help New Consumers

Engaging Consumers in the Marketplaces

Text Version Exit Course

Using the 3 Cs to Help New Consumers

You can use the 3 Cs to assist consumers who are new to the Marketplaces, as well as those who are familiar with various Marketplace coverage options. Select the **Cost**, **Coverage**, and **Convenience** buttons to view sample questions for each of the 3 Cs.

Cost

Coverage

Convenience

Menu Help Glossary Resources Map Module 4 of 6 Page 10 of 16

You can use the 3 Cs to assist consumers who are new to the Marketplaces, as well as those who are familiar with various Marketplace coverage options.

Sample questions for each of the 3 Cs:

Cost

"Are you willing to see a different doctor if the plan is less expensive?"

"Would you rather pay low monthly premiums and a potentially higher deductible for health services?"

"Do your eligibility results qualify you for premium tax credits or cost-sharing reductions? Most people can only take advantage of cost-sharing reductions (CSRs) if they select a Silver plan."

Coverage

"What services are you looking to receive?"

"What type of coverage do you think is ideal for you or your family?"

"Would you prefer a plan that allows you to see out-of-network providers?"

"Would you prefer a plan that only covers basic services like annual checkups?"

"Are you just looking for coverage to protect you in the case of serious illness or injury?"

"Do you have any chronic medical conditions that require special consideration before you pick a plan?"

Convenience

"How important is it to you that you keep seeing your doctor or visit your preferred hospital? If it is important, would you be willing to enroll in a more expensive plan?"

"Are you prescribed brand-name prescription drugs?"

"Would you consider enrolling in a plan that covers less of the cost of your health care if it includes the doctors and facilities you want?"

"Do you work in one state and reside in another? If yes, you may want to consider a multi-state plan or employer-sponsored insurance, if available."

Plan Selection: Reviewing Coverage Options

Engaging Consumers in the Marketplaces

Text Version Exit Course

Plan Selection: Reviewing Coverage Options

C Cost

C Coverage

C Convenience

You can also use the 3 Cs when assisting enrollees who are considering whether to re-enroll in their current plan or enroll in a different plan. By asking questions about consumers' experience with their existing Marketplace plan, you can find out what features they might want to look for in a new plan.

Select the **Cost**, **Coverage**, and **Convenience** buttons to view sample questions you may want to ask returning consumers.

Menu Help Glossary Resources Map Module 4 of 6 Page 11 of 16

You can also use the 3 Cs when assisting enrollees who are considering whether to re-enroll in their current plan or enroll in a different plan. By asking questions about consumers' experience with their existing Marketplace plan, you can find out what features they might want to look for in a new plan.

Cost

"Did your premium fit in your budget?"

"If you went to the doctor, were you able to afford your copayments?"

"Would you rather pay a higher premium and have lower additional costs next year?"

"Would you like to see if you qualify for premium tax credits or CSRs* next year? Many consumers save money by updating their information and shopping for new plans."

*Key Tip: If consumers become newly eligible for CSRs, remind them that most people must enroll in a Silver plan to get these savings.

Coverage

"Has your plan this year covered the benefits you needed?"

"Did you need more or less coverage for specific things?"

Convenience

"Did your plan cover the doctors and services you wanted to use?"

"Do you need a plan that covers something different?"

Identifying Plan Coverage Needs

Engaging Consumers in the Marketplaces

Text Version Exit Course

Identifying Plan Coverage Needs

By discussing the 3 Cs, you can learn a consumer's priorities and preferences for choosing a health plan. You can also help consumers use the Window Shopping Tool at [HealthCare.gov/see-plans/](https://www.healthcare.gov/see-plans/) to find a plan that matches their preferences. The tool allows the consumer to set filters and search for available health insurance plans and prices.

The filters can be used to narrow down the plan choices and refine results to focus on plans that best suit the consumer's needs. Here are some examples of how you can use the filters to assist a consumer:

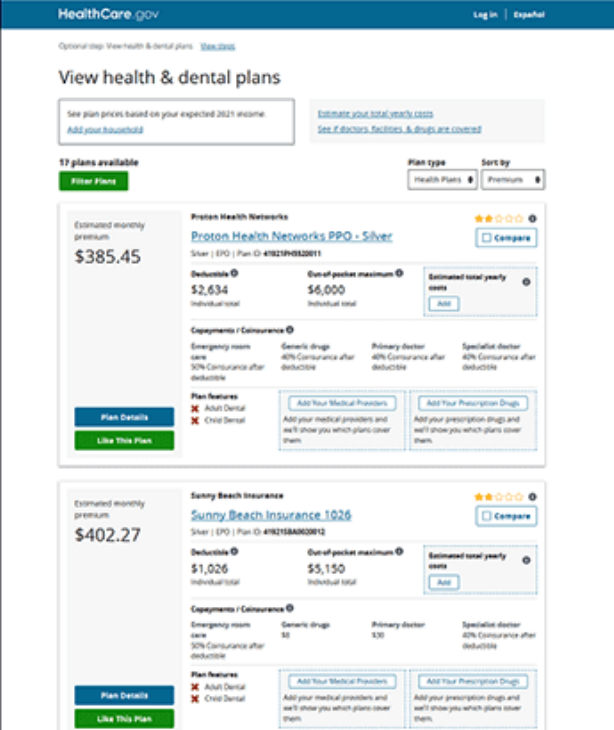
"I'm using the filter options to show only plans that are PPOs, as you requested. This way, you won't have any HMOs in your list."

"I'm using the filter options to show only plans with low deductible amounts. Low-deductible plans often have higher premiums, so the monthly cost for these plans may be more expensive."

"I'm using the filter options to show Silver plans only. Your eligibility results include CSRs that you only get to use if you choose a Silver metal plan*."

*This does not apply to American Indians or Alaska Natives; they can apply CSRs to any metal level plan.

Remember, you cannot choose plans for consumers or offer your personal opinions about different plans and providers. By showing a consumer the Window Shopping Tool, you can help the consumer make informed plan choices based on the coverage needs the consumer shared with you.



Menu Help Glossary Resources Map

Module 4 of 6 Page 12 of 16

By discussing the 3 Cs, you can learn a consumer's priorities and preferences for choosing a health plan. You can also help consumers use the Window Shopping Tool at [HealthCare.gov/see-plans/](https://www.healthcare.gov/see-plans/) to find a plan that matches their preferences. The tool allows the consumer to set filters and search for available health insurance plans and prices.

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Remember, you cannot choose plans for consumers or offer your personal opinions about different plans and providers. By showing a consumer the Window Shopping Tool, you can help the consumer make informed plan choices based on the coverage needs the consumer shared with you.

Post Enrollment Follow-up

Engaging Consumers in the Marketplaces Text Version Exit Course

Post Enrollment Follow-up

After consumers select a plan, you can provide a **post-enrollment packet** that includes a printout of their:

- Eligibility Determination Notice
- Plan name and ID number
- Monthly premium amount
- Their insurance company's website and contact information, and
- A Summary of Benefits and Coverage (SBC) for the plan they chose

Help consumers note their application ID and information that will help them remember how to access their HealthCare.gov and email accounts.

Provide your contact information so consumers can make another appointment with you if they choose.

Explain that you can help with post-enrollment issues such as submitting a life change and re-enrolling in coverage. Your organization's authorization form might contain language regarding the use of PII for certain follow-up purposes after initial enrollment.

MenuHelpGlossaryResourcesMapModule 4 of 6← Page 13 of 16 →

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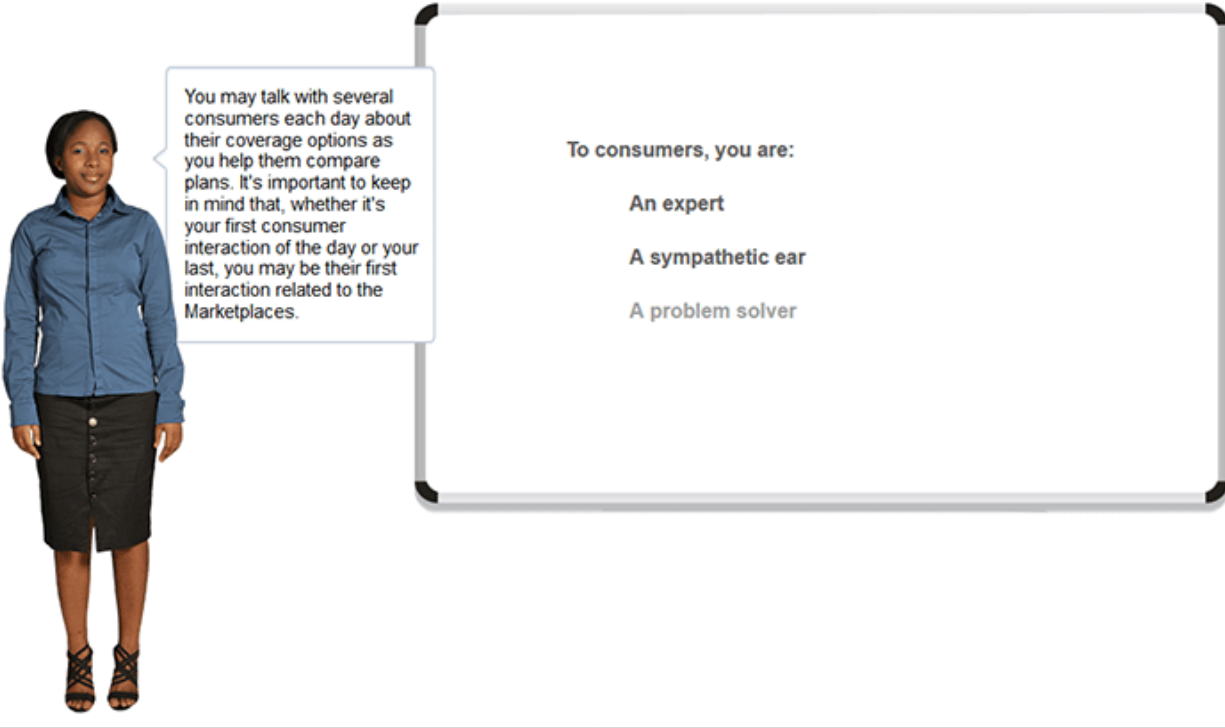
Provide your contact information so consumers can make another appointment with you if they choose.

Explain that you can help with post-enrollment issues such as submitting a life change and re-enrolling in coverage. Your organization's authorization form might contain language regarding the use of PII for certain follow-up purposes after initial enrollment.

Additional Tips on Customer Service

Engaging Consumers in the Marketplaces Text Version Exit Course

Additional Tips on Customer Service



You may talk with several consumers each day about their coverage options as you help them compare plans. It's important to keep in mind that, whether it's your first consumer interaction of the day or your last, you may be their first interaction related to the Marketplaces.

To consumers, you are:

- An expert
- A sympathetic ear
- A problem solver

Menu Help Glossary Resources Map Module 4 of 6 Page 14 of 16

You may talk with several consumers each day about their coverage options as you help them compare plans. It's important to keep in mind that, whether it's your first consumer interaction of the day or your last, you may be their first interaction related to the Marketplaces.

To consumers, you are:

- An expert
- A sympathetic ear
- A problem solver

Additional Tips on Customer Service (cont'd)

The screenshot shows a course interface with a dark blue header. The main title is 'Engaging Consumers in the Marketplaces'. On the right, there are links for 'Text Version' (with a red 'off' toggle) and 'Exit Course'. Below the header, a blue bar contains the title 'Additional Tips on Customer Service (cont'd)'. On the left, a woman in a blue shirt and black skirt stands next to a speech bubble that says: 'Let's practice a few customer service matters. Read each statement and then select True or False.' To her right, a hand holds a tablet displaying a quiz. The quiz consists of four statements, each with 'True' and 'False' buttons. The statements are: 1. 'Whenever a consumer objects to health insurance, no matter what they say, cost is always their greatest concern.' 2. 'Cost is the most common objection for people who refuse to obtain coverage.' 3. 'You should email or mail a pre-enrollment packet to the consumers.' 4. 'The 3 Cs are cost, coverage, and commitment.' At the bottom of the screen, a navigation bar includes icons for Menu, Help, Glossary, Resources, and Map, along with the text 'Module 4 of 6' and 'Page 15 of 16'.

Let's practice a few customer service matters. Read each statement and then determine if it is true or false.

Whenever a consumer objects to health insurance, no matter what they say, cost is always their greatest concern.

This is false.

Cost is the most common objection for people who refuse to obtain coverage.

This is true.

You should email or mail a pre-enrollment packet to the consumers.

This is true.


The 3 Cs are cost, coverage, and commitment.

This is false.

Key Points

Engaging Consumers in the Marketplaces Text Version Exit Course

Key Points



- 01 You can email or mail a pre-enrollment packet to consumers prior to their appointments with you.
- 02 Discussing the 3 Cs with consumers may help them consider their priorities when comparing various health plan options.
- 03 You can help consumers filter available plans using the Window Shopping Tool as they search for plans that might best meet their needs.

Menu Help Glossary Resources Map Module 4 of 6 Page 16 of 16

- You can email or mail a pre-enrollment packet to consumers prior to their appointments with you.
- Discussing the 3 Cs with consumers may help them consider their priorities when comparing various health plan options.
- You can help consumers filter available plans using the Window Shopping Tool as they search for plans that might best meet their needs.

Where to Seek Help for Common Issues

Introduction

The screenshot shows a course page with a dark blue header containing 'Where to Seek Help for Common Issues', 'Text Version' (with a toggle switch), and 'Exit Course'. Below the header is a blue bar with the word 'Introduction'. The main content area has a light gray background and contains the text: 'When helping consumers, assisters need to know where to go and whom to contact for common and sometimes complex coverage issues.' Below this is a vertical list of four items, each with a numbered arrow pointing to the right. Item 01 is 'Contacts for Additional Support' with the subtext 'List contacts available to help assisters and consumers when additional support is needed'. Item 02 is 'FFM Call Center' with the subtext 'Describe the assistance available from the FFM Call Center'. Item 03 is 'Appeal Eligibility Decisions' with the subtext 'List reasons a consumer can appeal eligibility decisions and to whom they should direct those appeals'. Item 04 is 'Health Insurance Casework System' with the subtext 'Describe the types of coverage issues that should be referred to the Health Insurance Casework System'. At the bottom of the page is a dark blue navigation bar with icons for 'Menu', 'Help', 'Glossary', 'Resources', and 'Map', along with the text 'Module 5 of 6', 'Page 1 of 10', and navigation arrows.

When helping consumers, assisters need to know where to go and whom to contact for common and sometimes complex coverage issues.

Contacts for Additional Support

List contacts available to help assisters and consumers when additional support is needed

FFM Call Center

Describe the assistance available from the FFM Call Center

Appeal Eligibility Decisions

List reasons a consumer can appeal eligibility decisions and to whom they should direct those appeals

Health Insurance Casework System

Describe the types of coverage issues that should be referred to the Health Insurance Casework System


Contacts for Additional Consumer Support

Where to Seek Help for Common Issues Text Version Exit Course

Contacts for Additional Consumer Support

When you're assisting consumers, there will be some issues that you might not be able to resolve on your own. There are several places and people that can provide additional consumer support:

- FFM Call Center
- Marketplace issuers (health insurance companies)
- FFM Appeals Center
- CMS Health Insurance Casework System (HICS)
- Tax preparers
- Other third-party organizations



Menu Help Glossary Resources Map Module 5 of 6 Page 2 of 10

When you're assisting consumers, there will be some issues that you might not be able to resolve on your own. There are several places and people that can provide additional consumer support:

- FFM Call Center
- Marketplace issuers (health insurance companies)
- FFM Appeals Center
- CMS Health Insurance Casework System (HICS)
- Tax preparers
- Other third-party organizations

FFM Call Center

Where to Seek Help for Common Issues

Text Version Exit Course

FFM Call Center

The FFM Call Center is open 24 hours a day, 7 days a week for consumers seeking health coverage through the FFMs. To find out the most common types of issues for which assisters use the Call Center, select **Continue**.

Continue

Menu Help Glossary Resources Map Module 5 of 6 Page 3 of 10

The FFM Call Center is open 24 hours a day, 7 days a week for consumers seeking health coverage through the FFMs.

1095-A Tax Forms

The Call Center can reply to requests for reprints or non-receipt of forms; however, you should encourage consumers to first check their HealthCare.gov accounts to retrieve copies of their forms.

The consumer can submit mailing address corrections, which will be forwarded to a CMS contractor for review and handling. Also, if there is disagreement with a coverage period or other information on Form 1095-A, the Call Center will be able to assist. In this case, consumers should first check with their QHP issuers and see what enrollment periods or APTC their issuers have on file. Please encourage consumers to work closely with their QHP issuers to resolve problems before turning to the FFM Call Center.

Exemptions

The Call Center can assist a consumer who needs to know their exemption certificate number (ECN) or if the consumer needs to check on the status of his or her exemption request.

Language Assistance

If a consumer requires language assistance that your organization does not have the immediate capacity to provide, or if you are a certified application counselor (CAC), you can refer the consumer to the FFM Call Center. The Call Center can help the consumer access language services.

Note: Navigators must help consumers in their preferred language at no cost to the consumer and must give consumers with limited English proficiency (LEP) oral and written notice in their preferred language of their right to receive language assistance services and how to obtain them.

Creating an Authorized Representative

An authorized representative is someone a consumer designates to communicate with the FFMs on the consumer's behalf about the consumer's application. A consumer can designate an authorized representative at any time by filling out a form or submitting a written request to an FFM.

Data Matching Issues

The Call Center will provide information on the status of DMIs and the review of any supporting documentation a consumer submits.


Marketplace Account and Eligibility Issues

The Call Center will provide assistance if a consumer has difficulty completing a Marketplace application, needs their password reset, or needs to unlock a HealthCare.gov account.

FFM Call Center (cont'd)

Where to Seek Help for Common Issues Text Version Exit Course

FFM Call Center (cont'd)



The FFM Call Center (1-800-318-2596) is the main source of assistance for individual market consumers who participate in the FFM.

Assisters who call the FFM Call Center to help consumers fix Marketplace account password issues can use the interactive voice response (IVR) feature to bypass the regular queue for assistance. If you're contacting the Call Center to help consumers address other issues, please be patient. Call Center customer service representatives are often very busy.

Menu Help Glossary Resources Map Module 5 of 6 Page 4 of 10

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Marketplace Issuers


Where to Seek Help for Common Issues Text Version Exit Course

Marketplace Issuers

Consumers can call Marketplace issuers with an assister present if they have problems with the following items:

- Enrollment
- Benefits and Coverage

Select each sticky note for more information.



Remember, issuers have trained representatives available to assist their customers; therefore, they are in the best position to assist consumers with issues regarding health plan benefits and coverage. If you participate in a consumer's call with an issuer, keep in mind that you should not provide legal advice in your role as an assister, and your role as an assister does not include becoming a consumer's legally authorized representative.

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Consumers can call Marketplace issuers with an assister present if they have problems with the following items:

- Enrollment
- Benefits and Coverage

Enrollment

- Delayed enrollment processing
- The plan incorrectly terminated coverage
- Incorrect application of APTC and/or CSRs

Benefits and Coverage


- Questions about covered benefits and prescription drug formularies
- Difficulty finding a network provider
- Excessive cost sharing being charged
- Claims processing
- Internal claims appeals and external review

Remember, issuers have trained representatives available to assist their customers; therefore, they are in the best position to assist consumers with issues regarding health plan benefits and coverage. If you participate in a consumer's call with an issuer, keep in mind that you should not provide legal advice in your role as an assister, and your role as an assister does not include becoming a consumer's legally authorized representative.

Eligibility Appeals

Where to Seek Help for Common Issues Text Version Exit Course

Eligibility Appeals



What if a consumer wants to appeal their eligibility for coverage, cost savings, exemptions, or other things through the Marketplaces? Can they do that?

Consumers can appeal most Marketplace eligibility decisions within 90 days of the initial decision.

Some common examples of decisions consumers can appeal are:

- Eligibility to enroll in a plan through the Marketplace (including Catastrophic)
- SEP eligibility
- Eligibility for lower costs based on consumers' incomes
- The amount of savings consumers are eligible for
- Eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- Eligibility for an exemption from the individual shared responsibility requirement

Continue

Menu Help Glossary Resources Map Module 5 of 6 Page 6 of 10

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- Eligibility for an exemption from the individual shared responsibility requirement

To check on the status of an appeal, consumers can call the FFM Appeals Center at 1-855-231-1751 (TTY 855-739-2231). Consumers who need additional assistance with the appeals process may visit the FFM Appeals Center at [HealthCare.gov/marketplace-appeals](https://www.healthcare.gov/marketplace-appeals).

When helping consumers understand the process of filing Marketplace eligibility appeals, keep in mind that you should not provide legal advice or become a consumer's legally authorized representative in your role as an assister.

CMS Health Insurance Casework System

Where to Seek Help for Common Issues

Text Version Exit Course

CMS Health Insurance Casework System

What happens if a consumer has an issue that cannot be resolved through the means we have already discussed? These issues may fall under the category of casework.

Continue

Menu Help Glossary Resources Map Module 5 of 6 Page 7 of 10

What happens if a consumer has an issue that cannot be resolved through the means we have already discussed? These issues may fall under the category of casework.

What Is Casework?

Casework involves complex matters received by the FFM Call Center or CMS directly where:

- Research is needed by CMS, a CMS contractor, or an issuer
- Issues require CMS review (e.g., exceptional circumstance SEP requests)
- Consumers indicate they have unsuccessfully sought resolution with their issuer

How Is Casework Managed?

Cases are recorded in the CMS Health Insurance Casework System (HICS) and:

- Assigned to the appropriate entity for review
 - CMS, contractor, and/or issuer
 - Most cases are assigned to issuers
- Consumers are informed of resolution, appeal rights (if any), and next steps
- FFM Call Center can provide status of most HICS cases

CMS HICS responsibilities include:

- Approving and denying exceptional circumstance SEPs
- Resolving complex cases, including Form 1095-A issues
- Monitoring issuer cases
 - Providing technical assistance and helping issuers with their cases
 - Reviewing issuer casework volume, age of cases, and trends

CMS Health Insurance Casework System (cont'd)

Where to Seek Help for Common Issues Text Version Exit Course

CMS Health Insurance Casework System (cont'd)

There are a few more things that you should know about casework.

Consumers may receive follow-up telephone calls asking for more information about their cases. If a consumer doesn't receive a call, it doesn't mean the case is not being reviewed.

Resolution times can vary depending on the nature of the issue, current volume, and urgency. Urgent medical need cases are expedited. Casework is the "last resort." Consumers should work through available resources, including their issuers when applicable, before looking to the casework process as a solution.

Note: While each escalation is different, the following processing times typically apply:

- HICS escalations may take up to 30 days, but they are usually completed sooner
- Form 1095-A mailing address correction requests may take up to 14 business days
- Form 1095-A complex research requests may take up to 30 days

Note: HICS escalations to a QHP issuer must be resolved within 15 calendar days of receipt of the case; however, they must be resolved within 72 hours if the 15-day period would jeopardize the consumer's health or function.



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Knowledge Check

Where to Seek Help for Common Issues Text Version Exit Course


Knowledge Check



Where should Denise tell consumers to go for help unlocking their HealthCare.gov accounts?

Choose the **correct answer** and then select **Check Your Answer**.

- A. A Marketplace issuer
- B. FFM Call Center
- C. The HICS system
- D. IRS.gov

 **Check Your Answer**

Menu Help Glossary Resources Map Module 5 of 6 Page 9 of 10

Hi! My name is Denise, and I am a new assister. I would like to find out where consumers can go to unlock their HealthCare.gov accounts.

Where should Denise tell consumers to go for help unlocking their HealthCare.gov accounts?


- A. A Marketplace issuer
- B. FFM Call Center
- C. The HICS system
- D. IRS.gov

The correct answer is B. Consumers should contact the FFM Call Center to get assistance with unlocking their HealthCare.gov accounts.

Key Points

Where to Seek Help for Common Issues Text Version Exit Course

Key Points



- 01 Consumers can contact the FFM Call Center 24 hours a day, 7 days a week to answer questions about topics including: Marketplace accounts and eligibility, resetting a Marketplace account password, DMIs, language assistance, exemptions assistance, and questions about tax Form 1095-A.
- 02 Consumers may contact the FFM Appeals Center at 1-855-231-1751 for assistance with filing an eligibility appeal.
- 03 Resolution times for complex issues in HICS vary and depend on the nature of the issue.

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- Resolution times for complex issues in HICS vary and depend on the nature of the issue.

Assister Community Collaboration and Consumer Referrals to Outside Organizations Introduction

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Introduction

Under CMS regulations, assisters in FFMs may be required to provide certain kinds of referrals or may find it helpful to collaborate or partner with outside organizations as part of outreach and enrollment assistance efforts. Outside organizations do not include other assister organizations or HHS entities, such as CMS Regional Offices. For more information, please see [Tips for Assistors on Working with Outside Organizations](#). Several guidelines and best practices may help you understand how to structure these relationships with outside organizations.

- 01 Required Referrals**
Consumer grievances, complaints, and questions about health coverage
- 02 Consumer Questions**
Referrals to licensed tax advisers, tax preparers, or other resources for tax assistance and advice related to the Marketplace application and enrollment process
- 03 Legal Questions and Eligibility Appeals**
Legal services referrals to help consumers with the process of filing Marketplace eligibility appeals
- 04 Other Referrals**
Referrals required to provide information in a manner accessible to individuals living with disabilities and individuals with Limited English Proficiency

Menu Help Glossary Resources Map Module 6 of 6 Page 1 of 15

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Required Referrals

Consumer grievances, complaints, and questions about health coverage

Consumer Questions

Referrals to licensed tax advisers, tax preparers, or other resources for tax assistance and advice related to the Marketplace application and enrollment process

Legal Questions and Eligibility Appeals

Legal services referrals to help consumers with the process of filing Marketplace eligibility appeals


Other Referrals

Referrals required to provide information in a manner accessible to individuals living with disabilities and individuals with Limited English Proficiency

What Kind of Referrals are Required?

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

What Kind of Referrals are Required?



When providing referrals that are **required** under CMS regulations, you must refer consumers to outside organizations that are required to provide fair, accurate, and impartial information.

Your referrals to other organizations and your partnerships or collaborations with other organizations must also be consistent with the statutory and regulatory requirements that apply to assisters:

- You must provide information in a fair, accurate, and impartial manner.
- Conflict of interest provisions prohibit you from receiving any direct or indirect consideration from any health insurance issuer (or stop loss insurance issuer) in connection with the enrollment of any individuals in a QHP or a non-QHP.

Let's examine what kinds of referrals are required.

Menu Help Glossary Resources Map Module 6 of 6 Page 2 of 15

When providing referrals that are **required** under CMS regulations, you must refer consumers to outside organizations that are required to provide fair, accurate, and impartial information.

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Let's examine what kinds of referrals are required.

Consumers with Grievances, Complaints, and Questions about Health Coverage

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Consumers with Grievances, Complaints, and Questions about Health Coverage

When consumers need additional assistance with grievances, complaints, or questions about their health plan, coverage, or a plan or coverage determination, Navigators must provide referrals to an office of health insurance consumer assistance, health insurance ombudsman, or other appropriate state agencies.

Consumer Assistance Programs or Ombudsmen can help consumers:

- File complaints and appeals against health plans
- Obtain premium tax credits through the Marketplaces
- Learn about their rights and become empowered to take action

As long as CACs have sufficient knowledge to make these types of referrals, they may, but are not required, to provide them.



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Consumer Questions about Certain Tax Topics

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Consumer Questions about Certain Tax Topics

Tax professionals can help consumers with preparing and filing their tax returns. They can also answer consumers' questions about exemptions from the requirement to maintain MEC, the individual shared responsibility payment (for tax years prior to 2019), and premium tax credit reconciliations.

Remember, assisters are not allowed to provide tax advice to consumers. FFM Navigators are not required to provide referrals to licensed tax advisers, tax preparers, and similar resources, but Navigators and CACs may optionally provide these types of referrals if they have sufficient knowledge to do so.

If you choose to provide referrals for consumers with certain tax-related questions, you should be familiar with the following resources:

- [The Volunteer Income Tax Assistance \(VITA\) program](#)
- [The Tax Counseling for the Elderly \(TCE\) program](#)
- [Other licensed, certified, or accredited local or national federal tax return preparers](#)

Select each to learn more.

Menu Help Glossary Resources Map Module 6 of 6 Page 4 of 15

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If you choose to provide referrals for consumers with certain tax-related questions, you should be familiar with the following resources:

Volunteer Income Tax Assistance (VITA)

The VITA program offers free tax help to people who generally make \$54,000 or less, persons with disabilities, and limited English speaking taxpayers.

Tax Counseling for the Elderly (TCE)

The TCE program offers free tax help for all taxpayers, particularly age 60 and older, specializing in questions about pensions and retirement-related issues unique to seniors. To locate the nearest VITA or TCE site, use the [VITA locator tool](#) or call 1-800-906-9887.


Other licensed, certified, or accredited local or national federal tax return preparers

You can use this [IRS tool](#) to research tax return preparers in the consumer's area. You should check that the tax professional's licensure, certification, or accreditation is in good standing before referring consumers to that person. You can also leverage existing relationships or develop new ones with tax professionals in your community provided that you follow applicable requirements and prohibitions discussed later in this course.

Consumers' Legal Questions about FFM Eligibility Appeals

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version OFF Exit Course

Consumers' Legal Questions about FFM Eligibility Appeals




FFM Navigators are not required to help consumers understand the process of filing Marketplace eligibility appeals, but Navigators and CACs may optionally assist consumers with Marketplace eligibility appeals and provide certain kinds of legal services referrals.

If you choose to provide assistance with Marketplace eligibility appeals, you should also have sufficient knowledge to provide information about free or low-cost legal help in the consumer's area, such as:

- Consumer Assistance Programs (CAPs)
- Ombudsmen
- Other state agencies
- Legal aid services

To learn more about free and low-cost legal service providers in your community, visit the [Legal Services](#) website for legal aid organizations funded by the Legal Services Corporation.

To learn about state CAPs, Ombudsmen, and other state agencies, visit the [Center for Consumer Information & Insurance Oversight](#) website.



The screenshot shows the LSC website with the following content:

- Header: LSC | America's Partner for Equal Justice, LEGAL SERVICES CORPORATION
- Navigation: What is Legal Aid, About LSC, Grants & Grantee Resources, Meetings & Events, Media Center, Support LSC
- Section: Find Legal Aid
- Text: LSC is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans. The Corporation currently provides funding to 111 independent nonprofit legal aid organizations in every state, the District of Columbia, and U.S. Territories.
- Text: If you are looking for help with a civil legal problem, enter an address or city below to find an LSC-funded legal aid organization near you.
- Text: You can also visit [Lawhelp.org](#) to look up information about your legal questions and find free legal forms.
- Category: Data, Fact Sheets & Charts

Menu Help Glossary Resources Map Module 6 of 6 Page 5 of 15

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Navigator Referrals to Other Assisters, the FFM Call Center, or Other Resources

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Navigator Referrals to Other Assisters, the FFM Call Center, or Other Resources

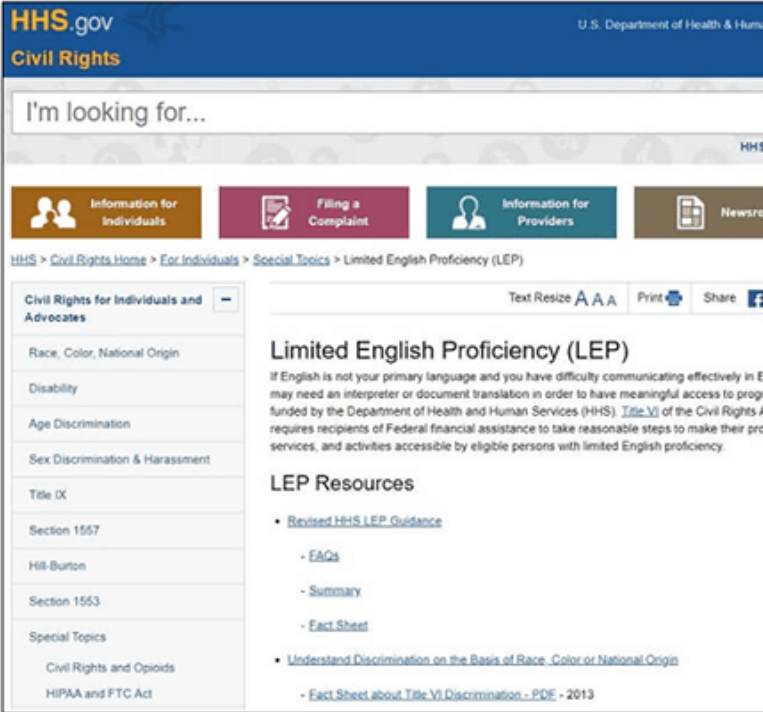
If you or your organization lacks the immediate capacity to help a consumer due to limited time, staff, or resources, you should refer the consumer to the FFM Call Center or another FFM assister who might have better capacity to serve that individual more quickly and effectively. All referrals to other assisters should be made with the goal of helping consumers find help with minimum effort or disruption.

Navigators in FFM are also required to provide information (at no cost to the individual) in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Marketplace, including:

- Providing information accessible to individuals with Limited English Proficiency
- Providing information accessible to individuals with disabilities, including accessible Web sites and auxiliary aids and services

Navigators in FFM must also:

- Acquire sufficient knowledge to refer people with disabilities to local, state, and federal long-term services and support programs when appropriate
- Seek advice or experts when needed to ensure they are able to work with all individuals regardless of age, disability, or culture



Menu **Help** **Glossary** **Resources** **Map** **Module 6 of 6** **Page 6 of 15**

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CAC Referrals to Other Assisters, the FFM Call Center, or Other Resources

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

CAC Referrals to Other Assisters, the FFM Call Center, or Other Resources

CACs must also provide information in a manner that is accessible to individuals with disabilities either directly or through an appropriate referral to a Navigator or the FFM Call Center.

CACs should also provide appropriate referrals to geographically accessible Navigators and/or the FFM Call Center if the CAC is unable to assist a consumer with Limited English Proficiency.

If a CAC organization that receives federal funds to provide services to a defined population (and limits provision of CAC services to that population) is approached for CAC services by an individual not included in the defined population, it must refer the individual to other Marketplace-approved resources that can provide assistance.

[Menu](#) [Help](#) [Glossary](#) [Resources](#) [Map](#) Module 6 of 6 [←](#) Page 7 of 15 [→](#)

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Non-required Referrals and Other Ways Assisters Can Work with Outside Organizations

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Non-required Referrals and Other Ways Assisters Can Work with Outside Organizations

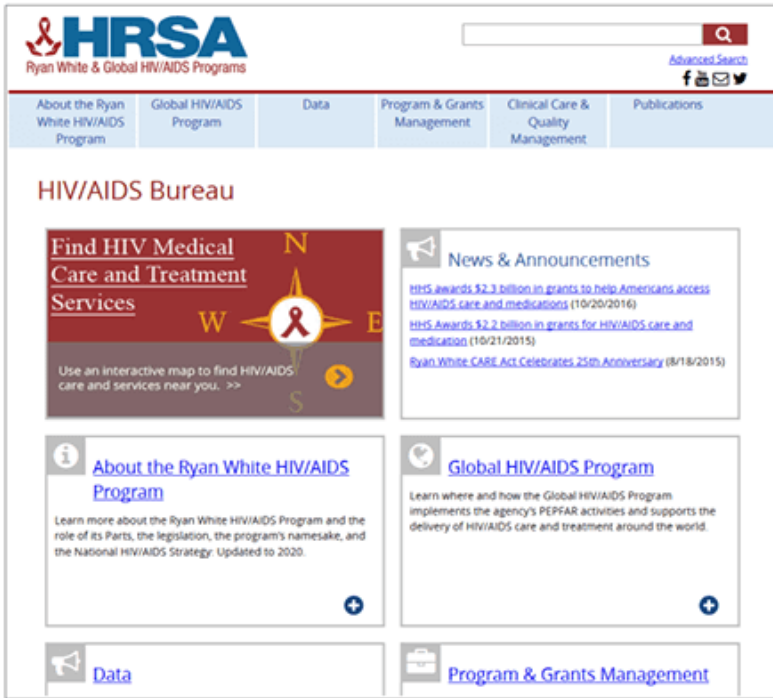
In addition to providing required referrals, you may find it helpful to provide consumers with other kinds of non-required or optional referrals.

Subject to the limitations and guidelines discussed in this course, you may also collaborate or partner with outside organizations at outreach or enrollment events or in other ways.

For example, when helping consumers experiencing homelessness who may not have a mailing address, you might want to develop a relationship with a local shelter or community center that can help consumers set up an address where they can receive mail from an FFM or state Medicaid agency.

You might find it helpful to work with or refer consumers to these types of outside organizations (select link for more information).

- [Federal or state programs that offer health care, health coverage, or payment assistance or discounts related to health services](#)
- [Organizations that specialize in disease-specific or local patient groups](#)
- [Other local or community organizations](#)
- [Local businesses](#)
- [Agents and brokers](#)



The screenshot shows the HRSA website interface. At the top, there is a navigation bar with the HRSA logo and a search bar. Below the logo are several navigation tabs: 'About the Ryan White HIV/AIDS Program', 'Global HIV/AIDS Program', 'Data', 'Program & Grants Management', 'Clinical Care & Quality Management', and 'Publications'. The main content area features a 'HIV/AIDS Bureau' section with a 'Find HIV Medical Care and Treatment Services' card, a 'News & Announcements' card with recent news items, an 'About the Ryan White HIV/AIDS Program' card, and a 'Global HIV/AIDS Program' card. At the bottom of the page, there is a footer with a 'Menu' icon, 'Help', 'Glossary', 'Resources', and 'Map' links, along with 'Module 6 of 6' and 'Page 8 of 15' indicators.

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- Federal or state programs that offer health care, health coverage, or payment assistance or discounts related to health services
- Organizations that specialize in disease-specific or local patient groups
- Other local or community organizations
- Local businesses
- Agents and brokers

Examples of federal or state programs that offer health care, health coverage, or payment assistance or discounts related to health services include:

- Your state Medicaid or CHIP agency
- The Veterans Affairs Health Benefits Program
- Medicare and State Health Insurance Assistance Program (SHIP) counselors
- Federally Qualified Health Centers (FQHCs)
- Ryan White HIV/AIDS programs, or AIDS Drug Assistance Programs for lower-cost prescription drugs

Examples of organizations that specialize in disease-specific or local patient groups:

- American Cancer Society
- American Diabetes Association

Examples of other local or community organizations include:

- Homeless shelters
- Food banks
- Lesbian, gay, bisexual, and transgender (LGBT) community centers
- Churches
- Legal aid organizations
- Local colleges and universities

Examples of local businesses include:


- Coffee shops
- Malls
- Farmer's markets
- Grocery stores

These types of businesses might allow you to leave outreach materials for their customers or to set up an information table to engage with customers about enrolling in coverage.

Consumer Referrals to Agents and Brokers

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Consumer Referrals to Agents and Brokers



In some cases, you may find it helpful to work with or refer consumers to agents and brokers. Some consumers may want to discuss their health coverage options with a health insurance agent or broker (individuals or private entities licensed and regulated by a state). Agents and brokers have a contractual relationship with a health insurer and typically get a payment or commission for enrolling a consumer into the insurer's plans.

When working with or referring consumers to agents and brokers, it is important to understand when it might be appropriate to inform consumers about the services agents and brokers provide and how you can collaborate and engage with agents and brokers in a way that does not violate the legal requirements that apply to you in your assister role.

For instance, although referrals to a general listing of agents and brokers may be helpful to consumers, assisters may not refer consumers to a specific agent or broker. For more information about working with agents and brokers, see [Information and Tips for Assisters: How and when to provide information about agent and broker services to consumers, and other information about engaging with agents and brokers](#).

Menu Help Glossary Resources Map Module 6 of 6 Page 9 of 15

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Do's and Don'ts for Working with Outside Organizations: the Do's

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Do's and Don'ts for Working with Outside Organizations: The Do's



When providing referrals that are required under CMS regulations, remember that you must refer consumers to outside organizations that also are required to provide fair, accurate, and impartial information.

CMS considers state or Federal Government agencies, professionally licensed, accredited, or certified tax advisers and preparers, and licensed attorneys to meet this requirement.

Although not required when providing optional referrals or forming non-required partnerships with outside organizations, it is still a good practice to ensure (to the extent you are able) that the organization is providing unbiased, accurate, and up-to-date information to consumers.

As a best practice, assisters should inform consumers:

1. Whether the outside organization is **approved or certified by the FFMs** and if it is likely to be bound by the same legal requirements and prohibitions that apply to you and your organization, such as privacy and security requirements.
2. That the referral to an outside organization **does not imply an endorsement of that organization by CMS.**

[Continue](#)

Menu Help Glossary Resources Map Module 6 of 6 Page 10 of 15

When providing referrals that are required under CMS regulations, remember that you must refer consumers to outside organizations that also are required to provide fair, accurate, and impartial information.

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As a best practice, assisters should inform consumers:

1. Whether the outside organization **is approved or certified by the FFMs** and if it is likely to be bound by the same legal requirements and prohibitions that apply to you and your organization, such as privacy and security requirements.
2. That the referral to an outside organization **does not imply an endorsement of that organization by CMS.**

Additionally, CACs are required to act in consumers' best interests and all assisters are expected to consider consumers' expressed interests, needs, and desires when fulfilling their duty to provide fair, accurate, and impartial information.

So, when you make a referral to or otherwise collaborate with another organization, you should consider the best interests of consumers as well as consumers' expressed interests, needs, and desires.

For more information about assister conflict of interest requirements, see this [Tip Sheet: FFM Assister Conflict of Interest Requirements](#).

Do's and Don'ts for Working with Outside Organizations: the Do's (cont'd)

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Do's and Don'ts for Working with Outside Organizations: The Do's (cont'd)

Here are some general rules to keep in mind when making referrals or collaborating or partnering with outside organizations.

1. **You are generally permitted to collaborate with, make referrals to, and recommend the services of specific outside organizations.** You must ensure that these referrals and collaborations are consistent with your duty to provide fair, accurate, and impartial information, including by ensuring that the outside organization does not have a direct financial relationship with health insurance (or stop loss insurance) issuers or a financial incentive to enroll consumers into a specific health plan or coverage.

For example, you can partner with a specific food bank or refer consumers to a specific legal aid organization without violating your duty to provide fair, accurate, and impartial information. However, you should not refer consumers to specific agents or brokers since that might pose a conflict of interest.

Continue

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Here are some general rules to keep in mind when making referrals or collaborating or partnering with outside organizations.

1. **You are generally permitted to collaborate with, make referrals to, and recommend the services of specific outside organizations.** You must ensure that these referrals and collaborations are consistent with your duty to provide fair, accurate, and impartial information, including by ensuring that the outside organization does not have a direct financial relationship with health insurance (or stop loss insurance) issuers or a financial incentive to enroll consumers into a specific health plan or coverage.
2. For example, you can partner with a specific food bank or refer consumers to a specific legal aid organization without violating your duty to provide fair, accurate, and impartial information. However, you should not refer consumers to specific agents or brokers since that might pose a conflict of interest.
3. **To ensure that your referrals, collaborations, and partnerships are fair and impartial, you must apply the same list of objective criteria in selecting each organization you refer consumers to or partner or collaborate with.** You should also consider consumers' expressed interests, needs, and desires when evaluating outside organizations. You can find a list of objective criteria you might use to evaluate organizations and "Tips for Identifying Organizations for Partnership or Collaboration" in CMS guidance at [Marketplace.cms.gov](https://www.cms.gov/Marketplace).
4. Whether you're making referrals or collaborating with a local community organization at an outreach or enrollment event, your work connecting individuals to organizations that help in areas outside your scope of work under an HHS contract or grant **should be minimal and not result in additional funding requests under HHS grants or contracts.**
5. If you receive HHS grant or contract funding, **you must follow the terms of your grant or contract** and all applicable grant or contract regulations when working with outside organizations.

Do's and Don'ts for Working with Outside Organizations: The Don'ts

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Do's and Don'ts for Working with Outside Organizations: The Don'ts

Remember, you must not accept payment in exchange for providing a referral or recommending the services of an outside organization.

CMS interprets the requirement that assisters provide information in a fair, accurate, and impartial manner to mean that assisters must not accept payment in exchange for providing a referral or recommending the services of another organization. This does not prohibit referrals between an assister and an outside organization.

For example, a Navigator may refer consumers to a local tax preparer for help with exemptions and premium tax credit reconciliations. The same tax preparer may refer consumers to the Navigator for help with the Marketplace if they follow the guidelines discussed in this course, including the use of an objective list of criteria and consideration of consumers' best interests and expressed interests, needs, and desires when selecting the tax preparer.

You should also be aware that other state or federal laws not discussed in this course might apply to your relationships with outside organizations.

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Remember, you must not accept payment in exchange for providing a referral or recommending the services of an outside organization.

CMS interprets the requirement that assisters provide information in a fair, accurate, and impartial manner to mean that assisters must not accept payment in exchange for providing a referral or recommending the services of another organization. This does not prohibit referrals between an assister and an outside organization.

For example, a Navigator may refer consumers to a local tax preparer for help with exemptions and premium tax credit reconciliations. The same tax preparer may refer consumers to the Navigator for help with the Marketplace if they follow the guidelines discussed in this course, including the use of an objective list of criteria and consideration of consumers' best interests and expressed interests, needs, and desires when selecting the tax preparer.

You should also be aware that other state or federal laws not discussed in this course might apply to your relationships with outside organizations.


Tips for Identifying Organizations for Partnership or Collaboration

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Tips for Identifying Organizations for Partnership or Collaboration

If you are building relationships with individuals or organizations in the community, keep these tips in mind:

1. [Identify the subject areas](#) in which a referral resource or partnership might be required or helpful.
2. [Develop a list of objective criteria](#) for evaluating a potential resource and referral or collaboration partner to ensure you are providing fair and impartial referrals.
3. [Get to know the outside organization.](#)
4. [Create a list of the persons and organizations](#) you have decided to partner and collaborate with so it is readily available when working with consumers.



If you are building relationships with individuals or organizations in the community, keep these tips in mind:


1. **Identify the subject areas** in which a referral resource or partnership might be required or helpful. Think through the types of questions consumers have and areas where they might need assistance and brainstorm a list of organizations, businesses, and individuals that can provide the type of assistance to make it easier for some consumers to apply for and enroll in coverage.
2. **Develop a list of objective criteria** for evaluating a potential resource and referral or collaboration partner to ensure you are providing fair and impartial referrals. Some questions you should consider:
 - Does the organization/person have a direct financial relationship with health insurance issuers or a financial incentive to enroll consumers into a specific health plan or coverage?
 - Is the organization or person licensed, certified, or accredited by a government entity or professional organization and is the organization's or person's license, accreditation, and/or certification in good standing?
 - For required referrals, is the organization or person legally required to provide fair, accurate, and impartial information and/or is this requirement a condition of its professional licensure, accreditation, or certification?
 - Is the organization or person easily accessible by consumers who seek your services (e.g., is it in the same local area or close to public transit)?
 - Does the organization or person provide services that are accessible to people with disabilities or Limited English Proficiency?
 - Does the organization or person provide services in a way that is culturally competent for the population(s) you serve?
 - Does the organization or person have policies and practices in place to protect consumers' PII?
 - What is the organization's or person's reputation/standing in your community? Try looking up the organization's or person's listing with entities like the Better Business Bureau.

3. **Get to know the outside organization.** If you are unfamiliar with an organization, business, or individual, check references and professional credentials. Screen the organization or person against your evaluation criteria identified in Tip 2. Identify a key contact for referrals and keep an open line of communication.
4. **Create a list of the persons and organizations** you have decided to partner and collaborate with so it is readily available when working with consumers. Be prepared to explain (to consumers who ask) how you decided to include persons and organizations on the list. Check in with the organizations on the list periodically to ensure you have correct contact information and that their professional licenses, accreditations, or certifications (if applicable) remain in good standing. You may want to also follow up with consumers about their experience with the organization you referred them to. This will help ensure you are partnering and collaborating with reliable organizations.

Knowledge Check

Assister Community Collaboration and Consumer Referrals to Outside Organizations Text Version Exit Course

Knowledge Check



Which of the following statements are true regarding your responsibilities as an assister?
Choose **all that apply** and then select **Check Your Answer**.

- A. You should be familiar with other organizations that help consumers access health coverage and care.
- B. You should provide information in a manner that is accessible to individuals with Limited English Proficiency and individuals with disabilities at no cost to the individual.
- C. You should give tax advice to a consumer if it involves the Form 1095-A (Health Insurance Marketplace Statement).
- D. CACs are not permitted to make referrals.

Check Your Answer

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Which of the following statements are true regarding your responsibilities as an assister?


- A. You should be familiar with other organizations that help consumers access health coverage and care.
- B. You should provide information in a manner that is accessible to individuals with Limited English Proficiency and individuals with disabilities at no cost to the individual.
- C. You should give tax advice to a consumer if it involves the Form 1095-A (Health Insurance Marketplace Statement).
- D. CACs are not permitted to make referrals.

The correct answers are A and B. You should be familiar with other organizations that help consumers access health coverage and care, and provide information that is accessible to individuals with Limited English Proficiency and individuals with disabilities at no cost to the individual. You should not give consumers any tax advice in your role as an assister. All assisters are permitted to make several types of optional referrals provided that they have sufficient knowledge to do so.

Key Points

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Key Points



- O1** You are **required** to make some types of referrals to outside organizations.
- O2** To ensure that your referrals, collaborations, and partnerships are fair and impartial, you must apply the same list of objective criteria in selecting each organization you work with.
- O3** When providing **required** referrals, you must utilize outside organizations that are required to provide fair, accurate, and impartial information.
- O4** You should also consider consumers' best interests and expressed interests, needs, and desires when evaluating outside organizations.

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- You are **required** to make some types of referrals to outside organizations.
- To ensure that your referrals, collaborations, and partnerships are fair and impartial, you must apply the same list of objective criteria in selecting each organization you work with.
- When providing **required** referrals, you must utilize outside organizations that are required to provide fair, accurate, and impartial information.
- You should also consider consumers' best interests and expressed interests, needs, and desires when evaluating outside organizations.

Conclusion

The screenshot shows a digital interface for a course conclusion. At the top right, there are two buttons: "Text Version" with a red "ON" indicator and "Exit Course". Below this is a blue header bar with the word "Conclusion". On the left, a woman in a blue shirt and black skirt stands next to a white callout box containing two paragraphs of text. To the right of the callout box is a large white rectangular area with a grey border, containing congratulatory text. At the bottom, a dark navigation bar includes icons for "Menu", "Help", "Glossary", "Resources", and "Map", along with a blue back arrow button.

Text Version **ON** Exit Course

Conclusion

In this course, we talked about where to find resources and references to help you with common issues and how to engage with consumers in the Marketplaces.

In addition, we reviewed the different outside organizations that provide outreach and enrollment assistance to consumers in the FFMs and how you can collaborate with these organizations to help consumers with specific questions related to taxes, appeals, and other topics.

Congratulations! You have completed this course.
Please select **Exit Course to leave the course and take the Assister Standard Operating Procedures exam. Good luck!**

Menu Help Glossary Resources Map

Congratulations! You have completed this course.

In this course, we talked about where to find resources and references to help you with common issues and how to engage with consumers in the Marketplaces.

In addition, we reviewed the different outside organizations that provide outreach and enrollment assistance to consumers in the FFMs and how you can collaborate with these organizations to help consumers with specific questions related to taxes, appeals, and other topics.

Resources

Resources Page for Assisters on Marketplace.cms.gov:

Technical assistance resources, including guidance and regulations on assister programs, tip sheets, and other resources for assisters, can be found on this assister resources page on Marketplace.cms.gov.

<https://marketplace.cms.gov/technical-assistance-resources/assister-programs/guidance-regulations-on-assister-programs.html>

The Assister's Standard Operation Procedures (SOP) Manual

After you have completed this certification training, the SOP Manual serves as your primary guide to helping consumers with activities within the individual market Federally-facilitated Marketplaces (FFMs, such as enrolling in health coverage).

<https://marketplace.cms.gov/technical-assistance-resources/the-assisters-sop-manual.html>

The Assister's Roadmap to Resources

The Assister's Roadmap to Resources serves as your quick guide to the resources developed to help assisters and consumers navigate the FFMs.

<https://marketplace.cms.gov/technical-assistance-resources/assisters-roadmap-to-resources.pdf>

Assister Newsletters

The newsletters provide information about the PPACA and the FFMs.

<https://marketplace.cms.gov/technical-assistance-resources/assister-newsletters.html>

Webinars

Whether you are a new or returning assister, we encourage you to participate in the Assister Webinars series for additional training opportunities.

<https://marketplace.cms.gov/technical-assistance-resources/assister-webinars.html>

IRS.gov Resources on the Health Insurance Marketplace®

Important forms found at IRS.gov, including Form 8962 (for reconciling the premium tax credit), Form 8965 (for exemptions), and instructions for using Form 1095-A (the Health Insurance Marketplace Statement), exemptions, etc.

<https://www.irs.gov/affordable-care-act/individuals-and-families/the-health-insurance-marketplace>

Authorization Sign-up Sheet Guidance

The minimum required elements for authorization sign-up sheets are summarized in CMS guidance available at <https://marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf>

Introductory Brochures about the Marketplace

Introductory brochures about the Marketplaces and health insurance:

The Value of Health Insurance

<https://marketplace.cms.gov/outreach-and-education/value-of-health-insurance-english.pdf>

Questions to Ask Yourself When Choosing a Plan

<https://marketplace.cms.gov/outreach-and-education/5-questions-to-ask-choosing-a-plan.pdf>

Window Shopping Tool

The Window Shopping Tool available at <https://www.healthcare.gov/see-plans/> can be used to help consumers find a plan that matches their preferences. The tool allows the consumer to set filters and search for available health insurance plans and prices.

Tips on Providing Referrals to Consumers

<https://marketplace.cms.gov/technical-assistance-resources/assister-guidance-on-referrals-to-outside-organizations.pdf>

Volunteer Income Tax Assistance (VITA) or Tax Counseling for the Elderly (TCE)

To locate the nearest VITA or TCE site, use the VITA locator tool

<https://irs.treasury.gov/freetaxprep/>

Low-cost Legal Services Search Tool

<http://www.lsc.gov/what-legal-aid/find-legal-aid>

Information on state CAPs, Ombudsmen, and other state agencies

<https://www.cms.gov/ccio/resources/consumer-assistance-grants>

Information and Tips for Assisters: How and when to provide information about agent and broker services to consumers, and other information about engaging with agents and brokers

Information about working with agents and brokers

<https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF>

Tip Sheet: FFM Assister Conflict of Interest Requirements

Information about assister conflict of interest requirements

<https://marketplace.cms.gov/technical-assistance-resources/conflict-of-interest-requirements.PDF>

Marketplace Casework Overview

Overview of casework involving account and eligibility matters, data matching issues, and exemptions.

<https://marketplace.cms.gov/technical-assistance-resources/marketplace-casework-overview.PDF>