Training Overview



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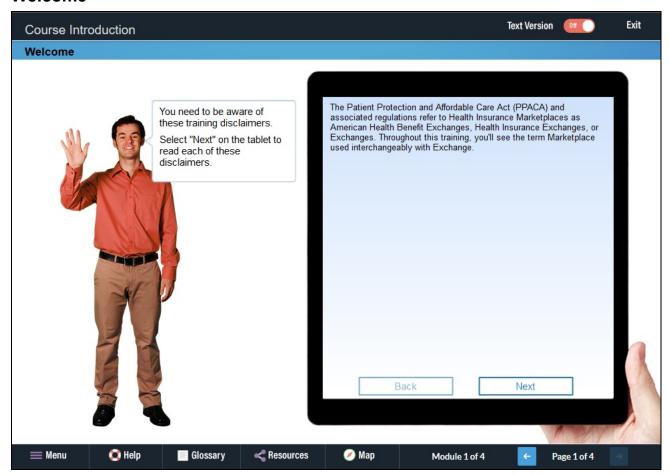
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Course Introduction

Welcome



You need to be aware of these training disclaimers.

The Patient Protection and Affordable Care Act (PPACA) and associated regulations refer to Health Insurance Marketplaces as American Health Benefit Exchanges, Health Insurance Exchanges, or Exchanges. Throughout this training, you'll see the term Marketplace used interchangeably with Exchange.

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.

In this course, there are some references and links to nongovernmental third-party websites. CMS offers these links for informational purposes only, and inclusion of these websites should not be construed as an endorsement of any third-party organization's

programs or activities.

Navigator Physical Presence Requirement

Effective June 18, 2018, Navigators in FFMs are longer 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. For additional guidance on obtaining consumers' consent remotely over the phone, visit: https://marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf.

FFM Navigator Duties

Beginning with Navigator grants awarded in 2019, FFM Navigators may but are no longer required to assist consumers with the following services:

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

SHOP Assistance

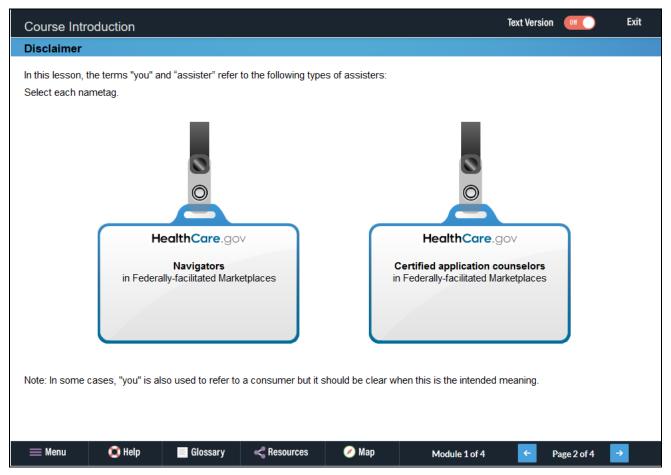
Federally-facilitated SHOP Marketplaces (FF-SHOPs) and State-based Marketplaces (SBMs) using the federal SHOP platform will no longer offer employee eligibility, premium aggregation, or online enrollment functionality. Instead, qualified employers can purchase and enroll employees in SHOP plans by working with a qualified health plan (QHP) issuer or SHOP-registered agent or broker.

However, small employers in states with a FF-SHOP or SBM using the federal SHOP platform can continue to use the SHOP website to:

- 1. Learn about the benefits of SHOP, including the availability of tax credits for qualified employers;
- 2. Compare available medical and dental plans side by side using the SHOP See Plans and Prices tool; and

3.	Submit SHOP employer applications and obtain eligibility determinations.

Disclaimer



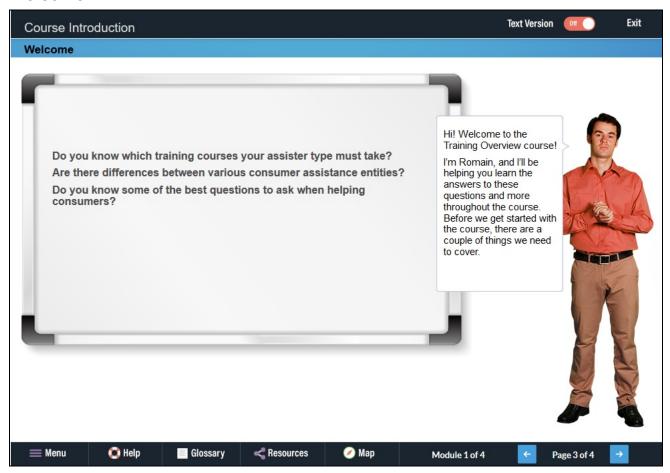
In this lesson, the terms "you" and "assister" refer to the following types of assisters:

Navigators in Federally-facilitated Marketplaces

Certified application counselors in Federally-facilitated Marketplaces

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

Welcome



Hi! Welcome to the Training Overview course!

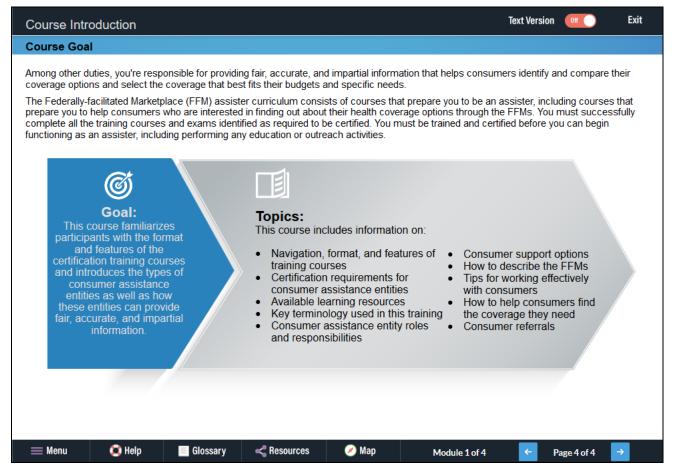
I'm Romain, and I'll be helping you learn the answers to these questions and more throughout the course. Before we get started with the course, there are a couple of things we need to cover.

Do you know which training courses your assister type must take?

Are there differences between various consumer assistance entities?

Do you know some of the best questions to ask when helping consumers?

Course Goal



Among other duties, you're responsible for providing fair, accurate, and impartial information that helps consumers identify and compare their coverage options and select the coverage that best fits their budgets and specific needs.

The Federally-facilitated Marketplace (FFM) assister curriculum consists of courses that prepare you to be an assister, including courses that prepare you to help consumers who are interested in finding out about their health coverage options through the FFMs. You must successfully complete all the training courses and exams identified as required to be certified. You must be trained and certified before you can begin functioning as an assister, including performing any education or outreach activities.

This course familiarizes participants with the format and features of the certification training courses and introduces the types of consumer assistance entities as well as how these entities can provide fair, accurate, and impartial information.

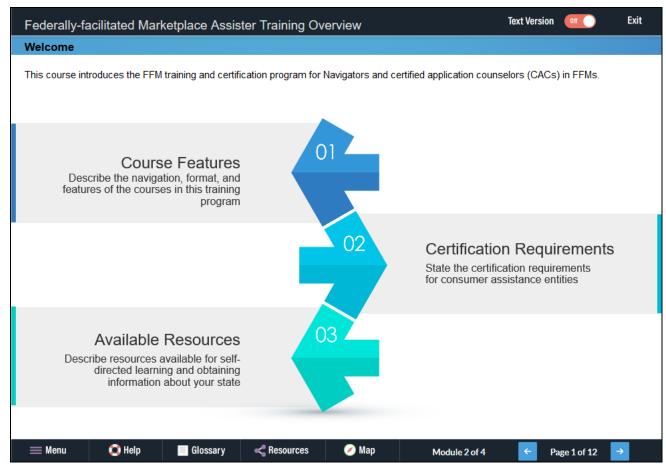
This course includes information on:

- Navigation, format, and features of training courses
- Certification requirements for consumer assistance entities
- Available learning resources

- Key terminology used in this training
- Consumer assistance entity roles and responsibilities
- Consumer support options
- How to describe the FFMs
- Tips for working effectively with consumers
- How to help consumers find the coverage they need
- Consumer referrals

Federally-facilitated Marketplace Assister Training Overview

Welcome



This course introduces the FFM training and certification program for Navigators and certified application counselors (CACs) in FFMs.

Course Features

Describe the navigation, format, and features of the courses in this training program

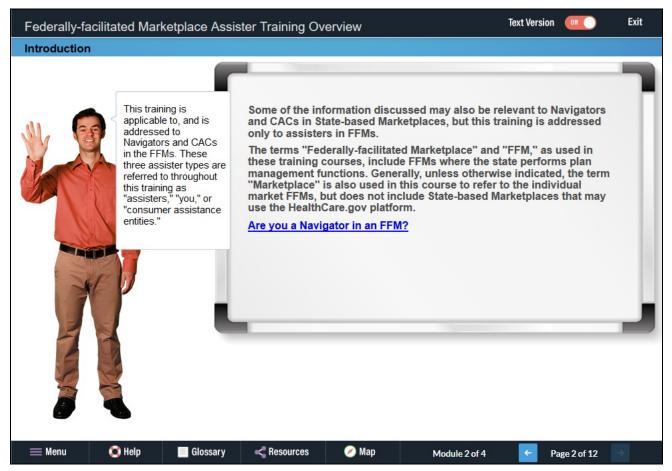
Certification Requirements

State the certification requirements for consumer assistance entities

Available Resources

Describe resources available for self-directed learning and obtaining information about your state

Introduction



This training is applicable to and is addressed to, Navigators and CACs in the FFMs. These three assister types are referred to throughout this training as "assisters," "you," or "consumer assistance entities."

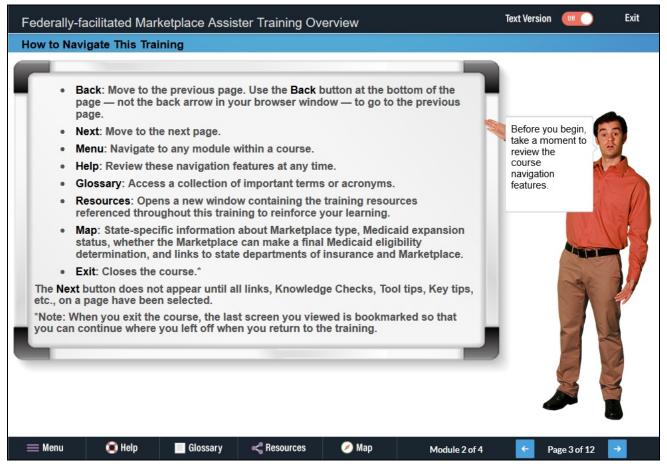
Some of the information discussed may also be relevant to Navigators and CACs in State-based Marketplaces, but this training is addressed only to assisters in FFMs.

The terms "Federally-facilitated Marketplace" and "FFM," as used in these training courses, include FFMs where the state performs plan management functions. Generally, unless otherwise indicated, the term "Marketplace" is also used in this course to refer to the individual market FFMs, but does not include State-based Marketplaces that may use the HealthCare.gov platform.

Are you a Navigator in an FFM?

For this training to count toward your Navigator certification, you must input your Navigator ID number when you log into this training. Your Navigator ID number is provided to you by your organization.

How to Navigate This Training



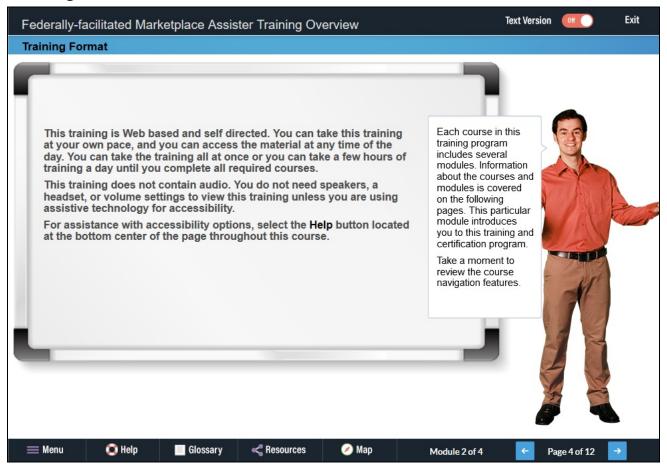
Before you begin, take a moment to review the course navigation features.

- Back (bottom-right corner): Move to the previous page. Use the Back button at the bottom of the page — not the back arrow in your browser window — to go to the previous page.
- Next (bottom-right corner): Move to the next page.
- **Menu** (bottom center): Navigate to any module within a course.
- **Help** (bottom center): Review these navigation features at any time.
- Glossary (bottom center): Access a collection of important terms or acronyms.
- Resources (lower-right center): Opens a new window containing the training resources referenced throughout this training to reinforce your learning.
- Map (bottom center): State-specific information about Marketplace type, Medicaid expansion status, whether the Marketplace can make a final Medicaid eligibility determination, and links to state departments of insurance and Marketplace.
- Exit (upper-right corner): Closes the course.*

The Next button does not appear until all links, Knowledge Checks, Tool tips, Key tips, etc., on a page have been selected.

*Note: When you exit the course, the last screen you viewed is bookmarked so that you can continue where you left off when you return to the training.

Training Format



Each course in this training program includes several modules. Information about the courses and modules is covered on the following pages. This particular module introduces you to this training and certification program.

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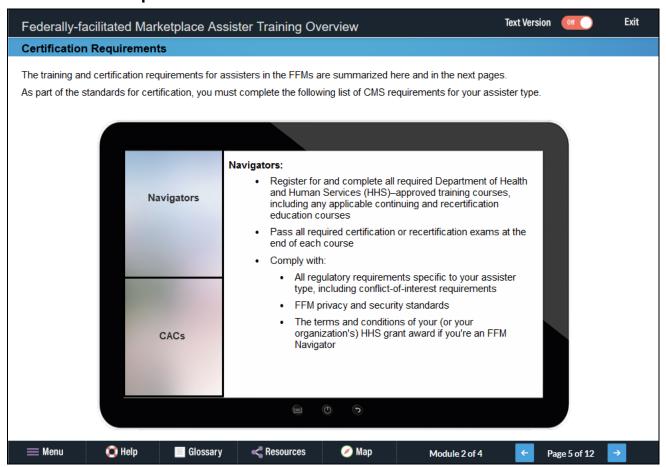
Take a moment to review the course navigation features.

This training is Web based and self directed. You can take this training at your own pace, and you can access the material at any time of the day. You can take the training all at once or you can take a few hours of training a day until you complete all required courses.

This training does not contain audio. You do not need speakers, a headset, or volume settings to view this training unless you are using assistive technology for accessibility.

For assistance with accessibility options, select the **Help** button located at the bottom center of the page throughout this course.

Certification Requirements



The training and certification requirements for assisters in the FFMs are summarized here and in the next pages.

As part of the standards for certification, you must complete the following list of CMS requirements for your assister type.

Navigators:

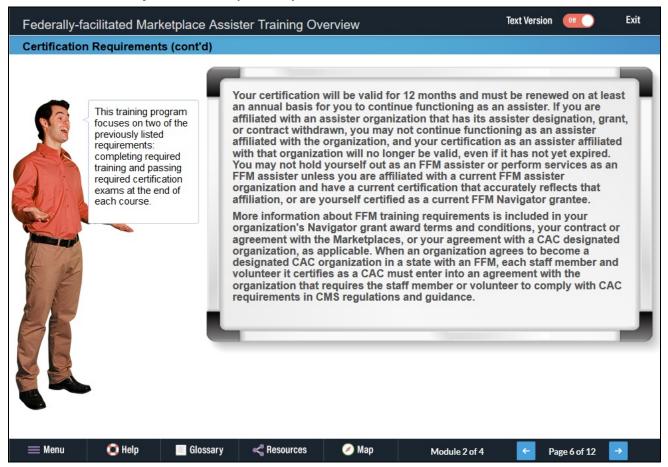
- Register for and complete all required Department of Health and Human Services (HHS)

 –approved training courses, including any applicable continuing and recertification education courses
- · Pass all required certification or recertification exams at the end of each course
- Comply with:
 - All regulatory requirements specific to your assister type, including conflict-ofinterest requirements
 - FFM privacy and security standards
 - The terms and conditions of your (or your organization's) HHS grant award if you're an FFM Navigator

CACs:

- Register for and complete all HHS-approved training courses required for CACs
- Pass all required certification exams at the end of each course intended for CACs
- Meet any licensing, certification, or other standards prescribed by your state, if applicable
- Enter into an agreement with your affiliated CAC designated organization (CAC designated organizations in FFMs must enter into an agreement with CMS in its role as operator of the FFMs)
- Comply with the terms of your agreement with your affiliated CAC designated organization

Certification Requirements (cont'd)

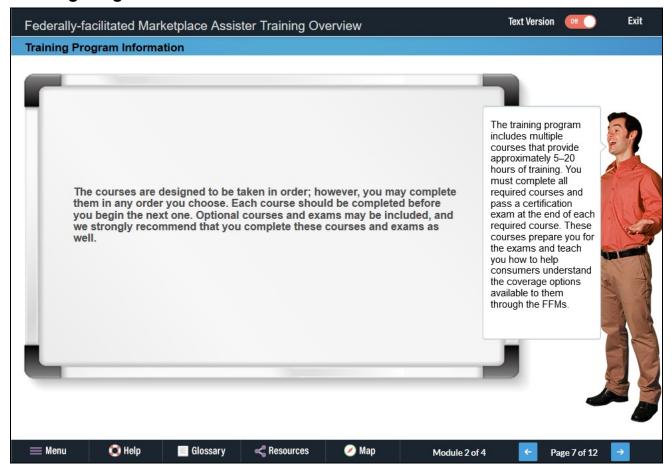


This training program focuses on two of the previously listed requirements: completing required training and passing required certification exams at the end of each course.

Your certification will be valid for 12 months and must be renewed on at least an annual basis for you to continue functioning as an assister. If you are affiliated with an assister organization that has its assister designation, grant, or contract withdrawn, you may not continue functioning as an assister affiliated with the organization, and your certification as an assister affiliated with that organization will no longer be valid, even if it has not yet expired. You may not hold yourself out as an FFM assister or perform services as an FFM assister unless you are affiliated with a current FFM assister organization and have a current certification that accurately reflects that affiliation, or are yourself certified as a current FFM Navigator grantee.

More information about FFM training requirements is included in your organization's Navigator grant award terms and conditions, your contract or agreement with the Marketplaces, or your agreement with a CAC designated organization, as applicable. When an organization agrees to become a designated CAC organization in a state with an FFM, each staff member and volunteer it certifies as a CAC must enter into an agreement with the organization that requires the staff member or volunteer to comply with CAC requirements in CMS regulations and guidance.

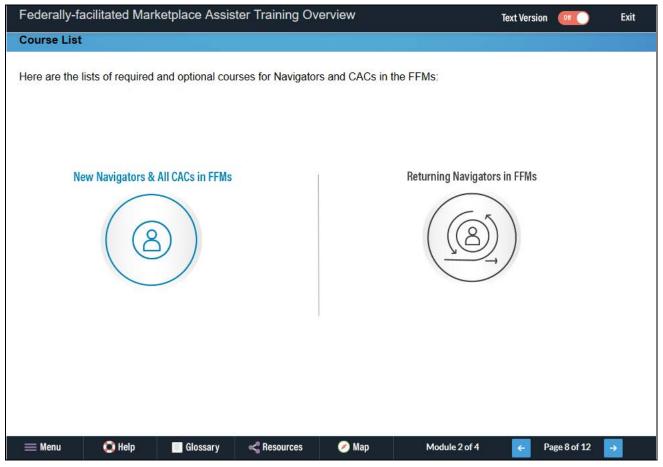
Training Program Information



The training program includes multiple courses that provide approximately 5–20 hours of training. You must complete all required courses and pass a certification exam at the end of each required course. These courses prepare you for the exams and teach you how to help consumers understand the coverage options available to them through the FFMs.

The courses are designed to be taken in order; however, you may complete them in any order you choose. Each course should be completed before you begin the next one. Optional courses and exams may be included, and we strongly recommend that you complete these courses and exams as well.

Course List



Here is the list of required and optional courses for New Navigators and All CACs in FFMs:

Required:

- 1. Training Overview
- 2. Health Coverage Basics
- 3. Patient Protection and Affordable Care Act Basics
- 4. Privacy, Security, and Fraud Prevention Standards
- 5. Marketplace Assister Essentials
- 6. Serving Vulnerable and Underserved Populations
- 7. Cultural Competence and Language Assistance
- 8. Working with Consumers with Disabilities

Optional:

9. Customer Service Standards and Community Outreach

- 10. Coverage to Care Assistance
- 11. Assister Standard Operating Procedures
- 12. Advanced Marketplace Issues and Technical Support

Here is the list of required and optional courses for Returning Navigators in FFMs:

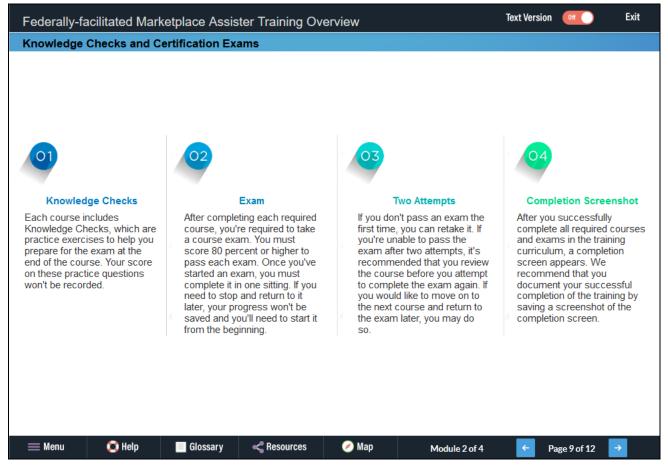
Required:

- 1. Training Overview
- 4. Privacy, Security, and Fraud Prevention Standards
- 5. Marketplace Assister Essentials
- 6. Serving Vulnerable and Underserved Populations
- 7. Cultural Competence and Language Assistance
- 8. Working with Consumers with Disabilities
- 12. Advanced Marketplace Issues and Technical Support

Optional:

- 2. Health Coverage Basics
- 3. Patient Protection and Affordable Care Act Basics
- 9. Customer Service Standards and Community Outreach
- 10. Coverage to Care Assistance
- 11. Assister Standard Operating Procedures

Knowledge Checks and Certification Exams



Knowledge Checks

Each course includes Knowledge Checks, which are practice exercises to help you prepare for the exam at the end of the course. Your score on these practice questions won't be recorded.

Exam

After completing each required course, you're required to take a course exam. You must score 80 percent or higher to pass each exam. Once you've started an exam, you must complete it in one sitting. If you need to stop and return to it later, your progress won't be saved and you'll need to start it from the beginning.

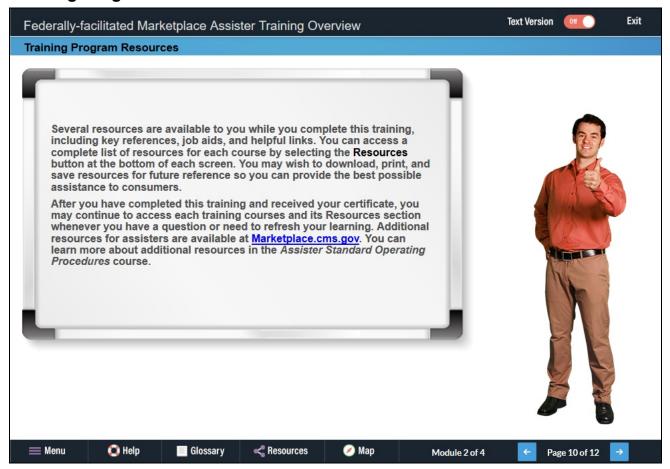
Two Attempts

If you don't pass an exam the first time, you can retake it. If you're unable to pass the exam after two attempts, it's recommended that you review the course before you attempt to complete the exam again. If you would like to move on to the next course and return to the exam later, you may do so.

Completion Screenshot

After you successfully complete all required courses and exams in the training curriculum, a completion screen appears. We recommend that you document your successful completion of the training by saving a screenshot of the completion screen.

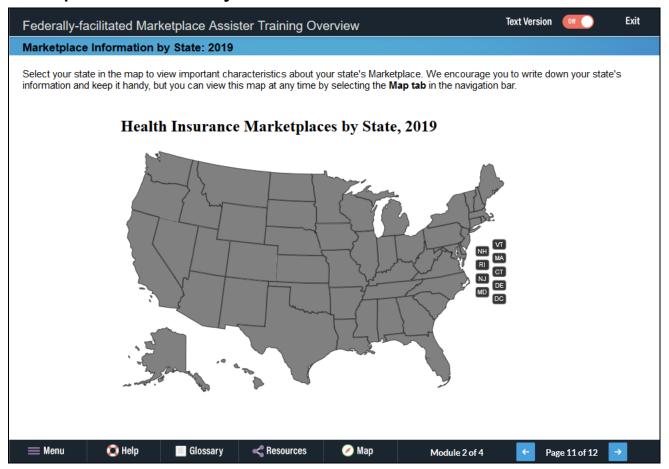
Training Program Resources



Several resources are available to you while you complete this training, including key references, job aids, and helpful links. You can access a complete list of resources for each course by selecting the **Resources** button at the bottom of each screen. You may wish to download, print, and save resources for future reference so you can provide the best possible assistance to consumers.

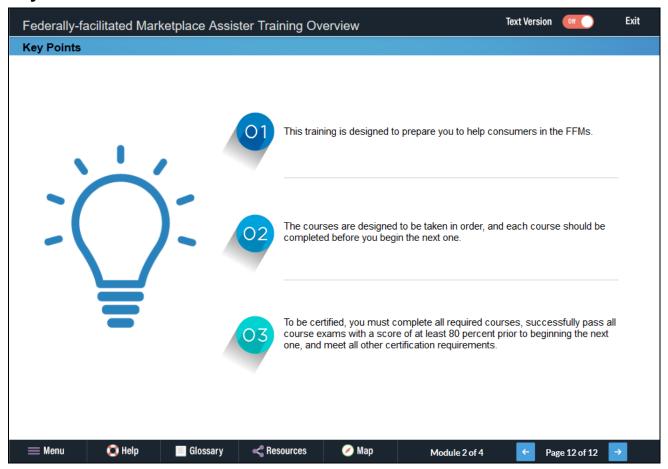
After you have completed this training and received your certificate, you may continue to access each training courses and its **Resources** section whenever you have a question or need to refresh your learning. Additional resources for assisters are available at Marketplace.cms.gov. You can learn more about additional resources in the *Assister Standard Operating Procedures* course.

Marketplace Information by State: 2019



Select your state in the map to view important characteristics about your state's Marketplace. We encourage you to write down your state's information and keep it handy, but you can view this map at any time by selecting the **Map** tab in the navigation bar.

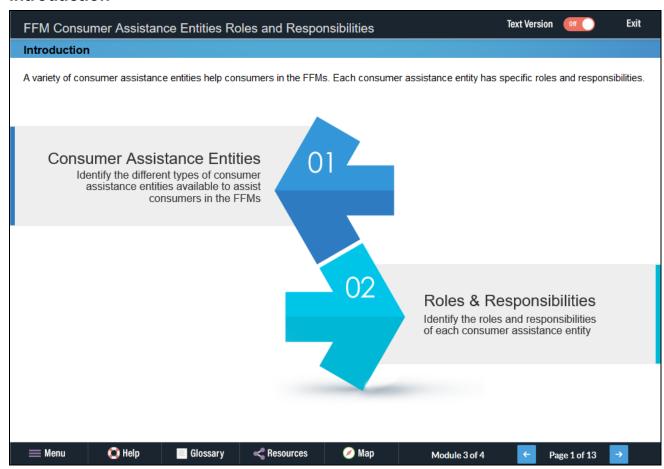
Key Points



- This training is designed to prepare you to help consumers in the FFMs.
- The courses are designed to be taken in order, and each course should be completed before you begin the next one.
- To be certified, you must complete all required courses, successfully pass all course exams with a score of at least 80 percent prior to beginning the next one, and meet all other certification requirements.

FFM Consumer Assistance Entities Roles and Responsibilities

Introduction



A variety of consumer assistance entities help consumers in the FFMs. Each consumer assistance entity has specific roles and responsibilities.

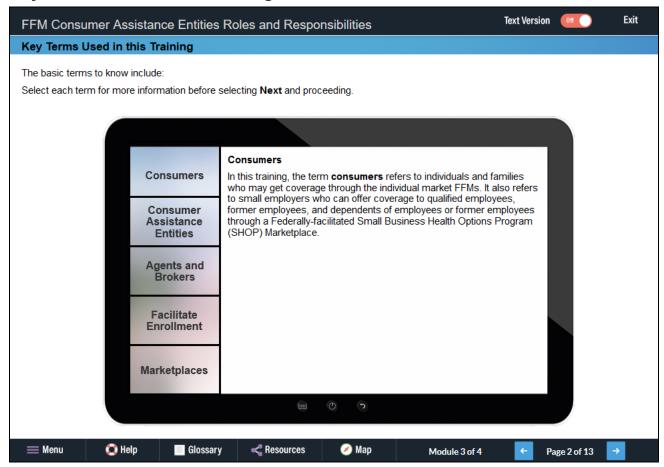
Consumer Assistance Entities

Identify the different types of consumer assistance entities available to assist consumers in the FFMs

Roles and Responsibilities

Identify the roles and responsibilities of each consumer assistance entity

Key Terms Used in this Training



The basic terms to know include:

Consumers

In this training, the term consumers refers to individuals and families who may get coverage through the individual market FFMs. It also refers to small employers who can offer coverage to qualified employees, former employees, and dependents of employees or former employees through a Federally-facilitated Small Business Health Options Program (SHOP) Marketplace.

Consumer Assistance Entities

In this training, the term consumer assistance entities refers to Navigators, non-Navigator assistance personnel, and CACs in FFMs. Generally, these are individuals or organizations that are trained and (if applicable) certified to help consumers as they look for coverage through the Marketplaces.

Agents and Brokers

Agents and brokers are persons or entities licensed by a state to sell, solicit, or negotiate insurance. To the extent permitted under state law, agents and brokers may register with an FFM to facilitate enrollment and assist consumers with applying for qualified health plans (QHPs) and insurance affordability programs (e.g., premium tax credits and cost-sharing reductions) through the FFM.

Facilitate Enrollment

To facilitate enrollment means assisting consumers with submitting their eligibility applications, clarifying distinctions among coverage options, and helping eligible consumers make informed decisions during the coverage selection process.

Marketplaces

The **Marketplaces**, including FFMs where the State performs plan management functions, are resources where individuals and families can:

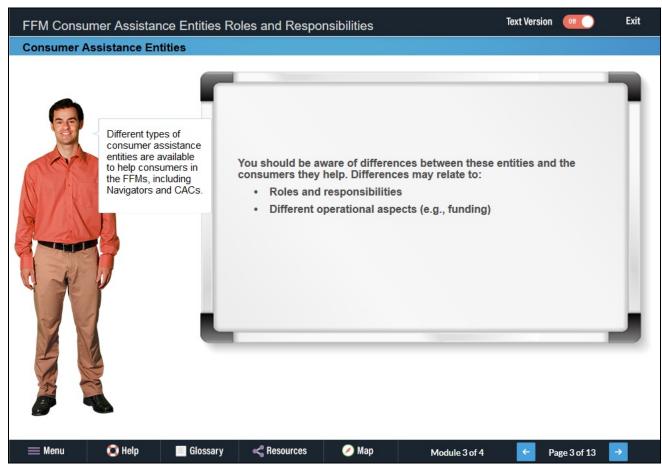
- Learn about coverage options;
- Find out if they qualify for programs to lower their coverage costs;
- Compare health plans based on costs, benefits, and other important features;
- Choose a health plan; and
- Enroll in coverage.

The SHOP Marketplaces are resources where small employers can:

- Learn about coverage options through a SHOP Marketplace;
- Compare available medical and dental plans side by side using the SHOP premium estimator tool; and
- Submit SHOP employer applications and obtain final eligibility determinations.

Throughout this training, the term "SHOP Marketplace" or "SHOP" will be used when referring specifically to a SHOP Marketplace for small employers. In the Federally-facilitated SHOP Marketplaces, qualified employers and employees can enroll in SHOP plans by working with a QHP issuer or SHOP-registered agent or broker.

Consumer Assistance Entities

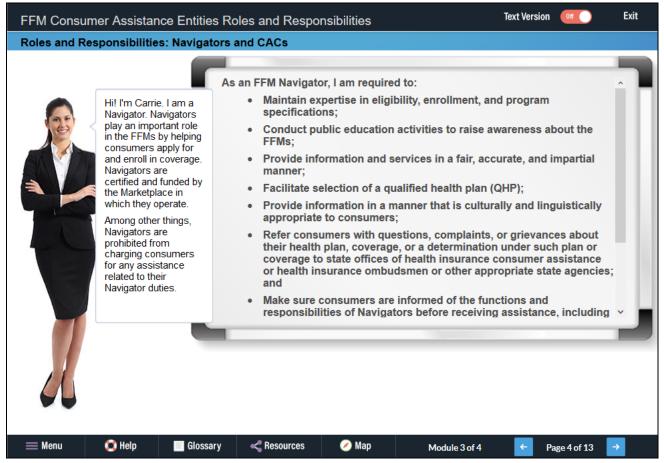


Different types of consumer assistance entities are available to help consumers in the FFMs, including Navigators and CACs.

You should be aware of differences between these entities and the consumers they help. Differences may relate to:

- Roles and responsibilities
- Different operational aspects (e.g., funding)

Roles and Responsibilities: Navigators and CACs



Hi! I'm Carrie. I am a Navigator. Navigators play an important role in the FFMs by helping consumers apply for and enroll in coverage. Navigators are certified and funded by the Marketplace in which they operate.

Among other things, Navigators are prohibited from charging consumers for any assistance related to their Navigator duties.

As an FFM Navigator, I am required to:

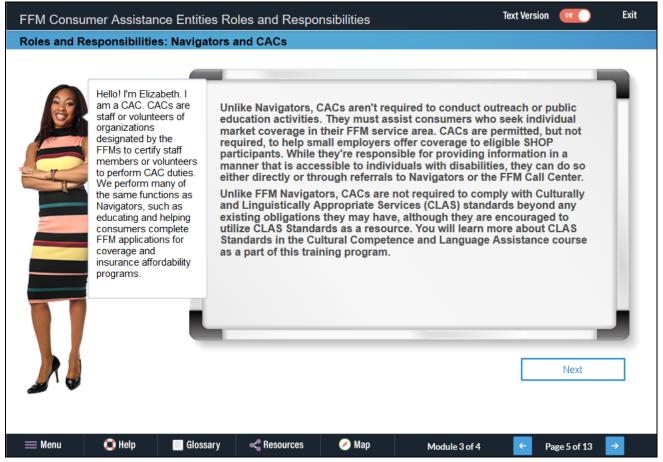
- Maintain expertise in eligibility, enrollment, and program specifications;
- Conduct public education activities to raise awareness about the FFMs;
- Provide information and services in a fair, accurate, and impartial manner;
- Facilitate selection of a qualified health plan (QHP);
- Provide information in a manner that is culturally and linguistically appropriate to consumers;
- Refer consumers with questions, complaints, or grievances about their health plan, coverage, or a determination under such plan or coverage to state offices of health insurance consumer assistance or health insurance ombudsmen or other

appropriate state agencies; and

 Make sure consumers are informed of the functions and responsibilities of Navigators before receiving assistance, including that Navigators are not acting as tax advisers or attorneys when providing assistance as Navigators and cannot provide tax or legal advice.

Visit the <u>Navigator Program Standards</u> and the latest <u>HHS Notice of Benefit and Payment Parameters</u> for a complete list of Navigator duties and responsibilities.

Roles and Responsibilities: Navigators and CACs



Hello! I'm Elizabeth. I am a CAC. CACs are staff or volunteers of organizations designated by the FFMs to certify staff members or volunteers to perform CAC duties. We perform many of the same functions as Navigators, such as educating and helping consumers complete FFM applications for coverage and insurance affordability programs.

Unlike Navigators, CACs aren't required to conduct outreach or public education activities. They must assist consumers who seek individual market coverage in their FFM service area. CACs are permitted, but not required, to help small employers offer coverage to eligible SHOP participants. While they're responsible for providing information in a manner that is accessible to individuals with disabilities, they can do so either directly or through referrals to Navigators or the FFM Call Center.

Unlike FFM Navigators, CACs are not required to comply with Culturally and Linguistically Appropriate Services (CLAS) standards beyond any existing obligations they may have, although they are encouraged to utilize CLAS Standards as a resource. You will learn more about CLAS Standards in the Cultural Competence and Language Assistance course as a part of this training program.

In an FFM, these designated organizations can include community health centers, hospitals, health care providers, certain types of social service agencies, and governmental entities.

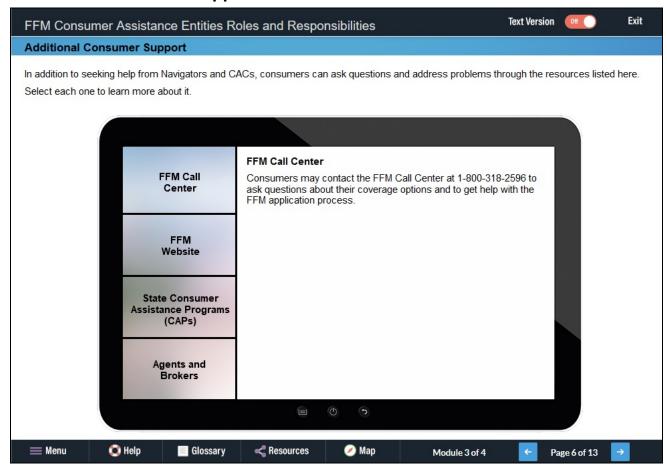
CACs in FFMs are certified by their CAC designated organizations. As a CAC in an FFM, my responsibilities include:

Providing information to consumers about the full range of QHP options and insurance affordability programs (e.g., Medicaid) for which they are eligible, which includes:

- Providing fair, accurate, and impartial information that assists consumers with submitting the eligibility application;
- Clarifying the distinctions among health coverage options, including QHPs;
- Helping consumers make informed decisions during the health coverage selection process;
- Assisting consumers as they apply for QHP coverage and insurance affordability programs through an FFM; and
- Facilitating enrollment of eligible individuals in QHPs and insurance affordability programs.

Like Navigators, CACs in FFMs are not permitted to charge consumers for assistance related to the FFM.

Additional Consumer Support



In addition to seeking help from Navigators and CACs, consumers can ask questions and address problems through the resources listed here.

FFM Call Center

Consumers may contact the FFM Call Center at 1-800-318-2596 to ask questions about their coverage options and to get help with the FFM application process.

FFM Website

Consumers can also visit HealthCare.gov to find answers to questions about coverage and other information about the FFMs.

State Consumer Assistance Programs (CAPs)

Many states already have CAPs to address consumers' problems or questions about coverage by phone or email. To find more information about CAPs, review the <u>CAP information page</u>. In addition, consumers can call or visit their state's health insurance ombudsman to get help with grievances, complaints, appeals, and questions about coverage.

Agents and Brokers

To the extent permitted by states, consumers can also use licensed agents and brokers registered with the FFM for assistance with getting coverage either through a Federally-

facilitated SHOP or an individual market FFM. Within the terms of their contracts, agents and brokers are funded by health insurance issuers.

Agents and brokers registered with the FFMs can help consumers:

- Fill out an FFM application
- Determine whether their business is eligible to use a Federally-facilitated SHOP Marketplace
- Understand eligibility for the Small Business Health Care Tax Credit
- Review and compare plans
- Manage employee acceptances and declines of offers for coverage through a Federally-facilitated SHOP
- Enroll in a plan
- Manage and update individual or employee coverage after they're enrolled
- Handle individual or small business renewals and plan changes

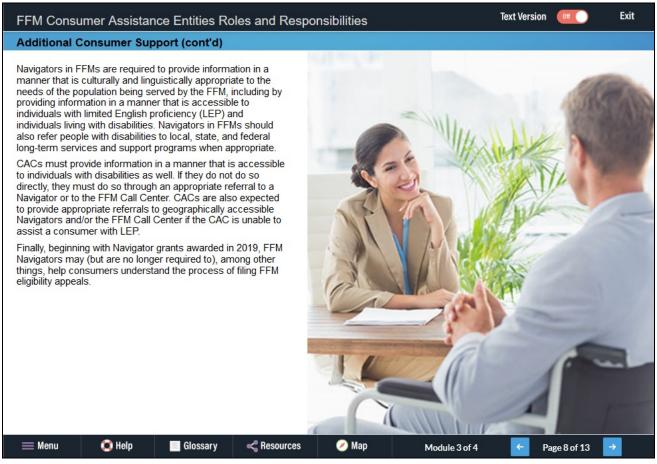
Additional Consumer Support (cont'd)



Remember that Navigators and CACs in FFMs must provide information in a fair, accurate, and impartial manner, which includes providing information that assists consumers with submitting their eligibility applications; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process.

If you're a Navigator, you're required to provide referrals to any applicable office of health insurance consumer assistance (e.g., CAP) or health insurance ombudsman, or any other appropriate state agency or agencies, for any consumer with a grievance, complaint, or question regarding a health plan, coverage, or a determination under such plan or coverage.

Additional Consumer Support (cont'd)

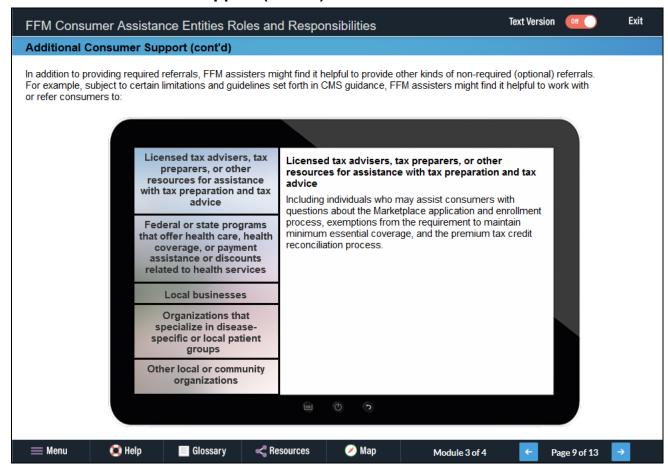


Navigators in FFMs are required to provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the FFM, including by providing information in a manner that is accessible to individuals with limited English proficiency (LEP) and individuals living with disabilities. Navigators in FFMs should also refer people with disabilities to local, state, and federal long-term services and support programs when appropriate.

CACs must provide information in a manner that is accessible to individuals with disabilities as well. If they do not do so directly, they must do so through an appropriate referral to a Navigator or to the FFM Call Center. CACs are also expected to provide appropriate referrals to geographically accessible Navigators and/or the FFM Call Center if the CAC is unable to assist a consumer with LEP.

Finally, beginning with Navigator grants awarded in 2019, FFM Navigators may (but are no longer required to), among other things, help consumers understand the process of filing FFM eligibility appeals.

Additional Consumer Support (cont'd)



In addition to providing required referrals, FFM assisters might find it helpful to provide other kinds of non-required (optional) referrals. For example, subject to certain limitations and guidelines set forth in CMS guidance, FFM assisters might find it helpful to work with or refer consumers to:

Licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice

Including individuals who may assist consumers with questions about the Marketplace application and enrollment process, exemptions from the requirement to maintain minimum essential coverage, and the premium tax credit reconciliation process.

Federal or state programs that offer health care, health coverage, or payment assistance or discounts related to health services

Such as a state Medicaid or Children's Health Insurance Program (CHIP) agency, the Veterans Affairs (VA) Health Benefits Program, Medicare and State Health Insurance Assistance Program (SHIP) counselors, Federally Qualified Health Centers, Ryan White HIV/AIDS programs, or AIDS Drug Assistance Programs for lower-cost prescription drugs.

Organizations that specialize in disease-specific or local patient groups

Such as the American Cancer Society or the American Diabetes Association.

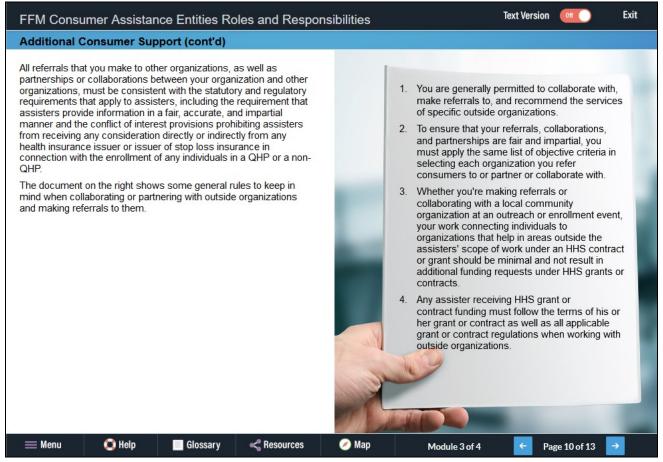
Other local or community organizations

Such as homeless shelters, food banks, lesbian, gay, bisexual, and transgender (LGBT) community centers, churches, legal aid organizations, local colleges, and universities.

Local businesses

Such as coffee shops, malls, farmer's markets, and grocery stores. For example, these 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.

Additional Consumer Support (cont'd)



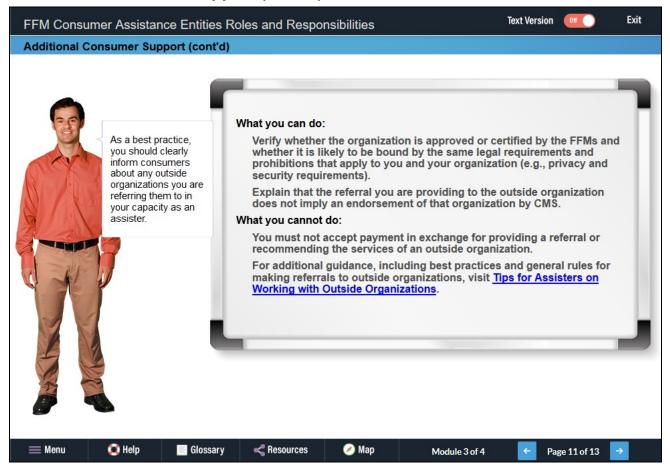
All referrals that you make to other organizations, as well as partnerships or collaborations between your organization and other organizations, must be consistent with the statutory and regulatory requirements that apply to assisters, including the requirement that assisters provide information in a fair, accurate, and impartial manner and the conflict of interest provisions prohibiting assisters from receiving any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals in a QHP or a non-QHP.

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

- 1. You are generally permitted to collaborate with, make referrals to, and recommend the services of specific outside organizations.
- 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.
- 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 the assisters' 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.	Any assister receiving HHS grant or contract funding must follow the terms of his or her grant or contract as well as all applicable grant or contract regulations when working with outside organizations.

Additional Consumer Support (cont'd)



As a best practice, you should clearly inform consumers about any outside organizations you are referring them to in your capacity as an assister.

What you can do:

Verify whether the organization is approved or certified by the FFMs and whether it is likely to be bound by the same legal requirements and prohibitions that apply to you and your organization (e.g., privacy and security requirements).

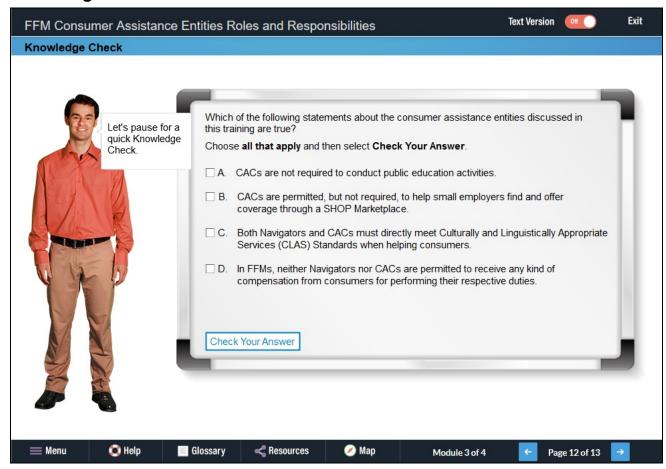
Explain that the referral you are providing to the outside organization does not imply an endorsement of that organization by CMS.

What you cannot do:

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

For additional guidance, including best practices and general rules for making referrals to outside organizations, visit <a href="https://doi.org/10.1007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10.2007/jhar-10

Knowledge Check



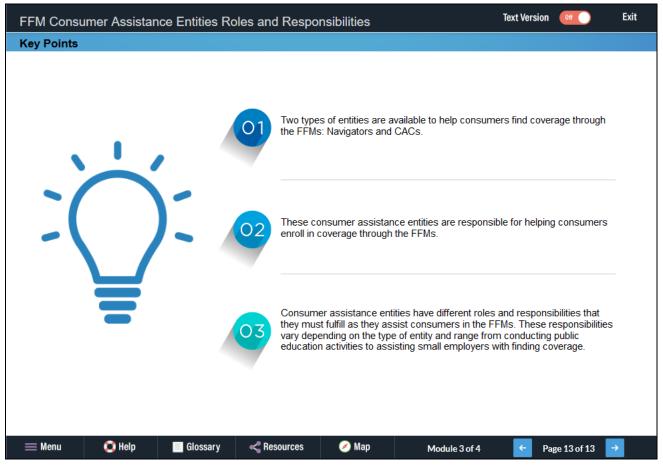
Let's pause for a quick Knowledge Check.

Which of the following statements about the consumer assistance entities discussed in this training are true?

- A. CACs are not required to conduct public education activities.
- B. CACs are permitted, but not required, to help small employers find and offer coverage through a SHOP Marketplace.
- C. Both Navigators and CACs must directly meet Culturally and Linguistically Appropriate Services (CLAS) Standards when helping consumers.
- D. In FFMs, neither Navigators nor CACs are permitted to receive any kind of compensation from consumers for performing their respective duties.

The correct answers are A, B, and D. CACs aren't required to conduct public education activities, meet CLAS Standards beyond any existing obligations they may have, or help small employers offer coverage. In an FFM, neither Navigators nor CACs are permitted to charge consumers or receive compensation from consumers for performing their assister duties in the Marketplaces.

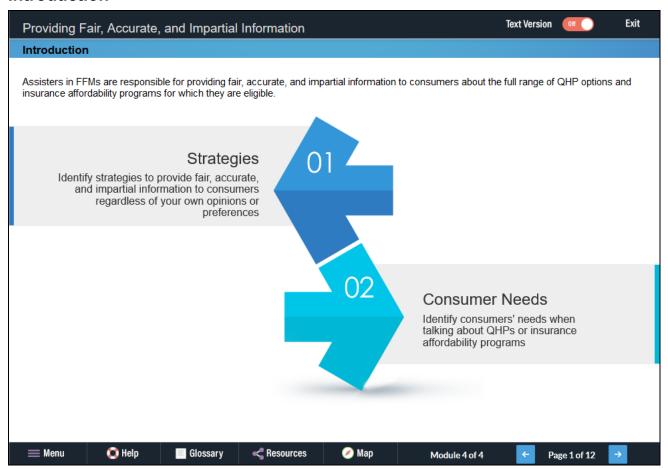
Key Points



- Two types of entities are available to help consumers find coverage through the FFMs: Navigators and CACs.
- These consumer assistance entities are responsible for helping consumers enroll in coverage through the FFMs.
- Consumer assistance entities have different roles and responsibilities that they must fulfill as they assist consumers in the FFMs. These responsibilities vary depending on the type of entity and range from conducting public education activities to assisting small employers with finding coverage.

Providing Fair, Accurate, and Impartial Information

Introduction



Assisters in FFMs are responsible for providing fair, accurate, and impartial information to consumers about the full range of QHP options and insurance affordability programs for which they are eligible.

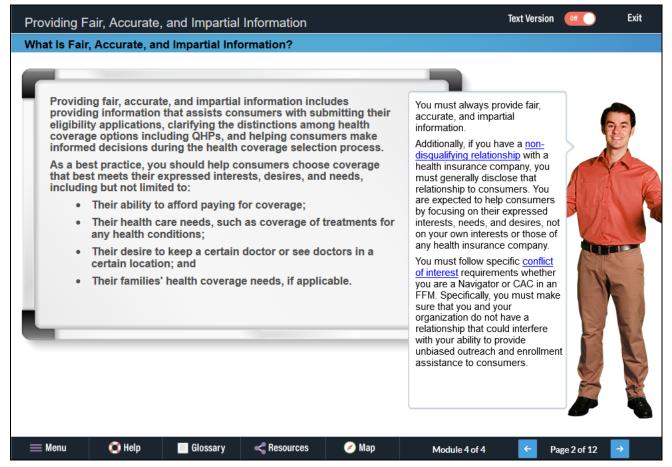
Strategies

Identify strategies to provide fair, accurate, and impartial information to consumers regardless of your own opinions or preferences

Consumer Needs

Identify consumers' needs when talking about QHPs or insurance affordability programs

What Is Fair, Accurate, and Impartial Information?



You must always provide fair, accurate, and impartial information.

Additionally, if you have a non-disqualifying relationship with a health insurance company, you must generally disclose that relationship to consumers. You are expected to help consumers by focusing on their expressed interests, needs, and desires, not on your own interests or those of any health insurance company.

A non-disqualifying relationship is a relationship that wouldn't disqualify you from becoming an assister. Some relationships that present a conflict of interest are completely prohibited for certain assister types.

You must follow specific conflict of interest requirements whether you are a Navigator or CAC in an FFM. Specifically, you must make sure that you and your organization do not have a relationship that could interfere with your ability to provide unbiased outreach and enrollment assistance to consumers.

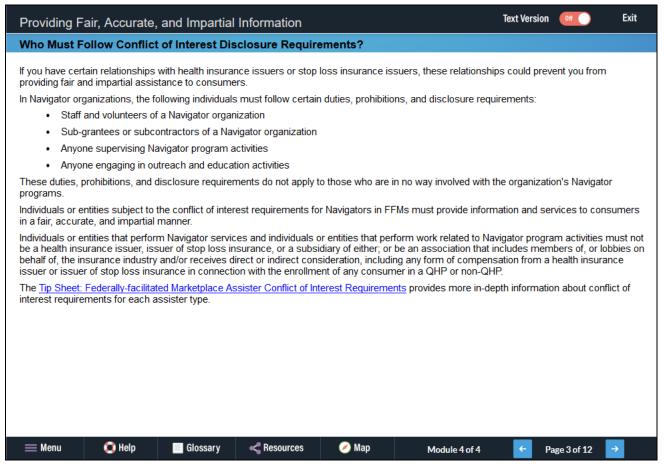
For more information about the conflict of interest requirements that apply to your assister type, refer to the Assister Dos and Don'ts presentation.

Providing fair, accurate, and impartial information includes providing information that assists consumers with submitting their eligibility applications, clarifying the distinctions among health coverage options including QHPs, and helping consumers make informed decisions during the health coverage selection process.

As a best practice, you should help consumers choose coverage that best meets their expressed interests, desires, and needs, including but not limited to:

- Their ability to afford paying for coverage;
- Their health care needs, such as coverage of treatments for any health conditions;
- Their desire to keep a certain doctor or see doctors in a certain location; and
- Their families' health coverage needs, if applicable.

Who Must Follow Conflict of Interest Disclosure Requirements?



If you have certain relationships with health insurance issuers or stop loss insurance issuers, these relationships could prevent you from providing fair and impartial assistance to consumers.

In Navigator organizations, the following individuals must follow certain duties, prohibitions, and disclosure requirements:

- Staff and volunteers of a Navigator organization
- Sub-grantees or subcontractors of a Navigator organization
- Anyone supervising Navigator program activities
- Anyone engaging in outreach and education activities

These duties, prohibitions, and disclosure requirements do not apply to those who are in no way involved with the organization's Navigator programs.

Individuals or entities subject to the conflict of interest requirements for Navigators in FFMs must provide information and services to consumers in a fair, accurate, and impartial manner.

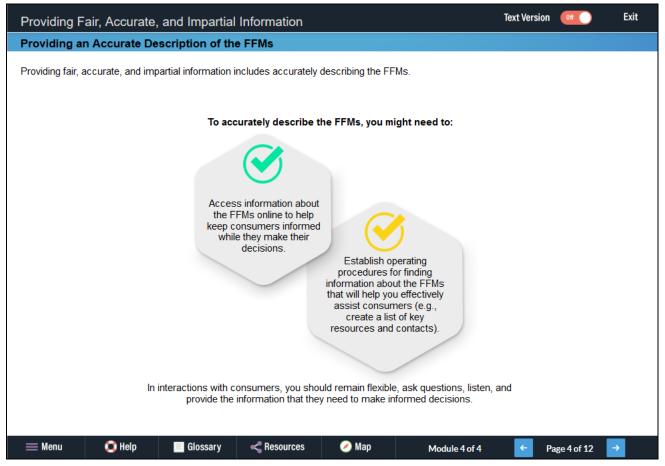
Individuals or entities that perform Navigator services and individuals or entities that

perform work related to Navigator program activities must not be a health insurance issuer, issuer of stop loss insurance, or a subsidiary of either; or be an association that includes members of, or lobbies on behalf of, the insurance industry and/or receives direct or indirect consideration, including any form of compensation from a health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any consumer in a QHP or non-QHP.

The <u>Tip Sheet: Federally-facilitated Marketplace Assister Conflict of Interest</u>

<u>Requirements</u> provides more in-depth information about conflict of interest requirements for each assister type.

Providing an Accurate Description of the FFMs



Providing fair, accurate, and impartial information includes accurately describing the FFMs.

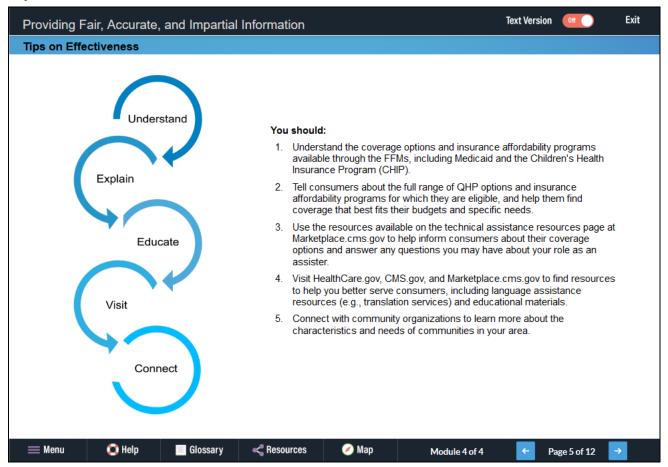
To accurately describe the FFMs, you might need to:

Access information about the FFMs online to help keep consumers informed while they make their decisions.

Establish operating procedures for finding information about the FFMs that will help you effectively assist consumers (e.g., create a list of key resources and contacts).

In interactions with consumers, you should remain flexible, ask questions, listen, and provide the information that they need to make informed decisions.

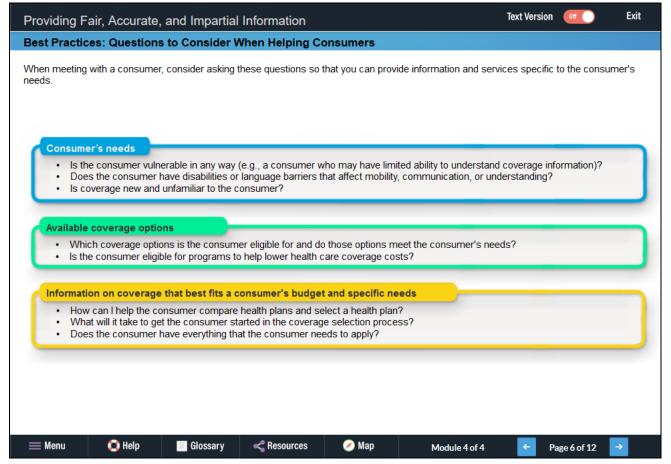
Tips on Effectiveness



You should:

- Understand the coverage options and insurance affordability programs available through the FFMs, including Medicaid and the Children's Health Insurance Program (CHIP).
- Tell consumers about the full range of QHP options and insurance affordability programs for which they are eligible, and help them find coverage that best fits their budgets and specific needs.
- Use the resources available on the technical assistance resources page at Marketplace.cms.gov to help inform consumers about their coverage options and answer any questions you may have about your role as an assister.
- 4. Visit HealthCare.gov, CMS.gov, and Marketplace.cms.gov to find resources to help you better serve consumers, including language assistance resources (e.g., translation services) and educational materials.
- 5. Connect with community organizations to learn more about the characteristics and needs of communities in your area.

Best Practices: Questions to Consider When Helping Consumers



When meeting with a consumer, consider asking these questions so that you can provide information and services specific to the consumer's needs.

Consumer's needs

- Is the consumer vulnerable in any way (e.g., a consumer who may have limited ability to understand coverage information)?
- Does the consumer have disabilities or language barriers that affect mobility, communication, or understanding?
- Is coverage new and unfamiliar to the consumer?

Available coverage options

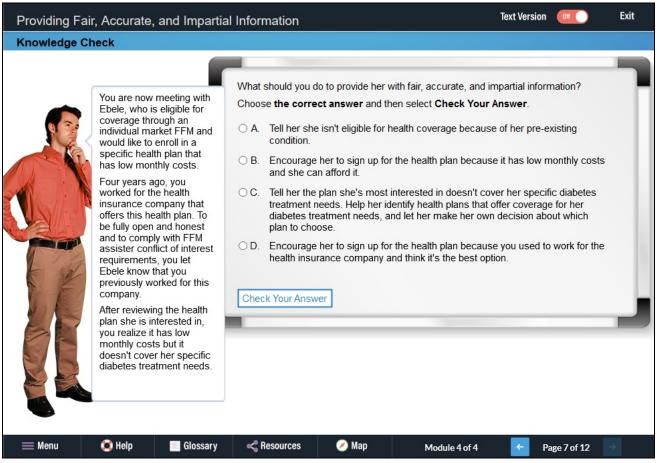
- Which coverage options is the consumer eligible for and do those options meet the consumer's needs?
- Is the consumer eligible for programs to help lower health care coverage costs?

Information on coverage that best fits a consumer's budget and specific needs

• How can I help the consumer compare health plans and select a health plan?

- What will it take to get the consumer started in the coverage selection process?
- Does the consumer have everything that the consumer needs to apply?

Knowledge Check



You are now meeting with Ebele, who is eligible for coverage through an individual market FFM and would like to enroll in a specific health plan that has low monthly costs.

Four years ago, you worked for the health insurance company that offers this health plan. To be fully open and honest and to comply with FFM assister conflict of interest requirements, you let Ebele know that you previously worked for this company.

After reviewing the health plan she is interested in, you realize it has low monthly costs but it doesn't cover her specific diabetes treatment needs.

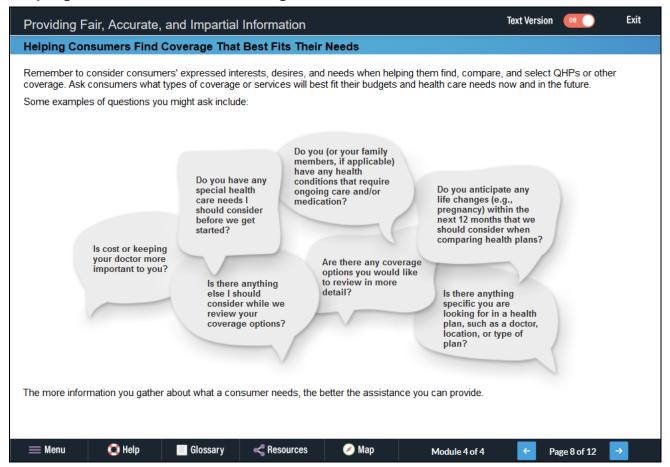
What should you do to provide her with fair, accurate, and impartial information?

- A. Tell her she isn't eligible for health coverage because of her pre-existing condition.
- B. Encourage her to sign up for the health plan because it has low monthly costs and she can afford it.
- C. Tell her the plan she's most interested in doesn't cover her specific diabetes treatment needs. Help her identify health plans that offer coverage for her diabetes treatment needs, and let her make her own decision about which plan to choose.

D. Encourage her to sign up for the health plan because you used to work for the health insurance company and think it's the best option.

The correct answer is C. You should tell Ebele that the plan she's most interested in doesn't cover her specific diabetes treatment needs, help her find health plans that offer coverage for her diabetes treatment needs, and let Ebele make her own decision about which plan to choose.

Helping Consumers Find Coverage That Best Fits Their Needs



Remember to consider consumers' expressed interests, desires, and needs when helping them find, compare, and select QHPs or other coverage. Ask consumers what types of coverage or services will best fit their budgets and health care needs now and in the future.

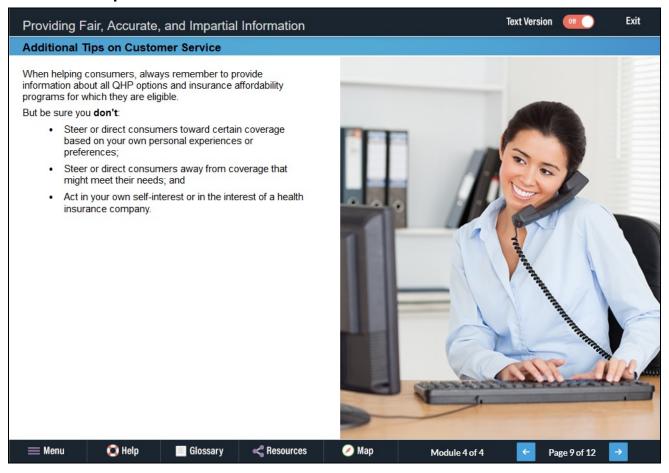
Some examples of questions you might ask include:

- Do you have any special health care needs I should consider before we get started?
- Is there anything specific you are looking for in a health plan, such as a doctor, location, or type of plan?
- Do you (or your family members, if applicable) have any health conditions that require ongoing care and/or medication?
- Is cost or keeping your doctor more important to you?
- Are there any coverage options you would like to review in more detail?
- Do you anticipate any life changes (e.g., pregnancy) within the next 12 months that we should consider when comparing health plans?

• Is there anything else I should consider while we review your coverage options?

The more information you gather about what a consumer needs, the better the assistance you can provide.

Additional Tips on Customer Service



When helping consumers, always remember to provide information about all QHP options and insurance affordability programs for which they are eligible.

But be sure you don't:

- Steer or direct consumers toward certain coverage based on your own personal experiences or preferences;
- · Steer or direct consumers away from coverage that might meet their needs; and
- Act in your own self-interest or in the interest of a health insurance company.

Consumer Referrals to Other Appropriate Services

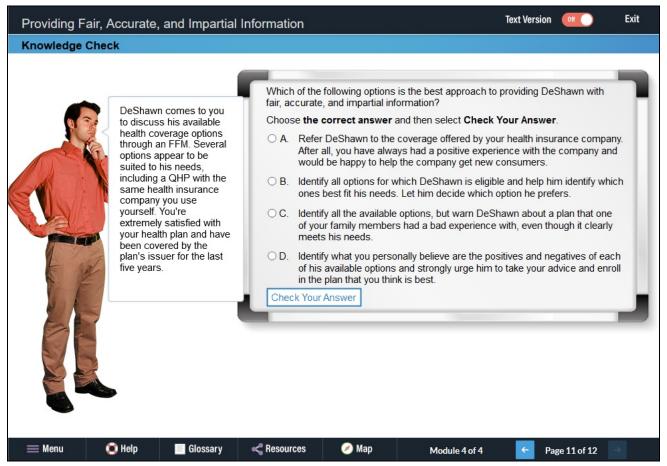


There may be times when you are required to refer consumers to other resources as we've discussed earlier in this course.

If you are a Navigator, you must provide referrals to 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 question regarding their health plan, coverage, or a determination under such plan or coverage.

If you lack the immediate capacity to help a consumer, you should refer the individual to the FFM Call Center or to another FFM assister who might have better capacity to serve that individual more quickly and effectively. This means it is a good idea for you to be familiar with the FFM Call Center and other FFM assisters that can provide additional consumer support.

Knowledge Check



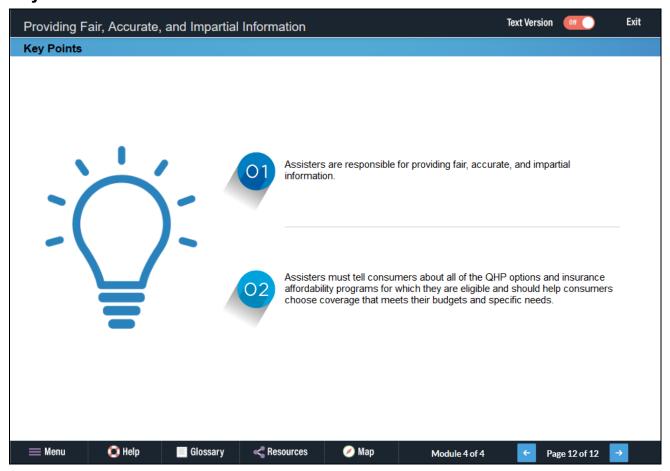
DeShawn comes to you to discuss his available health coverage options through an FFM. Several options appear to be suited to his needs, including a QHP with the same health insurance company you use yourself. You're extremely satisfied with your health plan and have been covered by the plan's issuer for the last five years.

Which of the following options is the best approach to providing DeShawn with fair, accurate, and impartial information?

- A. Refer DeShawn to the coverage offered by your health insurance company. After all, you have always had a positive experience with the company and would be happy to help the company get new consumers.
- B. Identify all options for which DeShawn is eligible and help him identify which ones best fit his needs. Let him decide which option he prefers.
- C. Identify all the available options, but warn DeShawn about a plan that one of your family members had a bad experience with, even though it clearly meets his needs.
- D. Identify what you personally believe are the positives and negatives of each of his available options and strongly urge him to take your advice and enroll in the plan that you think is best.

The correct answer is B. You should remain impartial when helping consumers. You should avoid recommending specific coverage options to consumers. Instead, provide them with information about all options for which they are eligible, help them to identify which options best fit their needs, and encourage them to make their own decisions. You shouldn't steer consumers toward or away from a certain plan or insurer, and you should always consider consumers' needs when helping them decide among coverage options.

Key Points



- Assisters are responsible for providing fair, accurate, and impartial information.
- Assisters must tell consumers about all of the QHP options and insurance affordability programs for which they are eligible and should help consumers choose coverage that meets their budgets and specific needs.

Conclusion



Great job! In this lesson, we reviewed what courses make up the assister curriculum, defined some important terms, provided an overview of the roles and responsibilities of FFM consumer assistance entities, and discussed how to provide fair, accurate, and impartial information to consumers.

You have successfully completed this course!

Resources

Consumer Assistance Programs (CAPs): General information about CAPs and links to program contact information by state. www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants

Technical assistance resources: A collection of resources for assisters to reference while helping consumers in the FFMs. http://marketplace.cms.gov/technical-assistance-resources/technical-assistance-resources.html

Marketplace.cms.gov: Official CMS website offering information and resources on the Health Insurance Marketplace[®]. http://marketplace.cms.gov/

HealthCare.gov: A resource where consumers can create a healthcare.gov account and access information about health coverage and the Health Insurance Marketplace[®]. http://www.healthcare.gov/

FFM Call Center: Contact information for the FFM Call Center--a 24 hour/day, 7 day/week resource for consumers seeking health coverage through the FFMs. https://www.healthcare.gov/contact-us/