

Centers for Medicare & Medicaid Services
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Contents

Welcome	1
Marketplace Updates.....	2
First week of Open Enrollment	2
New Resource: Military Promising Practice.....	2
Open for Business Social Media Campaign.....	2
Data Matching Issues (DMIs)	3
Assister Do’s and Don’ts	8
Q&A.....	16

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Welcome

Good afternoon. Welcome to today's assister webinar. My name is Everett Smith with the CMS Consumers Support Group. Before we start today's presentation I would like to go over a few technical details with you. All lines have been muted, so that everyone can have a good learning experience. If you are listening through your computer speakers and have any audio issues or if your slides do not appear to be advancing, please try to refresh the webinar. Press the refresh icon that looks like two arrows. It is the third icon in the row near the volume bar. If you continue to have issues, try to log out and back in again sometimes that helps to reset things. If you would like to ask a question, during the presentation please do so by typing them into the 'ask a question' tab on your screen. Now, I will turn our webinar over to Ms. Sarah Barber. Sarah please go ahead.

Thank you Everett. Good afternoon everyone. Thank you for so much for joining us today and welcome to the biweekly assister call. My name is Sarah Barber and I am the Acting Deputy Director of the Division of Consumer Advocacy and Assister Support for the Marketplace. As a reminder, this call is intended as technical assistance only for assisters. It is not intended for the press and it is not on the record. If you are a member of the press, please email our press office at press@cms.hhs.gov. Please

note that the information presented in the webinar today is informal technical assistance meant for assisters and it is not intended as official CMS guidance.

Today, is going to include two different presentations. First, we have a deep dive presentation on helping consumers resolve data matching issues otherwise known as DMIs, including walking through common DMI consumer scenarios and providing tips for preventing DMIs in the first place. Next, we will have an overview on assisters dos and don'ts in the Federally-facilitated Marketplaces, including, rules about providing application and enrollment assistance, outreach and education, conflicts of interests, and providing non-discriminatory culturally and linguistically appropriate services. And services accessible to consumers with disabilities. But first, I will turn it over to Michelle Koltov to go over some Marketplace updates. Michelle?

Marketplace Updates

First week of Open Enrollment

Great, thanks Sarah. So first we just hope you all have had a great first week of open enrollment. I am sure you all have been very busy. And as open enrollment continues, hundreds of thousands of consumers are visiting HealthCare.gov, shopping for affordable coverage and selecting health plans. And as we have done in the past when necessary, we temporarily deploy a waiting room for some consumer logging into HealthCare.gov to optimize consumer experience on the site. So consumers can still visit HealthCare.gov and browse for plans in their area, using the window shopping tool. And throughout this open enrollment period, as we have in years past, we will continuously work to ensure consumers visiting HealthCare.gov have a quick and easy experience signing up for quality, affordable coverage.

New Resource: Military Promising Practice

Next, we want to let you know that we have posted a new promising practice this week that we hope you will check out. This one highlights the great work being done by one of our Navigator grantees. The Committee Council of Greater Dallas located in Texas. The Community Council working in collaboration with CMS' is Regional Intergovernmental Affairs Office in Dallas and with permission from military personnel, has begun providing educational healthcare coverage information to retiring and separating military personnel at the Naval Air Station Joint Reserve Base in Fort Worth, Texas. The Community Health Council provide presentations for military personnel who are separating from the military about health coverage options for themselves and their dependents. And although retirees and their dependents typically have coverage through Tricare, military personnel who separate before reaching retired status may not be eligible for medical benefits for their family. However, these families may qualify for Medicaid, Children's Health Insurance Programs or Qualified Health Plans available through the Marketplace. And our Navigator grantee has found that providing information about these health coverage options has been really helpful to this unique population of consumers. So to learn more about their fantastic work, please check out the link, 'Collaborating with Local Agencies' in the catalog of assister promising practices, which is on your screen right now.

Open for Business Social Media Campaign

And for our last Marketplace update, we also want to thank everyone who participated in our Assister Awareness Campaign this week and shared pictures of themselves with the 'Open For Business' poster. We loved seeing all of your faces on twitter. And if you haven't tweeted yet, it is not too late to submit your pictures. So please keep sending them in. Going forward we will continue to tweet from

HealthCare.gov twitter handle using the Assister hashtag #ACAassisters for updates reminders and new publications for you. And we would love for you all to join the conversation as well. So please follow us on Twitter @HealthCaregov. As your organizations are posting on social media, please keep using the hashtag #ACAassisters so everyone can see all of the great work our assister community is doing.

Data Matching Issues (DMIs)

So now we will get started with today's first presentation. We are joined by Amanda Brander from the Marketplace Eligibility and Enrollment Group. Who will provide a deep dive on helping consumers resolve data matching issues or DMIs. And this will include walking through some common consumer scenarios and providing tips on preventing DMIs. Amanda?

Hi, thank you so much for having me today and for joining the call. We are excited to be able to share more about helping our consumers resolve data matching issues. And today we will take a look at the overview of the lifecycle of a data matching issue that will help resolve DMIs, and DMI scenarios, as well as tips for preventing the DMI and resources. And I just want to also point out that there are several appendices. This is meant to be a resource for you all to be able to follow up on or go back to or review such things as in Appendix B, there is a very complex case scenario laid out for several different types of DMI, which we won't go through entirely today, but I do have a few in our initial presentation so just for awareness I wanted you all to have that background.

So we will go ahead and get started with the DMI overview. This is a high level roadmap of what the DMI process looks like. And there are several steps involved in both creating and resolving DMIs. First, Marketplace attempts to verify the applicant's attested information on their application through what we call our trusted data sources; such as, the IRS, SSA, DHS, etc. And if the applicant's information cannot be immediately verified by our trusted data sources, then a DMI is generated and a 90-day, what we call an inconsistency clock starts. During that 90 day period is whenever we ask a consumer to submit documentation to prove their status of whether it is an annual income inconsistency or a citizenship or lawful present inconsistency we need some sort of documentation to resolve that DMI. But in the meantime, during that 90-day period, they do receive temporary eligibility. So they are eligible during this time for coverage and also if they qualify for advanced premiums of tax credits, then they could receive the APTC during that 90-days as well.

The Marketplace does conduct outreach to the consumers who have a DMI and request sufficient documentation. And if the consumer sends in the documentation or uploads the document to their Marketplace account, what we call our eligibility support workers or ESWs, began to adjudicate the documents received. So that process here begins on our roadmap in task number 7 and this is what we call in person association, and this is the first step in resolving the DMI after we have received documentation. An ESW will accept and work the task initiated by our mailroom or by CMS. So this process will include receiving of the document and assigning those documents to a particular document type. So it might be a W-2 or a pay stub, a passport, a driver's license things like that. And we associate that document in what we call TIPS, which is our system where the applications are found. And then that to the DMI goes directly to the person for which the documentation should be associated. So once a task is submitted and once verification task for the household is submitted, then we can move into document verification. An ESW will review the document in our system and they apply guidance provided by CMS and in the work instructions to review the submitted documents to verify whether or not they are acceptable against whatever the type of DMI. So they have a list of acceptable documents based on the actual DMI type. And then, the access and verification issues will be compared and if they

are sufficient for resolution, then we resolve the DMI and send out a corresponding notice to consumers letting them know your DMI successfully resolved and coverage will continue without interruption. If however the consumer does not resolve within the 90-days, then the eligibility support worker will go into the system and they will do a double check, basically to make sure we have not received documents or no documents have been uploaded. And if we find that there are no documents still, then we would move them into the expired phase or either adjusting their financial assistance depending on the type of DMI. So the adjudication process can result in insufficient documentation as well if we receive; for instance, partial acceptable documentation that perhaps they needed a second document to also verify; for instance, lawful presence. Then we would have to send that consumer notification and let them know that we need additional information. And their 90-day clock continues as is. So during this process, we have several touch points with the consumer. And this flow chart here shows our efforts for consumer outreach, and so discussed a few minutes ago, when the consumer enters the DMI, we refer to it as the 90-day inconsistency period, where they will have the temporary eligibility and financial assistance. And according to our regulations that we are able to provide them with the temporary eligibility. During this period the Marketplace will have several touch points. Here you can see that first is the eligibility determination notice at the top. And in this notice, they will find that they have a data matching issue. And if we have not received documentation we followed this path of a 90 day warning, 60 day, and 30-day. And those are all written notices that go out to the consumer either from mail or it could be email, if that is the way they indicated on their application they would like to be communicated. And then we are following those written notices with actual phone calls. And so the 15-day warning call, is made and we actually do three attempts to try to reach out to the consumer in order to assist them and let them know that they have insufficient documents and describe to them what we need them to submit.

If that clock reaches zero days and they still have not submitted, that's when they would be in the expired DMI area and we would send them a documentation letting them know that they have either been terminated or that their APTC has been adjusted due to their data matching issue.

Now on the second flow at the bottom, you can see that consumers who submit a document go into the path where we started discussing a few moments ago, the person association and that type of thing. So if they are associated and their documents are sufficient, then we would resolve the DMI and send a notice. As previously stated, that they can continue, and then if not, they would be sent in insufficient doc notice and it would go back up her to the same warning notice sequence where they would continue to receive notices until we either hit zero days or they have resolved.

We have tried to make several key features on these notices so that consumers know their Marketplace notices, we do not want consumers to be confused about what they receive in the mail or whether or not it is from us. So everything is printed on the health insurance Marketplace letterhead. There is a due date for which the action needs to be taken, and there is always a subject line that says 'Act Now' and lets them know to submit the documentation requests immediately or that they could risk losing their Marketplace coverage or their help for getting payments for their Marketplace coverage. They also will include directions for consumers to upload or mail in their documentation. And then we also have instructions provided in languages other than English. If a consumer were to reach the zero day clock, we stated that their impact could be different depending on the DMI type. And so on this chart here you will see that if a consumer has an annual income DMI, and they reach zero days, their consequent will be an adjustment and possibly a loss of the APTC. With citizenship and immigration; however, they would actually be terminated from enrollment. For Indian status, the non-employer-sponsored

coverage MEC, and then ESC MEC, we would eliminate financial assistance, much like the annual income if their DMI is not resolved within that 90 days.

For various reasons, consumers make it a DMI generated, but at a high level, the first thing that would generate the DMI is that a consumer's data may not match information at our trusted data sources. And a data source could have data that does not exist for the consumer, but a consumer attested to something or information missing or incorrect from the application. So often times, a person's Social Security number, or their annual household income was not provided or possibly their name or identification numbers on citizenship and lawful presence documentation is maybe just transposed or maybe mistyped, something like that. So Appendix A has more details about why DMIs are generated. And we will be taking a closer look at that later on in this presentation.

There are several tips for preventing DMIs. And overall, in these 4 boxes here you see ways in which we try to focus over all of DMI types. So we know that completing the whole application will help to prevent the generation of DMIs. While some fields on the application are labeled as optional, we recommend that consumers fill out as many fields as possible. And then if a consumer's name; for instance, in the Marketplace if they are really William on their identification card and documentation; for instance, and they type Bill into the Marketplace account, that can create DMIs sometimes. So it is a good idea to have their name exactly as it matches on their Social Security card. Non-applicants also are strongly encouraged to provide a social security number if they have one. Although it is not required unless the non-applicant tax filer in the household has a spouse or dependent applying for APTC or CSR and has filed a federal tax return, [loss audio]

Hi Amanda, did we lose you? Or are you hopefully just on mute maybe?

Ladies and gentlemen, sorry for the delays and the technical difficulties. Please stand by.

Hi, this is Amanda, trying to rejoin. Can everyone hear me?

Yes, now we can. Thank you, I am glad you were able to get back on. So I think we kind of lost you on slide nine on 'The general tips for preventing all DMIs types.'

Okay, sorry about that everyone. Yes, so just trying to go over the high level reasons and ways to prevent all DMI types. So just to recap in case no one was hearing me. It's important for folks to complete the whole application even when there are optional fields available. Then, that consumers ensure that their name as it appears on their Social Security card is used on the Marketplace, because for example: If someone's name is William and they have typed Bill into the Marketplace, we may not get a match from our trusted data sources from that. And then although non-applicants are not required to provide a Social Security number, it is strongly encouraged that they are providing Social Security numbers if they have one. To help verify their information. And then lastly to double check that the information is correct. We realize there could be human error like, and things like that, and mistyped numbers or letters and so that can always generate a DMI if that has happened.

So a little bit more specifically for tips on preventing citizenship/immigration DMIs. We find that consumers often times might have multiple documents that could be selected for an immigration type. So you want to be sure that the type of document applies to immigration and that all of the numbers provided are correct. And then that consumers are not applying for healthcare coverage for themselves, then they do not need to provide their status.

Often times, we also see that the immigration information will be only used by the Marketplace and it will not be used for immigration enforcement purposes. So we want to make sure they realize that. And that they are confident in providing the information as requested.

And then on the tips for preventing the other DMI types. We have three here. Annual Income, then the MEC DMIs, and then the American Indian/ Alaska Native DMI type. So if an applicant's household experienced certain changes during the year, it can certainly affect whether or not their financial assistance may be impacted. So if a family's income or their family size changes, they should be reporting those changes to the Marketplace. And in order for the Marketplace to match an applicant's annual household income data, for instance: they are validating against IRS. So if there are multiple people receiving income in the household who have to file taxes, then all of those people should be reported on the application as part of the household income. And so those are some overall tips for preventing DMIs and a few for each individual type.

And so I wanted to take a look a little more closely at a few DMI scenarios. We are going to look at an annual income scenario, as well as a citizenship DMI scenario, but please do read over Appendix B, because there will be more detailed scenarios in that portion of the presentation.

So here in this annual income DMI scenario, Jane Doe submits an application and it turns out that she has an annual income data matching issue which she notices when she receives her eligibility notice. She receives a 90 day warning notice requesting the documents to be sent. And Jane sends a W-2 to help to verify her income. So in the notice, it would have asked her to send in either a W-2, a paystub, Social Security benefit or unemployment benefits. So whenever we receive the documentation of the W-2, it says her income is listed at 25,000 for 2015. And Serco will use that to enter the information in what we call the income verification tool. In this case, Jane's projected income for 2016 is \$25,000. But her attested income was \$14,000. So when entered into the IVT, it is less than projected and is outside of the acceptable verification threshold of 25% or \$6,000. So Jane would then receive an insufficient documentation notice and calls from Serco from our ESWs to detail the discrepancy.

Now Jane will receive the 60 and 30 day warning notices as necessary, and then if she does not respond to her issue and it remains open, as in this scenario, her DMI clock is going to run out, and her DMI is expired by the Marketplace. She will receive the expiration notice and her eligibility is rerun with the income information from the IRS team or the Hub and she loses APTC and CSRs starting at the beginning of the next month. And as result of these actions, she will receive a new eligibility notice.

In our next scenario, a little bit different here that John Smith has submitted an application and he generates a citizenship DMI. He will also receive the eligibility notice and a warning notice for 90 days. However that warning notice, instead of the annual income would be tailored to a citizenship DMI and ask for documents; such as, a birth certificate and driver's license together or a passport or certificate of naturalization.

John receives his 90 day warning notice with these documents requested, and then he also receives a 60 day warning notice and an email from our office of communication. John sends in a copy of his birth certificate only. And Serco reviews the birth certificate and finds that it is insufficient. It is insufficient when the eligibility support worker compares it because we also need a list, or a document from List B; such as, a driver's license. So Serco calls to tell John about this insufficient document and will describe and recommend that he submit different documents on that call. John receives then the 30 day warning

notice and he ends up uploading a copy of his driver's license to his Marketplace account. And Serco reviews the driver's license and is able to resolve the DMI by pairing it with the birth certificate and John will receive a DMI resolution notice. So his coverage changes uninterrupted.

Now in the case where a consumer with a citizenship or immigration DMI did not resolve within 95 days, and it is 95 days for citizenship/immigration versus the 90 days for every other type of DMI to allow for documentation gathering and the mailing of notices and things. And if they do not resolve within the 95 days and they are terminated, a consumer can still come in after that and submit documentation to resolve their DMI. So if for instance, they could not get their immigration documentation together in time to meet that 95 days, then they come in, they submit their paperwork and resolve their data matching issue, they could then regain Marketplace coverage through our special enrollment period. And so if they choose to do this, they can enroll with either prospective or retroactive coverage dates. And if a consumer qualifies for the SEP to change plans and is enrolled, then they have 60 days from the beginning of the SEP period to enroll in Marketplace coverage plan.

So that brings us to four ways to help resolve DMIs. We have talked about the different types and tips in preventing, and it is really critical that we have help from all of our stakeholders who are enrolling and working with consumers in the Marketplace to help those consumers understand and follow the process to resolve the DMIs, and the assisters, you all play a big part in being able to have a voice and helping these consumers to meet these goals of resolution and being able to continue their coverage.

So a few steps to helping resolve DMIs and this goes along with the tips of generation as well, but once they are generated, you can help confirm the consumer has a DMI by looking at their MyAccount and their notices and help them go back to the application to confirm that the information they have included is correct. As we have stated, sometimes there could be a name that is different and then on their documentation there may be a typo, so just verifying that information. And then help the consumer to submit documents online or by mail in order to resolve their DMI.

So there is additional details and ways to help resolve DMIs based on each type in Appendix B. And I encourage you to take a look at those after the presentation as well.

And we found that it is helpful to have the links here in the resources for consumers and assister as well as checking out some of these; such as, the DMI Blog Post and ways to upload documents to the webpage. You will see the consumer guide for annual household income DMIs. And this is something that was put together to help consumers and those working with consumers to understand the annual income and how it affects the consumer and whether they qualify for APTC. It demonstrates how and what to send to the Marketplace for proof of income, and then there is a link within this presentation on the actual guide that can consumers can get to.

So before we get to our questions, I did want to point your attention for just a moment to Appendix A and the different reasons for which DMIs can be generated. And some of these are much like the ones in our general overview. But for annual income DMIs, we see that they are generated whenever a consumer fails to provide their SSN. When they fail to provide everyone in the household income or they did not file their taxes. And similarly we have a list here for immigration DMIs and why they are generated, and again SSN applies. And a consumer's name could be different, which we have mentioned a couple of times.

So with that, that is the conclusion of our presentation. And we can take questions at this time. Or wait until the end of the other presentation, whichever works best for you all.

Assister Do's and Don'ts

Great, thank you so much Amanda. We are going to move on to our next presentation. And then we are going to hold all questions until the end. So if folks have questions, please continue to submit them. So for our next presentation, we have a presentation on assister do's and don'ts. And my colleague Emily Ames and I will be presenting so I am going to start things off.

So with the start of open enrollment earlier this week we wanted to take some time and make sure that assisters are aware of what they may or may not do based on our regulations and guidance. So during today's presentation we are specifically going to cover some do's and don'ts about what assisters should do regarding four main topics. So first application and enrollment assistance, then we will talk about outreach and education, avoiding conflicts of interest and lastly providing culturally and linguistically appropriate services and services accessible for people with disabilities.

So just a quick note, today's presentation addresses specific requirements for Navigators, non-Navigator assistant personnel, and CACs in the Federally-facilitated Marketplaces including State Partnership Marketplaces. So let's get started.

We will start off talking about application and enrollment assistance. So assisters in the Federally-facilitated and State Partnership Marketplaces must follow a similar set of duties when providing application and enrollment assistance to consumers. So first, every assister must always provide information in a fair, accurate, and impartial manner to everyone who seeks your help. So when you are working with consumers, this would include providing information about submitting the eligibility application, clarifying distinctions among different coverage options, including QHPs, and also helping consumers make informed decisions during the health coverage selection process. And if you are a Navigator, you must also help a consumer select a QHP if the consumer requests help like that. And if you are a CAC and a consumer lets you know that he or she would like to enroll with your help into Medicaid, the Children's Health Insurance Program, or a QHP off of the Marketplace, you must facilitate this enrollment.

So in order to provide the information in a fair accurate impartial manner and to facilitate enrollment, there are a couple of things that assisters must do. So the first bullet on this slide, assisters must provide information that assists consumers with submitting a Marketplace eligibility application. So for example, you can help the consumer understand what types of financial assistance he or she may qualify for, answer application questions appropriately, and if necessary clarify how to browse or and select plans online. Next bullet, providing comprehensive information about the substantive benefits and features of a plan. And this would include information about deductibles, coinsurance and copayments. Information about whether a particular provider or hospital is in the plans network and drug formulary information, which is helpful so the consumer can see how and if the plan covers a particular drug. And all of these features are really important for the consumer. So they can really understand what kind of plan they are enrolling in prior to actually enrolling in coverage.

Next assisters want to help the consumer find a plan that may offer cost-sharing reductions or other federal financial assistance if they are otherwise eligible. And lastly on this slide, assisters must clarify the distinctions among health coverage types including QHP's, Medicaid and CHIP. And when you are

working with consumers you should explain the length of benefit years and the different eligibility rules, the difference with out-of-pocket costs they may have in these different types of plans and the provider network. And again, this information is really helpful for consumers to access the full range of their coverage options. And help sort of look at the strengths and weaknesses of the different options or plans that are available to them.

A few more things we are going to cover about what assisters must do. They must make sure the consumer ultimately make his or her own informed choice about which coverage option best meets his or her needs and budget. So if you are working with a consumer and the consumer asks you for your opinion about which plan to select and enroll in, assisters cannot get the consumer their opinion or advice. You need to stay impartial when working with consumers. And assisters must also ensure that the acts of selecting, applying and enrolling in a plan stay in the consumer's hands.

This is Emily, and I am just going to jump in with a question here. What if an assister is helping a consumer who has trouble using a computer, or just wants help typing things in?

So yeah, that is a good question. So in this situation where the consumer asks for help using a computer to learn about, apply for, or enroll in coverage, you can help them with the keyboard or mouse, but you only can follow the consumer's specific directions with the consumer physically present in-person. So do not take the mouse and run through HealthCare.gov, you really need to just follow what the consumer is telling you or asking you to do.

So now we will go over some of the things that assister must not do. First, assisters must not log onto the consumer's online Marketplace account, fill out the online or paper Marketplace application or select the plan on your own. It is really important that the consumer performs each of these tasks for independently. Of course, I just said that, an assister can help with the computer, so you know, if the consumer requests assistance using a keyboard or a mouse and is physically present in-person, then you can help them out that way. Next, as I mentioned earlier, assisters must not recommend that a consumer select a specific plan or set of plans. And this is even when a consumer asks for your recommendation. So your role as an assister is really to give the consumer as much information as possible. But you are not permitted to recommend a specific plan for the consumer.

And lastly on this slide, assisters also cannot refer a consumer to a specific agent or broker or any specific set of agents or brokers. And as a reminder, if the consumer ask you for help with finding an agent or broker, you can let the consumer know about the general availability of licensed Marketplace trained health insurance agents and brokers. Or you can direct them to a general listing of agents and brokers in your area. But it's really important that you do not make a referral to a specific agent or broker. Because again, doing so may undermine your duty to provide fair and impartial information. And there is a link on your screen. But we also have more guidance available on the Marketplace.gov about how you can work with and interact with agents and brokers when you are working with consumers.

Next, we want to make sure that consumers are able to obtain fair accurate impartial application and enrollment assistance through our Marketplace consumer assistance program without having to pay a fee. This is really important. So our assister programs are designed to ensure that assisters do not have a financial incentive to rush through the assistance process, which again if you have a financial incentive, you may be undermining your duty to act in a consumer's best interest and provide information about the full range of the consumer's options. So when you are providing assistance related to your duties, as an assister you are prohibited from charging consumers for assistance. You must not receive

compensation from your organization on a per application or per individual assisted or per enrollment basis. And you also are prohibited from receiving any consideration directly or indirectly from any health insurance issuer or issuer of a stop-loss insurance that may be in connection with the enrollment of a consumer in a QHP or in a non-QHP.

So I have another question, I know we have talked about this on other webinars, but I just want to make sure that this is clear. So the rule about not receiving consideration from issuers, that does not apply if an assister is also a healthcare provider and received payment from issuer's for the healthcare services they provide, right?

Yup, exactly. So healthcare providers are not prohibited from being assisters just because they receive payments from an issuers for providing healthcare services. Those are two separate things.

Cool.

So that wraps up the first section. So now we are going to talk about outreach and education. So you all are probably performing a ton of outreach and education activities in addition to providing consumers with one-on-one with application and enrollment assistance. So as you plan and conduct your events, we just want to make sure that you are aware of certain limitations on the activities you may or may not do.

So as you are holding outreach events, we know that assister's may find it helpful to provide gifts or promotional items to get consumers to their events or other forums that the public may be attending. And for this discussion, we consider gifts to include gift items, gift cards, cash cards, cash, and promotional items that market or promote the product or services of a third party. So when you are performing either outreach and educational activities, or enrollment assistance activities, you are prohibited from using funds provided by the Marketplace to purchase or provide gifts. And again, this includes gift cards, cash cards, promotional items, or things like a pen or a t-shirt with the name of a third-party or local business regardless of the value of the gift. So, in particular this is important for navigators. So Navigators must not use their Marketplace Navigator grant funds for any of these types of purchases. And if you perform outreach and education activities using federal funds that are not Marketplace funds, maybe if you perform health center patient outreach and education activities and you are funded through a HRSA grant, we really encourage you to check your requirements associated with those other grant funds for questions about using those funds to purchase items like gifts and promotional items. And again, assisters must not use any funds from any source to provide gifts of any value as an inducement for enrollment.

So when you say inducement for enrollment, what does that mean?

So good question. By inducing enrollment, we just mean conditioning receipt of the gift on a consumers actually enrolling in coverage as opposed to just giving them a gift to encourage them to seek or receive information or application assistance or other authorized assistance.

So a little bit more about gifts. As long as Marketplace funds are not used, you are permitted to provide gifts, gift cards or cash up to a \$15 value for the purpose of encouraging someone to seek or receive information, application assistance or other authorized assistance about coverage to the Marketplace. Again, as long as the gift is not conditioned on actual enrollment and that you did not use Marketplace funds to purchase the gift. So, for example: assisters can provide items like coffee shop gift cards, pins,

magnets or key chains that are worth \$15 or less each. And they can bear the name or logo of a local business or community organization or social service program. And you are free to provide these items to consumers at outreach and education events or other events you may be at where the general public is, as long as they are being provided not as an inducement to enrollment and have not been purchased using Marketplace funds.

Another thing to note about this, is FFM Navigators cannot use their Navigator grant fund to purchase promotional t-shirts, sweatshirts, or other clothing for their staff. And last point on this slide, assisters may provide gifts, gift cards or cash of more than \$15 to consumers to reimburse them for legitimate expenses like postage or travel that they incurred as effort to receive Marketplace application assistance.

Ok, here is a question about the \$15 value limits. What if a family comes up to a table during an enrollment event, does the \$15 gift limit apply to the entire family or to each individual member of the family?

So, it is a per person limit. So if you are giving away \$15 coffee gift cards for example, each family member can receive one of the gift cards. So, it is not a per household, it is a per person \$15 limit. And we have posted updated guidance on this topic and that has some more information about the \$15 limit. So check that out at the end of the presentation if you want more details about how this \$15 limit applies.

Now we will talk a little bit about direct contact with consumers. So you may conduct outreach and education activities by going door-to-door or through another unsolicited means of direct contact; such as, maybe a phone call to the consumer's home. And direct contact for outreach and education may include providing brochures and informational materials about the Marketplace, about Marketplace enrollment or about some of the application and enrollment assistance that your organization may provide; however, you must not go door-to-door or use another direct means of contact like a phone call, for the purpose of providing application and enrollment assistance to consumers. If they have not specifically asked for it or initiated contact. So you cannot offer to assist a consumer with application and enrollment while you are conducting outreach by going door-to-door, but if you are going door-to-door to conduct outreach about some of the great services your organization provides, and a consumer makes an unprompted request for your help with an application, you then are allowed to provide the requested assistance at that time. Or you can of course always follow-up with a scheduled appointment with that consumer. And if you or your organization already has a relationship with the consumer, maybe the consumer enrolled with you last year, and so they may be an existing client of yours, you can directly contact the consumer for the purpose of providing application and enrollment assistance. Just make sure that you are complying with any other federal, state or local laws that may apply to these interactions.

Ok, so just to clarify, let's say I am a CAC, it is fine for me to go knocking on doors with folks in my community to let them know generally about the Affordable Care Act and my organization and the services, the application and enrollment services we provide? And then if a consumer asked me to help them, right then and there apply for coverage, then that is fine?

Yup, exactly. That is totally fine.

Okay, perfect.

So now I will talk a little bit about that direct contact phone call. So assisters must not call consumers using an automated telephone dialing system or a prerecorded voice, often referred to as robocalls, unless the consumer already has a relationship with you or your organization. And, of course, as long as you are complying with other applicable state or federal laws. And if your organization already has a relationship with the consumer, then you can use robocalls to reach out to those consumers for things like reminding them about an upcoming event or that open enrollment just started. And even in the cases where robocalls are appropriate, just be sure that you are complying with any other federal, state, or local laws that may apply. And additionally, I just want to clarify that this requirement does not prohibit a healthcare provider organization from using an automatic dialing system to call existing patients to remind them of a doctor's appointment. Again, that is kind of separate from what we are talking about here.

And for the last part of the outreach and education portion, and this slide really only applies to Navigators, and in-person assisters, and not so much CACs. Navigators and in-person assister are required to maintain a physical presence in the state where they are authorized to help consumers with the Marketplace. And this is really to ensure that consumers are able to get face-to-face assistance and that Navigators and in-person assisters can understand and meet the specific needs of the community that they are serving. Again, CACs are not required to maintain this physical presence in the state where they are helping the consumers with the Marketplace, just the Navigators and in-person assisters.

So let's say for example, a national organization has its principal place of business in New York. You are saying they can still operate as an HHS Navigator grantee for let's say a state like New Jersey? And help consumers apply for and enroll in coverage through the FFM in New Jersey just as long as the organization maintains a physical presence in New Jersey?

Yes. So a national organization that maybe has a place of business in New York, you know maybe they have a local chapter in New Jersey, so as long as they have that physical presence in New Jersey, then yup they are good to go. And they can be working with consumers in New Jersey. And just a little bit more on this. Unlike Navigators and in-person assisters like I said, the CACs are not required to maintain a physical presence in the state where they are helping consumers. Of course, we encourage face-to-face assistance. I think it works much better than not. But sort of similar to the example Emily brought up, a CAC organization that is based in North Dakota may be able to work with consumers both in North Dakota and South Dakota even if they do not necessarily have any CAC's physically present in South Dakota.

So with that, I am going to turn it over to Emily who is going to talk about avoiding conflicts of interest.

Thanks. So, I know we just did a more detailed presentation in September about avoiding conflict of interest. And we will have a link to that slide deck at the end. So for these purposes, I am just going to go through the more basic requirements a little bit quickly. And you can check out the full presentation at the end if you want more information about this topic.

So first, we will talk about Navigators and in-person assister and we will discuss CACs separately since CACs have different conflicts of interest requirements. So there are four absolute prohibitions for Navigators and in-person assisters. And this applies to both the assister organization itself and anyone performing work related to that assister program. So if you are a Navigator or in-person assister, you cannot be a health insurance issuer or issuer of stop-loss insurance. You cannot be a subsidiary of a

health insurance issuer or issuer of stop-loss insurance. You cannot be an association that includes members of, or lobbies on behalf of the insurance industry. And you cannot receive consideration, which basically means any form of compensation, direct or in-direct, from a health insurance issuer or stop-loss issuer in connection with enrolling a consumer into a QHP or a non-QHP. So for example, if you are an agent or broker who is paid a commission for enrolling consumers into health plans, you cannot be a Navigator or in-person assister. And then there are three kinds of relationships that Navigators and in-person assisters have to disclose. And you have to disclose these to the Marketplace and in plain language to each consumer that you help. So we will talk through each of these. And the first one is, you have to disclose any non-prohibited lines of insurance that you or your organization intend to sell while you are serving as a Navigator or in-person assister. So for example if you are a Navigator and you have a part-time job selling life insurance. That is not a prohibited type of insurance, but you do have to disclose it to the Marketplace and to every consumer you help as a Navigator.

The second type of relationship that you have to disclose is any employment relationship, either current or within the last five years between you and a health insurance or a stop-loss issuer or its subsidiaries. And this includes current employment relationships between your spouse or domestic partner and one of these kinds of issuers or subsidiaries.

And the last relationship, you have to disclose is any financial, business or contractual relationship that you or your organization has with a health insurance issuer or stop-loss issuer or its subsidiaries. And this includes both existing and anticipated relationships. And finally, all Navigators and in-person assister organizations have to submit to the Marketplace a written plan to remain free of conflicts of interest while carrying out Navigator or in-person assister duties.

So now, we will just talk quickly about CAC conflict of interest rules. This one will look familiar, because it is one of the rules that applies to Navigators. If you are a CAC or a CAC organization or if you are performing work related to a CAC program activities, you cannot receive any consideration directly or indirectly from a health insurance issuer or issuer of stop-loss insurance in connection with enrolling anyone into a health plan. And if you are a CAC you have to disclose to your CAC organization and to every consumer that you help any relationship that you have with QHPs or insurance affordability programs, so like Medicaid or CHIP or any other potential conflicts of interest.

So lastly we want to talk through the requirements for providing culturally and linguistically appropriate services and services that are accessible for consumers with disabilities. And we want to remind you that we recently had a presentation from our colleagues from the HHS Office for Civil Rights on the regulations implementing Section 1557 of the Affordable Care Act and how these requirements apply to assisters. And those are separate requirements, we are not going to talk about those today, these are only the Marketplace requirements that apply to you. But at the end of our slides we will have a link to more other training materials on this topic if you need a refresher on those issues.

So first we will go over the Marketplace rule about nondiscrimination. All assisters are prohibited from discriminating based on race, color, national origin, disability, age, sex, gender identity, or sexual orientation. And the one exception to this is that if you are an organization that receives federal funds to provide services to a specific population, so for example: a Ryan White HIV/ AIDS program or an Indian Health Provider, you can still be a CAC organization and limit your CAC services to the population that you are federally funded to serve as long as you do not discriminate within that specific population. And then again all assisters have to comply with any applicable state or federal nondiscrimination laws.

So next, Navigators and in-person assister must provide services that are culturally and linguistically appropriate to the consumers that you are helping to. Including folks with limited English proficiency. And CAC standards are a little different in this area. So we will talk about CACs afterwards. So there are six things you have to be sure you are doing in order to comply with this requirement if you are a navigator or in-person assister. First, you have to have a general understanding of the racial, ethnic and cultural groups in your service area. So this would include the cultural health beliefs in your area, the preferred languages, the health literacy and other needs like that in your community. Second, you or your organization have to collect demographic information about the communities in your service area including the primary languages spoken. And keep this information up to date.

So I am going to jump in with a quick question here. Is this demographic information different from the metrics, for example that navigators have to already report to CMS?

Right, that is a good point. This is separate. So we know, for example that one of the things that navigators have to report in their metrics to CMS is the five most common languages other than English spoken by the consumers you have assisted each quarter. This is different from that. You also have to be collecting demographic information about the communities in your service area. Not to report to CMS but for your own use. So that you can be tailoring your services to meet your community's needs.

So the third thing you have to do, is you have to help consumers in their preferred language at no cost to them. So this means providing oral interpretation and translating written documents if it is necessary to communicate with the consumer effectively or if they requested.

Another question here about translation. If a consumer has a friend or family with them, are they permitted to provide oral interpretation or does the assister organization have to be the one to provide that interpretation?

So the friend or family member can with a couple caveats. A friend or family member can provide oral interpretation only if the consumer requests it and only if the consumer prefers this option to the other services that the assister organization offers.

The fourth thing, is that when you are helping folks who have limited English proficiency you must give them oral and written notice in their preferred language of their right to receive translation services and how to obtain them. Fifth, you have to receive ongoing training on how to provide culturally and linguistically appropriate services. And lastly you have to take steps to recruit, support and promote a staff who share demographic characteristics with the communities you're serving. And this would include hiring staff members who speak the primary languages that are spoken in your service area. And if you are a Navigator or in-person assister, you also have to ensure that your services are accessible to consumers with disabilities. And so again there are six things you need to do to make sure that you are meeting this requirement. First, you have to make sure that any consumer education materials, websites and other consumer assistance tools are accessible to people with disabilities. And this includes all types of disabilities - visual or hearing impairments, mental illness or addiction and physical, intellectual or developmental disabilities. Second, you have to provide auxiliary aids and services for consumers with disabilities at no cost to them. If these services are necessary to communicate with them effectively or if the consumer requests them. So as an example, for folks who are blind or have vision loss, we recommend having someone read aloud or providing information in large print or braille. For consumers who are deaf or have hearing loss, we recommend providing a sign language interpreter, [indiscernible] materials, or a note taker. And you should ask these consumers which of these what works best for them.

So this works similarly to how the language interpretation services work. So is it kind of the same rule about having a consumer's friend or family provide these services only if they ask for it?

Yup, exactly. A consumer's friends or family can provide these kind of services only if the consumer requests it and only if the consumer prefers that option to the other services that the assister's are providing.

So third, you have to provide assistance in the location and manner that is accessible to consumers with disabilities. So for example, if your location has stairs, make sure it also has ramps or elevators. Make sure there is accessible parking if your location has parking available. And make sure there are accessible restrooms nearby. Fourth, you have to, of course, allow authorized representatives to help consumers with disabilities make informed decisions. Fifth, you have to know enough about local, state and federal long-term services and support programs so that if that is appropriate when you are helping a consumer you can refer them to these programs. And finally you have to be able to work with all individuals regardless of age, disability or culture. And definitely ask for advice or help from experts if you need to.

So CAC's are required to provide assistance that is accessible to consumers with disabilities. But CACs could meet this requirement either by providing the assistance directly or by making an appropriate referral to a local Navigator, in-person assister or to the Marketplace Call Center.

What do you mean exactly by appropriate referral?

Right, that is a good question. So we would consider a referral to be appropriate if the assister you are referring the consumer to is nearby and can be reached with minimal time and effort on the consumer's part. And then obviously it is only an appropriate referral if the assister can provide the disability access services that the consumer needs or is requesting. And CACs are not required by our Marketplace rules but we do encourage you to provide translation and other language access services. And we expect that if a CAC cannot assist someone with limited English proficiency, that the CAC will refer the consumer to a local navigator, in-person assister, or the Marketplace Call Center. And again just flagging that apart from our rules many organizations are required by federal, state or local laws to provide language access services; such as, if your CAC organization is a covered entity under Section 1557 of the Affordable Care Act, so definitely if you are unsure, check with your organizations or refer to the resources at the end.

So that is all we had to cover today. Definitely want to encourage folks, if you have questions to reach out to us. CACs can email us at CACQuestions@cms.hhs.gov and Navigators can contact their project officer or email us at NavigatorGrants@cms.hhs.gov. And then this is the resource slide that I have been talking about. We have a bunch of assister tip sheets and we recently updated the one on outreach and education, so make sure to check that one out. Here are the conflict of interest slides with speaker notes that we just provided a couple of months ago that I was talking about and then the training materials for the regulations implementing Section 1557, are a really great resource to check out if you are unsure about whether you are covered under that, and what you need to do in order to meet those requirements.

And with that I will turn it back over to Michelle.

Q&A

Great, thank you so much. So as promised, we are going to go back to our first presentation on data matching issues. And as some of the questions that came in, so I am just going to pull up the slide, hopefully that has resources about DMI. So for our first question – If information is found to be insufficient and resolving data matching issues, does the 90 day clock period reset? And let me just say that we have Amanda answering questions and we also have our colleague Terrence here to answer questions as well. So you will hear them both.

Thanks. Yeah, this is Amanda. So if someone's documents are insufficient, the 90 day clock does not reset. They will continue on that original 90 day and date and continue to get the warnings and the calls and that sort of thing throughout the 90 days as we showed in the slide in the presentation.

Alright, and if a consumer has temporary coverage and are found to not be eligible, then they end up losing coverage during that time they had the temporary coverage, do they have to pay back funds? Or do they lose coverage retroactively?

They will not have to pay during that 90 days, because they are eligible during that time. And that is per law that they are able to in that 90 day period receive financial assistance so they will not have to reconcile.

Ok, next question. Do the ESWs update the application to clear the DMI once acceptable documentation has been received?

Yes. They are the ones to hit resolve ultimately in the system.

Okay, for the next question. If a consumer has uploaded the requested information to their account at HealthCare.gov, but they are still receiving notices that the information has not been received, what should that consumer do? Do we have any tips for them?

Hi, sorry this is Terrence. Yeah, so a couple of things here. I think it really depends on when consumers send in their documentation or how they sent it in. If you uploaded your documents, and then you get a notice that does not refer to a document that you submitted, I would wait about a week or I would allow about a week of time before you have uploaded a documents before the notice will reflect that. If you have mailed the documents into the Marketplace, I would probably give about two weeks time before those notices are going to reflect the fact that we have received documentation.

Okay, next question. When a client needs to submit a document to verify their identity and they upload it, how long does it take until it is actually reviewed? This person said they have been waiting for about a month for it to be reviewed. And their consumer is unable to start an application until it has been approved.

So this goes back to what Terrence was just saying a little bit. That we do have a robust process in place to where typically documents are reviewed within the 30 day timeframe. So if you have been waiting about a month, I think that they are coming up on the ESW being able to review. But it might be a good idea, like he said, to call the Marketplace and verify that the documentation was received.

This is Terrence. Just might add in that it sounds like it's possible that this might be referring to remote ID proofing, which is different than data matching issues. If they are unable to start an application, we are reviewing their documentation they should hear back from us within a month. Data matching issues refer to issues that have been created once an application has already been submitted.

Thanks, next up. This person says that in their area DMIs often happen because the consumer has no credit. So therefore they are not recognized by Experian. They are wondering if there is going to be a way to complete an application regardless of whether Experian can recognize them and upload documentation.

Yeah, so I think the question here is referring to remote ID proofing. Lack of credit will not impact a consumer's likelihood to generate a data matching issue. A consumer that may lack credit could be asked to submit documentation for the purpose of remote ID proofing. And they should send the documentation and we will review that. And allow the consumer to create an application. But that Experian process is distinct from the data matching issue process.

Next, this person says, I think they heard you say that a birth certificate is not sufficient proof for citizenship. And they are wondering what are some of the items that would be required to prove citizenship?

So for this one, it's not that a birth certificate is not part of sufficient documentation for proof, but with citizenship, there are two lists, and this is also included in the appendix on the acceptable documents lists for citizenship DMIs. And they have to provide two documents, one from each of these columns. So if they were to provide a birth certificate, that is partially sufficient, but then we also need one to go along with that. That provides a photograph and other information, so like a driver's license or a military ID card, or voter registration card or something like that, would be from the other acceptable documents list. And then that would be able to resolve.

Great. So if a consumer submits information, but it is found to be insufficient in resolving the DMI, does the 90 day clock period reset from when they submitted that information?

So similar to question number 1, they would not have their 90 day clock reset. It would continue with the same original end date and then they would still continue to receive the notices and warning calls and things like that. Unless new documentation was submitted and found sufficient.

Okay. Sorry, just scrolling through these questions. What is the role on income inconsistencies that generate a DMI? Is it a percentage? Is it a dollar amount? What is the calculation?

Yeah, that is a good question. We do have some updated guidance on that for this year. Generally, consumers that attest to income that is above information that we have from our data sources are not going to generate a data matching issue. We are concerned mostly about those consumers that are attesting to income that is less than income that we would have from one of our trusted data sources. Because we want to make sure that we are not, to the consumer going to be at risk for large APTC repayment at the end of the year. And the standard that we are using is does that attestation, is it more than 25% less than information that we have from our data sources? Or is it more than \$6000 less? And if you are within that 25% or \$6000, you are going to avoid creating a data matching issue. So that is some new expanded guidance that we have this year. Hopefully it is going to make it easier for consumers to verify this year.

So the follow-up for that, you said you are really looking for attested income less than what you have. So is there a way that if someone has a new job or changes in hours is there a way that they can indicate this on their application to just avoid a DMI altogether?

There is for some consumers. That we have some information for from one of our trust data sources. We may ask them if their income decreased last year from a job change, or from a reduction in hours. And if that is accurate to the consumer, they can attest that question. And they may avoid creating a data matching issue.

Great, and then we will do one last question and then we will move on to our assister do's and don'ts questions. Lastly, what kind of documentation is acceptable to prove either a loss of income or maybe a person who does not have any income?

That's a great question. So generally, the rule here is that consumers need to submit documentation that matches their attestation. So most of the time, when we are reviewing income documentation for consumers, they have attested to a certain amount of income. So it is important that they send in documentation that matches that attestation. In a small subset of consumers, consumers without income, that do not qualify for Medicaid. They can submit documentation to us in the form of a written explanation that says they do not have any income because they do not qualify for Medicaid. Mostly, these are recent immigrants. And that is an acceptable form of documentation. But generally, when you're helping consumers, make sure that they are submitting documentation that matches the income that they submitted on their applications. And if they need to update their application with the correct income amount, it is important that they do so.

Alright, thank you so much for all those questions. We are going to move on to Emily and ask some of our application assister do's and don'ts.

Hey Sarah, this is Amanda. Do you mind if I make one clarifying statement? I'm sorry. Of course. Of course. Go for it. I just want to move back for a second to our APTC question [inaudible]. Amanda, I think you are breaking up. I can just clarify for consumers that there was a question earlier about if consumers are unable to provide documentation and they lose coverage, do they have to repay the funds? And they do not have to repay the funds at the time. But any APTC received is subject to reconciliation at the end of the year. So if you have received APTC for a few months, and then you were unable to resolve your data matching issue, and you lost that APTC, at the end of the year you are still going to have to reconcile any APTC you have with any tax credits that you are eligible for. So while you do not have to send in the check to the Marketplace, or issuer or someone, if you are terminated, or adjusted for data matching issues, all APTC is subject to reconciliation at the end of the year.

That is definitely an important clarification.

Okay, so now we are going to move on to our assister do's and don'ts questions. So first Emily, can you clarify about sort of some of the reaching out, the outreach stuff you were talking about? So I am a CAC and we have patients that we know have Marketplace insurance, are we prohibited from calling them to ask if they need assistance with renewing their Marketplace plan or finding a new one?

Right, so first of all if you are a CAC and you have patients, that is already a pre-existing relationship. That is totally fine for you to reach out to these people. There are no prohibitions on that. And just

because they have Marketplace insurance, that is no reason not to call them. As Michelle said, that they might need help with renewing their coverage. We definitely want to strive encouraging people to come back to the Marketplace, look at their options, and make sure they are still in the best plan for them. So definitely encourage you to reach out to them. Around tax time you want to make sure that they received their 1095A and that reconciliation is going ok. And they might just need help using their coverage and making sure that they understand how to find a provider that is in their network and set up an appointment and stuff like that. So absolutely, we definitely encourage that kind of reaching out. To consumers that you have a relationship with already? Right, exactly. Okay

Next question. A lot of assisters will hold events where there are tables, pamphlets, and information, so are navigators allowed to, just provide a bowl full of candy or something for consumers who may stop at the table to look at information and brochures and chat with the Navigators?

Yes, definitely. I think this is a great example of what we mean when we are talking about giving gifts and promotional items. And I saw that someone else asked why would I give a gift for someone to sign up or receives assistance? So first of all, you're not giving a gift for someone to sign up, but it is great to have candy or some other item. You are not purchasing it with Marketplace funds. And you're not using it as an inducement for enrollment, but these things can be offered at your outreach table to just want to make things more interesting for consumers. Encourage them to stop by, learn about the ACA and the Marketplace is a good example. Yeah, so long as you are not using Marketplace funds to buy that candy or that food and it is not over \$15.00 would be quite a pricey piece of candy.

Then the last question that we have. Do you have to disclose to the person you are assisting if your organization is affiliated with an insurance company even if that insurance company is not part of the Marketplace?

So first of all, I would want to know what the affiliation is, because that could be a prohibited relationship. Remember that if you are a Navigator or in-person assister, you cannot be a health insurance issuer or a subsidiary of a health insurance issuer and that is regardless of whether it is a Marketplace issuer or not. You also cannot receive consideration from an issuer in connection with enrolling a consumer into a health plan and that is regardless of whether it is a Marketplace plan or not. But if none of these apply, it sounds like it would be a financial, business or contractual relationship that you or your organization has with a health insurance issuer. And that is not a prohibitive relationship. But it is something that you have to disclose.

Wonderful. So I think we are just about at the time here. I just wanted to thank all of our presenters Amanda and Terrence Kane for questions and Emily. Those presentations were just fantastic today. So thank you.

Just a reminder our next webinar is on Friday, November 18 at 2 PM. If you would like to sign up for the CMS weekly assister newsletter, listserv and webinar invitation, please send a request via the assister listserv inbox. Finally, thank you again for all of your hard work preparing for this open enrollment season. And we hope you have a fantastic weekend and continue to have a wonderful open enrollment!