

# Assister Standard Operating Procedures



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# Course Introduction

## 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?

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# Disclaimers



You need to be aware of these training disclaimers. Select each menu item below to read each disclaimer.

## Disclaimers

- ✓ Assister Training Content
- ✓ Coronavirus
- ✓ Standards Related to Essential Health Benefits
- ✓ Remote Application Assistance
- ✓ FFM Navigator Duties

### FFM Navigator Duties:

Beginning with Navigator grants awarded in 2022, including non-competing continuation awards, Navigators are required to provide information on and assistance with all of the following topics:

- Understanding the process of filing Marketplace eligibility appeals;
- Understanding and applying for hardship and affordability exemptions granted through the Marketplace for consumers age 30 and older seeking to enroll in a Catastrophic plan;
- Marketplace-related components of the premium tax credit reconciliation process and understanding the availability of IRS resources on this process;
- Understanding basic concepts and rights related to health coverage and how to use it; and
- 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 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.

You need to be aware of these training disclaimers.

### 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 shouldn't be construed as an endorsement of any third-party organization's programs or activities.

### 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/coronavirus/](https://www.healthcare.gov/coronavirus/).
- For preventive practices and applicable state/local guidance, visit [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus).

### Standards Related to Essential Health Benefits:

Navigators in Federally-facilitated Marketplaces (FFMs) 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. All plans offered in the Marketplace must cover the [10 essential health benefits categories](#), but the specific items and services covered within each benefit category may vary based on state requirements and plan design.

### Remote Application Assistance:

Navigators in FFMs 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:**

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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

## You and Assister

In this course, 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.

The terms "Federally-facilitated Marketplace" and "FFM," as used in this training course, include FFMs where the state performs plan management functions. The terms "Marketplace" or "Marketplaces," standing alone, often (but not always) refer to FFMs.

In this course, 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.

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.

# 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 don't 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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# Resources

## 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.



### CMS Resources

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



### IRS Resources

List IRS resources available to assisters like 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

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

### **IRS Resources**

List IRS resources available to assisters like 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



[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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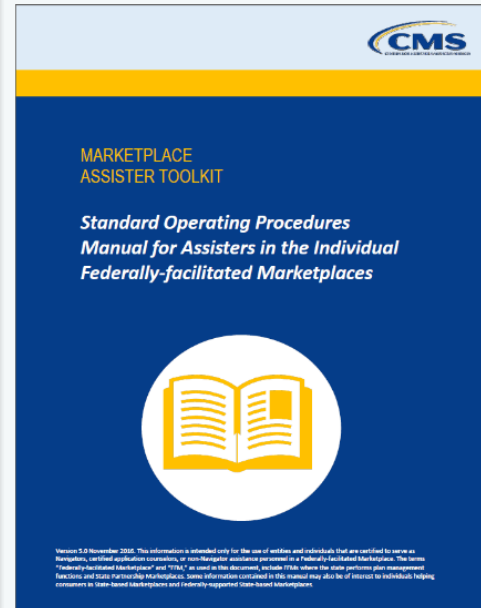
# Standard Operating Procedures Manual for Assistors in the Individual FFMs

Another resource located at [Marketplace.cms.gov](http://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 like enrolling in health coverage in the individual market FFMs.

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
- 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

Another resource located at Marketplace.cms.gov is [The Assister's Roadmap to Resources](#) (the Roadmap). You can find the Roadmap in the Marketplace assister toolkit under "Technical Assistance 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 and provides 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

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# Assister Newsletters, Webinars, and Communications

Additional resources for assisters include:

**Assister Newsletters:** Assister newsletters provide information about the Affordable Care Act (ACA) and the FFMs. Once subscribed, you'll 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.

**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.

You can subscribe to both assister newsletters and webinar invitations by emailing [assisterlistserv@cms.hhs.gov](mailto: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 newsletters and webinar invitations sent to.

**Job aids:** Job aids are available in the Technical Assistance Resources section at [Marketplace.cms.gov](http://Marketplace.cms.gov). These job aids cover a variety of different topics like:

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



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- Special populations (like immigrants)
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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 ACA-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) 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.



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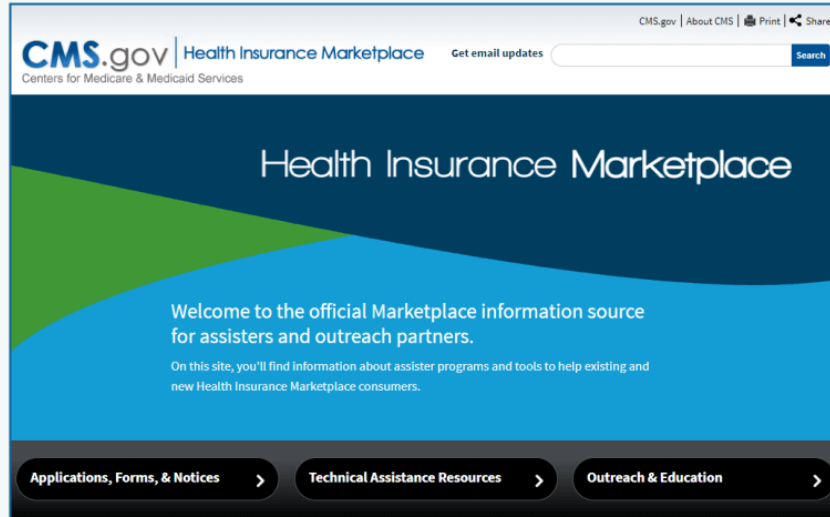
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The IRS website also contains information about IRS-related rules and responsibilities for employers and tax provisions for insurers, tax-exempt organizations, and other businesses.

## Frequently Used Resources



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)


Resources  
Frequently Used Resources (cont'd)

Text Only

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This time, select the button you would use to find a list of assister webinars that contain important updates.



The screenshot shows the CMS.gov Health Insurance Marketplace homepage. At the top, there is a navigation bar with the CMS.gov logo, the text 'Health Insurance Marketplace', and a search bar. Below the navigation bar, the main content area features a large blue and green graphic with the text 'Health Insurance Marketplace' and a welcome message: 'Welcome to the official Marketplace information source for assisters and outreach partners. 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 page, there is a dark blue navigation bar with three buttons: 'Applications, Forms, & Notices', 'Technical Assistance Resources', and 'Outreach & Education'.

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'll also be able to find information about various topics, like Marketplace plans, special populations, SEPs, canceling or terminating Marketplace plans, and SHOP Marketplace resources.

## Frequently Used Resources (cont'd)

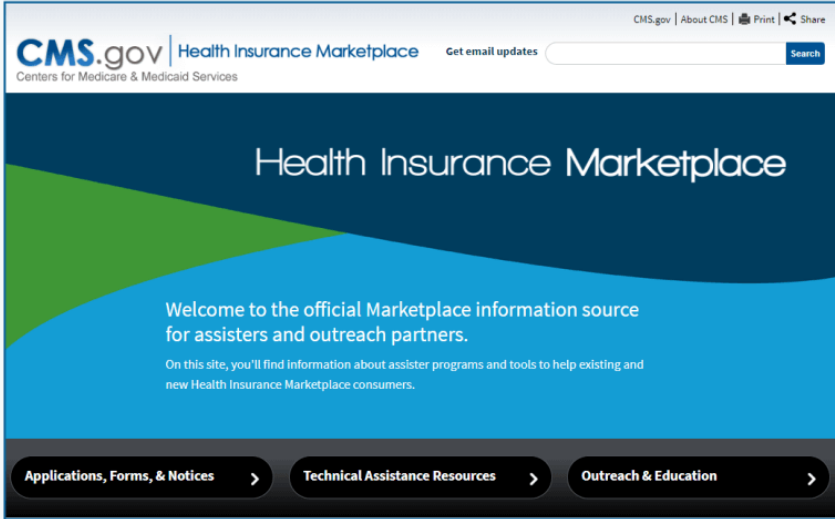
Resources  
Frequently Used Resources (cont'd)

Text Only

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



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# Health Insurance Marketplace

Welcome to the official Marketplace information source for assisters and outreach partners.

On this site, you'll find information about assister programs and tools to help existing and new Health Insurance Marketplace consumers.

Applications, Forms, & Notices > Technical Assistance Resources > Outreach & Education >

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'll 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

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.

Select **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 don't 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



**Correct!**

You should show Ann these areas on [Marketplace.cms.gov](https://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.

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 don't 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](https://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.





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

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# Helping Consumers Understand Marketplace Coverage Tax Forms

## 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.



### 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

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

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 shouldn't 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.

Select to zoom

Form **1095-A** Health Insurance Marketplace Statement  VOID  CORRECTED **2021**  
OMB No. 1545-2032  
Department of the Treasury Internal Revenue Service  
Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095A](http://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	16 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

Select to zoom

Form **8962** Premium Tax Credit (PTC) **2021**  
OMB No. 1545-0074  
Department of the Treasury Internal Revenue Service  
Attach to Form 1040, 1040-SR, or 1040-NR.  
Go to [www.irs.gov/Form8962](http://www.irs.gov/Form8962) for instructions and the latest information.  
Attachment Sequence No. 73

Name shown on your return: \_\_\_\_\_ Your social security number: \_\_\_\_\_

A. If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box. See instructions.

B. 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 III 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.	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 all states and DC	4
5 Household income as a percentage of federal poverty line (see instructions)	5 %
6 Reserved for future use	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

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 shouldn't 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

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 will receive 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, like 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 didn't receive Form 1095-A by mail or through their Marketplace account.

The image shows the top portion of IRS Form 1095-A for the year 2021. The form is titled "Form 1095-A Health Insurance Marketplace Statement" and includes checkboxes for "VOID" and "CORRECTED". It features a header with the Department of the Treasury and Internal Revenue Service logo, and a reference to the website www.irs.gov/Form1095A. The form is divided into three main sections: Part I Recipient Information, Part II Covered Individuals, and Part III Coverage Information. Part I includes fields for Marketplace Identifier, Marketplace-assigned policy number, Policy issuer's name, Recipient's name, Recipient's SSN, Recipient's date of birth, Recipient's spouse's name, Recipient's spouse's SSN, Recipient's spouse's date of birth, Policy start date, Policy termination date, Street address (including apartment no.), City or town, State or province, and Country and ZIP or foreign postal code. Part II Covered Individuals is a table with columns for Covered individual name, Covered individual SSN, Covered individual date of birth, Coverage start date, and Coverage termination date, with rows numbered 15 through 20. Part III Coverage Information is a table with columns for Month, Monthly enrollment premiums, Monthly second lowest cost silver plan (SLCSP) premium, and Monthly advance payment of premium tax credit, with a row numbered 21 January.

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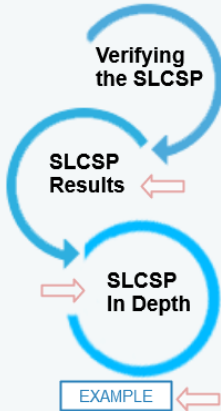
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# The Second Lowest Cost Silver Plan

## 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 the consumer isn't eligible for other minimum essential coverage.

Select each to learn more.



### 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 didn't report to the Marketplaces, like 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 they were eligible for 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.

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).

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- Consumers didn't take APTC they were eligible for 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 shouldn't 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 federal income 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 federal 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

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

This consumer would need to use all three of these 1095 forms when filing federal income tax returns.

560116

Form **1095-B** **Health Coverage**  VOID  CORRECTED OMB No. 1545-2252  
**2021**

Department of the Treasury  
Internal Revenue Service

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095B](http://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): . . . . .  
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

560116

Form **1095-C** **Employer-Provided Health Insurance Offer and Coverage**  VOID  CORRECTED OMB No. 1545-2251  
**2021**

Department of the Treasury  
Internal Revenue Service

Do not attach to your tax return. Keep for your records.  
Go to [www.irs.gov/Form1095C](http://www.irs.gov/Form1095C) for instructions and the latest information.

**Part I Employee** **Applicable Large Employer Member (Employer)**

1 Name of employee (first name, middle initial, last name)  
2 Social security number (SSN)  
7 Name of employer  
8 Employer identification number (EIN)

3 Street address (including apartment no.)  
9 Street address (including room or suite no.)  
10 Contact telephone number

4 City or town  
5 State or province  
6 Country and ZIP or foreign postal code  
11 City or town  
12 State or province  
13 Country and ZIP or foreign postal code

**Part III Employee Offer of Coverage** **Employee's Age on January 1** **Plan Start Month** (enter 2-digit number):

	All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
14 Offer of Coverage (enter required codes)													
15 Employee Required Contribution (see instructions)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
16 Section 4980H Safe Harbor and Other Relief (enter code, if applicable)													
17 ZIP Code													

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 60705M Form **1095-C** (2021)

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

This consumer would need to use all three of these 1095 forms when filing federal income tax returns.

# 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 don't 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 receive 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.

- **For Plan Year 2020 only**, repayment of excess APTC for the 2020 tax year is not required. The IRS will provide taxpayers with additional guidance on those provisions that could affect their 2020 tax return.

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).

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Select to zoom

The image shows a portion of IRS Form 8962 for the year 2021. The form is titled "Form 8962 Premium Tax Credit (PTC)" and includes the IRS logo and the year "2021". It contains several sections with instructions and input fields:

- Section A:** "If you, or your spouse (if filing a joint return), received, or were approved to receive, unemployment compensation for any week beginning during 2021, check the box." There is a checkbox and a field for the amount.
- Section B:** "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." There is a checkbox and a field for the amount.
- Part I - Annual and Monthly Contribution Amount:** This section includes a table with columns for "1 Tax family size", "2a Modified AGI", "2b Enter the total of your dependent's modified AGI", "3 Household income", "4 Federal poverty line", "5 Household income as a percentage of federal poverty line", "6 Reserved for future use", and "7 Applicable figure".
- Part II - Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit:** This section includes instructions for allocating policy amounts and an alternative calculation for year of marriage. It has checkboxes for "Yes" and "No" and fields for "8a Annual contribution amount" and "8b Monthly contribution amount".

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# Applying for Advance Payments of the Premium Tax Credit Scenario



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?

## Information you can provide:

- 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, like 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 didn't take APTC or didn't apply for financial assistance previously, or the consumer didn't report a household change to the FFM.

Keep in mind that you shouldn't 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 their own behalf. You should not help the consumer fill out Form 8962. You shouldn't advise consumers about whether to file an amended tax return and shouldn't help them complete their federal income tax return. You should direct consumers 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 2022, Navigators are required to provide information on and assistance with 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, and premium tax credit reconciliations.

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# Key Points



- IRS.gov offers forms and resources that can be useful when you are helping consumers.

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- 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.

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# Engaging Consumers in the Marketplaces

## Introduction

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.



### Using the 3 Cs

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



### Knowledge Gaps

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



### 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

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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.

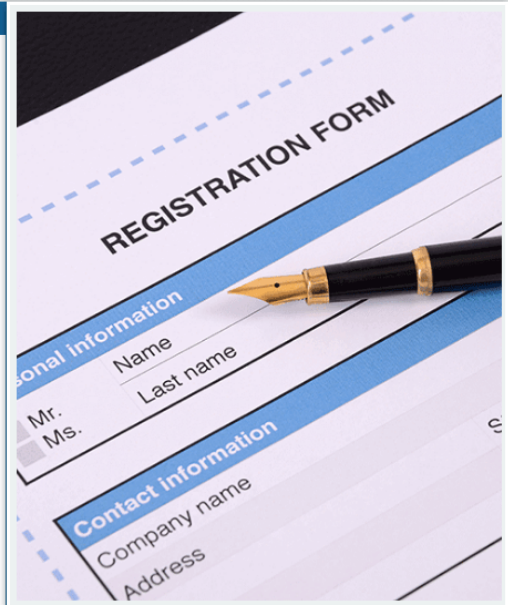
### Information Privacy and Security Guidelines for Sign-up Sheets

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 the assister [SOP Consumer Protections: Privacy and Security Guidelines](#). 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.



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# 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, like 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 username and password)
- A checklist of what to bring to the appointment to help the consumer complete the application
- Introductory brochures about the Marketplaces and health insurance, like "[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.



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### 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



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

Next

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Here are some questions to ask related to health coverage.

## 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 ACA.

## ACA

- What questions do you have about how the ACA can lower the cost of your coverage?
- What questions do you have about Medicaid?
- Are you aware of the protections, rights, and benefits the ACA provides consumers?

Here are some questions to ask related to Marketplaces.

## 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



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.

Continue

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 ACA has lowered costs for many consumers. During the Open Enrollment Period (OEP) for 2022 coverage:

- 92 percent of HealthCare.gov consumers had their premiums reduced by APTC.
- The average net premium after these consumers applied APTC was \$111 per month.
- 32 percent of HealthCare.gov consumers selected a plan for \$10 or less per month after APTC.

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



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.

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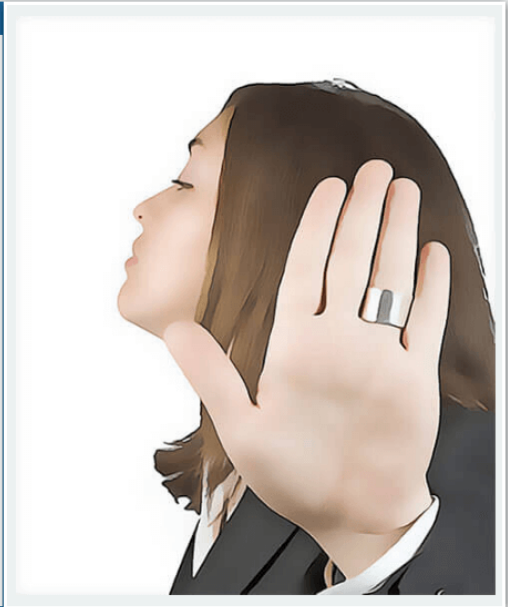
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## Additional Objections From Eligible Consumers

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'll need to help explain these benefits to them to increase their understanding.



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

# 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," use "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.



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# 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'll 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)



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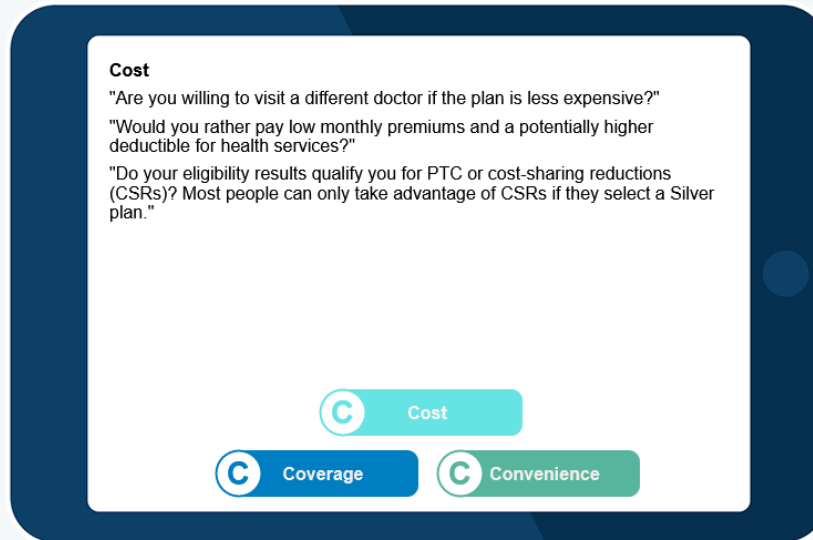
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# Using the 3 Cs to Help New Consumers



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.



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 visit 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 PTC or cost-sharing reductions (CSRs)? Most people can only take advantage of CSRs if they select a Silver plan."

## Coverage

"What services do you want 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 visit out-of-network providers?"

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

"Would you prefer coverage that only protects 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 continue to visit your current 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?"

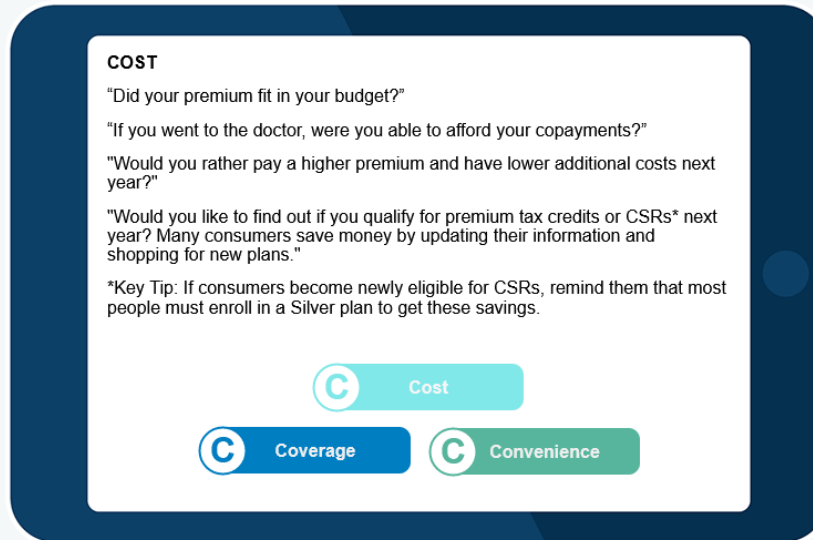
"Would you consider enrolling in a plan that covers less of the cost of your health care if it includes the doctors and facilities you want?"

"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



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



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## 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 find out 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

Select to zoom 🔍

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

The screenshot displays the HealthCare.gov website interface for viewing health and dental plans. At the top, there are navigation options for 'Español' and 'Log In'. Below the header, there's a search bar and a 'View health & dental plans' section. The interface includes a 'Sort by' dropdown menu set to 'Lowest premium' and 'Lowest deductible', and a 'Plan type' dropdown set to 'Health Plans'. A green 'Add filters' button is visible. Below this, it states '134 plans available'. The main content area shows a plan card for 'Ambetter of Illinois Ambetter Essential Care 1'. The plan details include: Estimated monthly premium of \$247.17, Deductible of \$8,600 (Individual total), and Out-of-pocket maximum of \$8,600 (Individual total). There are also sections for 'Copayments / Coinsurance' and 'Plan features' (Adult Dental, Child Dental). At the bottom of the plan card, there are buttons for 'Plan Details' and 'Like This Plan', along with options to 'Add medical providers' and 'Add prescription drugs'.

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

- Eligibility determination notice (EDN);
- 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 to 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 like reporting 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.

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## 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
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## Additional Tips on Customer Service (cont'd)



Let's practice a few customer service matters. Read each statement and then select True or False.

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

True

False

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

True

False

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

True

False

The 3 Cs are cost, coverage, and commitment.

True

False

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



- You can email or mail a pre-enrollment packet to consumers prior to their appointments with you.

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- Discussing the 3 Cs with consumers may help them consider their priorities when comparing various health plan options.

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- You can help consumers filter available plans using the Window Shopping Tool as they search for plans that might best meet their needs.

- You can email or mail a pre-enrollment packet to consumers prior to their appointments with you.
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- 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

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



### Health Insurance Casework System

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



### Appeal Eligibility Decisions

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



### 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

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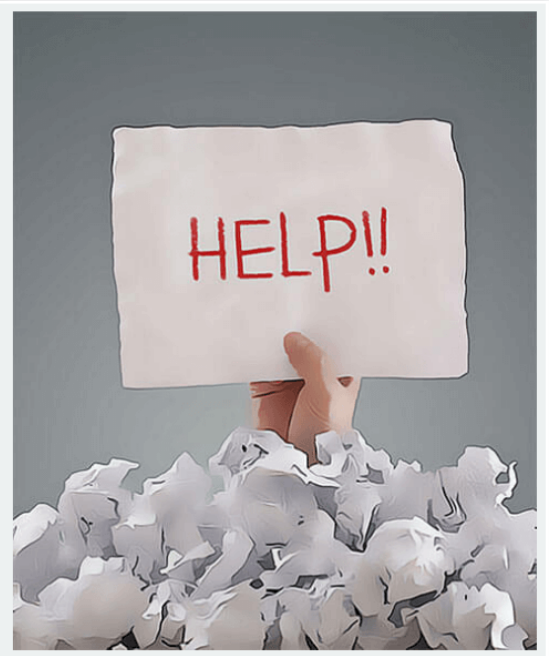
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Describe the assistance available from the FFM Call Center

# 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



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The FFM Call Center is open 24 hours a day, seven 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**

The FFM Call Center is open 24 hours a day, seven 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 find out 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 their exemption request.

Note: Only consumers who are age 30 and older and wish to purchase Catastrophic coverage must apply for a hardship or affordability exemption. They need an ECN to view Catastrophic plan options on HealthCare.gov. Consumers under age 30 don't need an exemption to view Catastrophic plans.

## Language Assistance and Effective Communication

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 at no cost to the consumer and how to obtain them. Navigators also must ensure communication with individuals with disabilities is as effective as communication with others, which includes provision of appropriate auxiliary aids and services that must be provided at no cost to the consumer.

## Designating 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 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)



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

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.

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# 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 shouldn't 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.

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

## 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

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# 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 QHP in a Marketplace
- Denial of an SEP
- Denial of premium tax credit or CSRs
- Level of premium tax credit and CSRs
- Eligibility for Medicaid or the Children's Health Insurance Program (CHIP) (in some Marketplaces)
- Eligibility for an exemption to enroll in a Catastrophic plan
- Failure to provide a timely notice of eligibility determination

Continue

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- Eligibility for an exemption to enroll in a Catastrophic plan
- Failure to provide a timely notice of eligibility determination

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 shouldn't provide legal advice or become a consumer's legally authorized representative in your role as an assister.



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

Continue

What happens if a consumer has an issue that can't 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)

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

Select **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

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.



**Correct!**

Consumers should contact the FFM Call Center to get assistance with unlocking their HealthCare.gov accounts.

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



- Consumers can contact the FFM Call Center 24 hours a day, seven 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.

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- Consumers may contact the FFM Appeals Center at 1-855-231-1751 for assistance with filing an eligibility appeal.

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

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# Assister Community Collaboration and Consumer Referrals to Outside Organizations

## Introduction

Navigators are required to provide referrals to certain types of outside organizations, like any applicable office of health insurance consumer assistance or health insurance ombudsman or any other appropriate State agency or agencies for any enrollee with a grievance, complaint, or request regarding their health coverage. Beginning with Navigator grants awarded in 2022, Navigators are also required to provide 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 and premium tax credit reconciliations.

Additionally, assisters may find it helpful to collaborate or partner with outside organizations as part of outreach and enrollment assistance efforts. Outside organizations don't include other assister organizations or HHS entities, like CMS Regional Offices. For more information, please refer to [Tips for Assisters on Working with Outside Organizations](#).

Several guidelines and best practices may help you understand how to structure these relationships with outside organizations.



### Required Referrals

Organizations and entities that can assist with consumer grievances, complaints, and/or questions regarding their health coverage, as well as tax advisers, tax preparers and other organizations and entities who can assist with questions about the Marketplace application and enrollment process and premium tax credit reconciliations.



### Other Referrals

Referrals required to provide information in a manner accessible to individuals living with disabilities and individuals with LEP.



### Legal Questions and Eligibility Appeals

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



### Consumer Questions

Understanding the process of filing Marketplace eligibility appeals, understanding and applying for exemptions, Marketplace-related components of the premium tax credit reconciliation process, understanding basic concepts and rights related to health coverage and how to use it.

Navigators are required to provide referrals to certain types of outside organizations, like any applicable office of health insurance consumer assistance or health insurance ombudsman or any other appropriate State agency or agencies for any enrollee with a grievance, complaint, or request regarding their health coverage. Beginning with Navigator grants awarded in 2022, Navigators are also required to provide 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 and premium tax credit reconciliations. Additionally, assisters may find it helpful to collaborate or partner with outside organizations as part of outreach and enrollment assistance efforts. Outside organizations don't include other assister organizations or HHS entities, like CMS Regional Offices. For more information, please refer to [Tips for Assisters on Working with Outside Organizations](#).

Several guidelines and best practices may help you understand how to structure these relationships with outside organizations.

### Required Referrals

Organizations and entities that can assist with consumer grievances, complaints, and/or questions regarding their health coverage, as well as tax advisers, tax preparers and other organizations and entities who can assist with questions about the Marketplace application and enrollment process and premium tax credit reconciliations.

### Other Referrals

Referrals required to provide information in a manner accessible to individuals living with disabilities and individuals with LEP.

### Legal Questions and Eligibility Appeals

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

### Consumer Questions

Understanding the process of filing Marketplace eligibility appeals, understanding and applying for exemptions, Marketplace-related components of the premium tax credit reconciliation process, understanding basic concepts and rights related to health coverage and how to use it.

# 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.

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Let's examine what kinds of referrals are required.

# 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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- 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.



# Consumer Questions about Certain Tax Topics

Beginning with Navigator grants awarded in 2022, Navigators are also required to provide 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 and premium tax credit reconciliations. Tax professionals can help consumers with preparing and filing their federal income tax returns. They can also answer consumers' questions about premium tax credit reconciliations.

Remember, assisters are not allowed to provide tax advice to consumers. When providing referrals for consumers with certain tax-related questions, you should be familiar with the following resources:

Select each to learn more.

[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](#)

## Volunteer Income Tax Assistance (VITA)

The VITA program offers free tax help to people who generally make \$58,000 or less per year, persons with disabilities, and taxpayers with LEP.

Beginning with Navigator grants awarded in 2022, Navigators are also required to provide 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 and premium tax credit reconciliations. Tax professionals can help consumers with preparing and filing their federal income tax returns. They can also answer consumers' questions about premium tax credit reconciliations.

Remember, assisters are not allowed to provide tax advice to consumers. When providing 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 \$58,000 or less per year, persons with disabilities, and taxpayers with LEP.

### 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

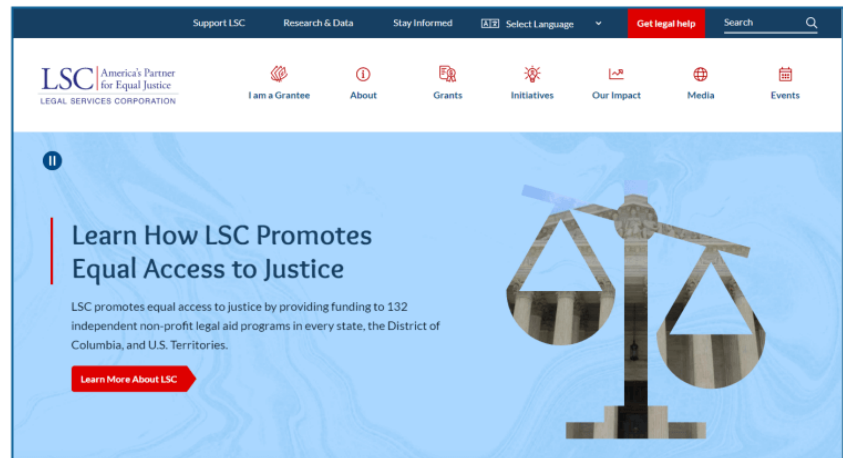


Beginning with Navigator grants awarded in 2022, FFM Navigators are required to help consumers understand the process of filing Marketplace eligibility appeals. Therefore, you should have sufficient knowledge to provide information about free or low-cost legal help in the consumer's area, like:

- 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.



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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.

# 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 FFMs 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 LEP
- Providing information accessible to individuals with disabilities, including accessible Web sites and auxiliary aids and services

Navigators in FFMs 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

The screenshot shows the HHS.gov website with the 'Civil Rights' section selected. The page title is 'Limited English Proficiency (LEP)'. The content explains that if English is not the primary language, an interpreter or document translation may be needed. It also lists 'LEP Resources' including 'Revised HHS LEP Guidance', 'FAQs', 'Summary', 'Fact Sheet', and 'Understand Discrimination on the Basis of Race, Color or National Origin'.

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## 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 LEP.

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.

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 LEP.

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.

# Non-required Referrals and Other Ways Assistors 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 Health Resources & Services Administration (HRSA) website. At the top, there is a navigation bar with the HRSA logo and a search bar. Below the navigation bar, there are several menu items: Grants, Loans & Scholarships, Data Warehouse, Training & TA Hub, and About HRSA. The main content area features a large image of healthcare workers in a clinical setting. To the right of the image, there is a 'News and Announcements' section with several news items, including 'HHS Announces \$5 Million in Funding to Advance Equity in Cancer Screening at Health Centers (5/11/2022)'. Below the news section, there is a 'Find a Health Center' section with a button that says 'Find a Health Center'.

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You might find it helpful to work with or refer consumers to these types of outside organizations:

- 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
- Places of worship (like churches, temples, mosques, etc.) and faith-based organizations
- 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



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, refer to [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.](#)

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# 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**.

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, refer to [Assister Conflict of Interest Requirements](#).

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## 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 shouldn't refer consumers to specific agents or brokers since that might pose a conflict of interest.
- 2. 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) and at Tips for [Assisters on Working With Outside Organizations](#).
- 3. 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.**
- 4. 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.**

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- 4. 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



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 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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For example, a Navigator may refer consumers to a local tax preparer for help with 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



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 LEP?
  - 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 finding 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.

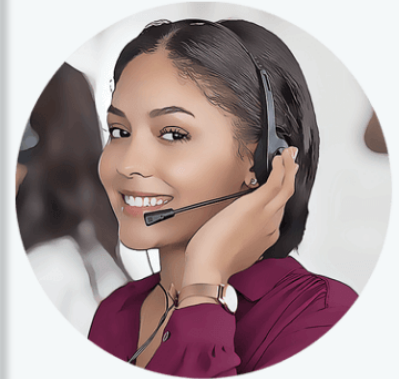
# Knowledge Check

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

Select **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 LEP 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



**Correct!**

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.

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 LEP 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 LEP and individuals with disabilities at no cost to the individual. You shouldn't 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



- You are **required** to make some types of referrals to outside organizations.

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- 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.

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- When providing **required** referrals, you must utilize outside organizations that are required to provide fair, accurate, and impartial information.

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- You should also consider consumers' best interests and expressed interests, needs, and desires when evaluating outside organizations.

- 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



In this course, we discussed 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.

You've finished the learning portion of this course. Select the link to take the [Assister Standard Operating Procedures](#) exam, or you can close the course and return to the exam later.

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# 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.

[Marketplace.cms.gov/technical-assistance-resources/assister-programs/guidance-regulations-on-assister-programs.html](https://www.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).

[Marketplace.cms.gov/technical-assistance-resources/the-assisters-sop-manual.html](https://www.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.

[Marketplace.cms.gov/technical-assistance-resources/assisters-roadmap-to-resources.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/assisters-roadmap-to-resources.pdf)

## Assister Newsletters

The newsletters provide information about the ACA and the FFMs.

[Marketplace.cms.gov/technical-assistance-resources/assister-newsletters.html](https://www.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.

[Marketplace.cms.gov/technical-assistance-resources/assister-webinars.html](https://www.marketplace.cms.gov/technical-assistance-resources/assister-webinars.html)

## IRS.gov Resources on the Health Insurance Marketplace<sup>®1</sup>

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

[IRS.gov/affordable-care-act/individuals-and-families/the-health-insurance-marketplace](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

[Marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf](https://www.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

[Marketplace.cms.gov/outreach-and-education/value-of-health-insurance-english.pdf](https://www.marketplace.cms.gov/outreach-and-education/value-of-health-insurance-english.pdf)

Questions to Ask Yourself When Choosing a Plan

[Marketplace.cms.gov/outreach-and-education/ask-yourself-when-choosing-a-plan.pdf](https://www.marketplace.cms.gov/outreach-and-education/ask-yourself-when-choosing-a-plan.pdf)

## Window Shopping Tool

The Window Shopping Tool available at [Healthcare.gov/see-plans/](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

[Marketplace.cms.gov/technical-assistance-resources/assister-guidance-on-referrals-to-outside-organizations.pdf](https://www.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

[Irs.treasury.gov/freetaxprep/](https://irs.treasury.gov/freetaxprep/)

## **Low-cost Legal Services Search Tool**

[isc.gov/what-legal-aid/find-legal-aid](https://isc.gov/what-legal-aid/find-legal-aid)

## **Information on state CAPs, Ombudsmen, and other state agencies**

[Cms.gov/CCIO/Resources/Consumer-Assistance-Grants/](https://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

[Marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF](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

[Marketplace.cms.gov/technical-assistance-resources/conflict-of-interest-requirements.PDF](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.

[Marketplace.cms.gov/technical-assistance-resources/marketplace-casework-overview.PDF](https://marketplace.cms.gov/technical-assistance-resources/marketplace-casework-overview.PDF)

## **Office for Civil Rights (OCR)**

Official website of HHS OCR, which contains information about federal regulations on discrimination and privacy. <http://www.hhs.gov/ocr/>

Consumers who believe they have been discriminated against on the basis of race, color, national origin, sex, age, disability, or religion may file a complaint with OCR at

[Hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html](https://Hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html)

<sup>1</sup> Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.