

# Creating and Submitting Applications Video Transcript

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**This document is a transcript of the Marketplace Assister Technical Assistance Webinar.**

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## Disclaimer

Welcome to today's Assister Readiness Webinar Series training video. Let's get started.

This presentation is intended as training and technical assistance for Marketplace assisters, including Navigator grantees and certified application counselors. In this lesson, the terms "Federally-facilitated Marketplace," "FFM," and "individual market FFM" include FFMs where the state performs plan management functions and State-based Marketplaces using the federal platform.

This presentation is not a legal document.

- Each video module summarizes complex statutes and regulations and does not create any rights or obligations.
- Complete and current legal standards are contained in the applicable statutes and regulations.
- Members of the press should contact the CMS Media Relations Group at [press@cms.hhs.gov](mailto:press@cms.hhs.gov).

The 2021 Assister Readiness Webinar Series is designed as a supplement to the web-based Assister Certification Training.

This series is being delivered in two weekly installments to familiarize assisters with the online Marketplace application process ahead of the 2022 Open Enrollment Period.

Each weekly installment includes three pre-recorded educational modules and a LIVE webinar that recaps the week's topics, checks for understanding, and gives assisters a chance to ask questions.

Week 1 - Helping Consumers Apply at HealthCare.gov

- Preparing Consumers to Apply
- Creating and Submitting Applications
- Application Assistance Simulation
- LIVE Recap with CMS SME Q&A

Week 2 - Helping Consumers Enroll at HealthCare.gov

- Assisting Consumers with Enrollment
- Plan Comparison and Selection Simulation
- Redetermination, Re-enrollment, and changes in Circumstances
- LIVE Recap with CMS SME Q&A

## Introduction

Hi. My name is Blair and I'll be guiding you through today's training: Creating and Submitting Applications. Let's go into a little more detail about the application process. Helping consumers complete a Marketplace application is one of your most important duties as an assister.

In this module we will cover:

### Application Methods

The health coverage application methods that are available to consumers.

### Information Verification

The steps in the information verification process.

### Creating a Marketplace Account

The process for creating a Marketplace account.

### Applying for Coverage

The information required and the process of applying for coverage.

### Assister Role in Application Completion

Common issues assisters may face when they help consumers apply for coverage.

## Application Methods

Consumers can submit eligibility applications to an FFM in several ways:

- **Online** at HealthCare.gov
- **By mail**
- **In person**, with help from consumer assistance entities like you
- **Over the phone** by calling the FFM Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)

Generally, you will assist consumers with the online application process at HealthCare.gov. This is the fastest and easiest way to apply for and enroll in health and/or dental coverage through the Marketplace. Since an email account is required to apply online, remember to tell consumers that they can create an email account free of charge through various email service providers if they don't already have one.

You can assist consumers with this process if they ask for help.

Consumers will need to remember their email address and password to access their Marketplace account later on. Before consumers link their email account to their Marketplace application, verify that they can successfully log into the email account. This is very important. If they cannot log in, they won't be able to proceed with the online application process.

If consumers select email as their preferred communication method, let them know that it's important to check their email regularly for updates. They can also access email notices by logging into their Marketplace accounts. You should remind consumers to watch their U.S. postal mail as well; occasionally, the FFMs send important information through the postal service.

Some consumers may not be familiar or comfortable with using computers. You can help them apply for coverage online and explain each step of the process, including creating a Marketplace account.

If consumers don't want to apply for coverage online, you can also help them apply over the phone or by using a paper application. These consumers will receive an eligibility determination notice and Application ID by mail, by phone, or in their Marketplace account, if they have one. Eligible consumers may finish their enrollment over the phone by contacting the FFM call center or online by creating a Marketplace account. When assisting these consumers, visit [HealthCare.gov/applied-by-phone-or-mail/](https://www.healthcare.gov/applied-by-phone-or-mail/) for more information.

## Application Process

Now we will review each step in the online application process.

### Step 1: Provide Information

Consumers provide their personal information to the FFMs using the online eligibility application.

### Step 2: Verify Information

The FFMs verify consumers' information against trusted data sources.

### Step 3: Information Match:

If the information consumers provided matches the information from trusted data sources, no additional steps are required. Consumers must enter their name and document numbers exactly as they appear on their documents (such as Social Security cards or immigration documents) to ensure a smooth application process. Other types of information, like income, can be close estimates. If an FFM cannot verify consumers' information, it will ask consumers to provide documents supporting the information consumers provided in their application.

### Step 4: Supporting Documents

Consumers have 90 or 95 days to provide supporting documents, depending on the data matching issue (DMI). If consumers fail to provide supporting documents on time, the FFM may adjust the amount of advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) they are eligible to receive or terminate their Marketplace enrollment.

### Step 5: Eligibility Determination

When the verification process is complete for a financial assistance application, the FFMs make an assessment or determination about consumers' eligibility to enroll in a QHP, Medicaid, or CHIP, as applicable. If consumers are eligible to enroll in a QHP and have applied on a financial assistance application, the FFMs also indicate whether they are eligible for APTC and CSRs and indicate the amount each applicant is eligible for.

## Preparing to Help with the Application

Many consumers need assisters' help with their applications and each consumer will have different needs. Consumers with limited English proficiency may need language assistance, and consumers with physical, developmental, or intellectual disabilities (or cognitive, hearing, speech, or vision impairments) may need other accommodations. When assisting consumers with these needs, follow the requirements that apply to your assister type to ensure that you're providing information and services in a manner that is accessible.

Again, remember that you *must* obtain consumers' consent before accessing or discussing their personally identifiable information (PII). Assessing consumers' health coverage needs or helping them with Marketplace applications will almost certainly involve accessing consumers' PII. At the end of each encounter, be sure to return or secure any PII and documents that consumers provide.

Be sure to explain your duties and responsibilities to each consumer you assist, and let them know that you cannot provide tax or legal advice within your capacity as an assister.

You should let consumers know what types of information you might ask them to share with you and what you're permitted to do with the information.

You or your organization should maintain a record of each consumer's consent for at least six years, unless a different and longer retention period has already been provided under other applicable federal law.

In addition, consumers must be permitted to revoke their consent at any time. It's a good idea to give them a copy of the record of their consent, such as a completed consent form, for their records.

Here are some additional things you should consider when helping consumers.

- Although you cannot determine consumers' eligibility, it's important for you to tell them what happens at each point in the eligibility and enrollment process.
- All assisters should communicate with consumers in a manner that is culturally appropriate and some types of assisters are required to do so.
  - The *Cultural Competence and Language Assistance* course in the Marketplace Learning Management System (MLMS) addresses national standards and describes best practices for assisters. You should show respect for consumers' cultural diversity and provide information that is relatable and easy to understand, using translated documents when needed.
  - It also describes best practices for assisters when engaging consumers from diverse and underserved populations. You should show respect for consumers' cultural diversity and provide information that is relatable and easy to understand, using translated documents when needed.
- The *Privacy, Security, and Fraud Prevention Standards* course in the MLMS provides more in-depth information about privacy and security practices.

## Overview of the Account Creation Process

Once you've obtained consumers' consent, assessed their needs, and discussed the eligibility and enrollment process, it's time for consumers to create a Marketplace account at HealthCare.gov.

Consumers who only wish to preview QHP options do not need to create a Marketplace account but must provide a limited amount of information so the Marketplace can estimate which plans and prices consumers would see if they apply to buy coverage.

Consumers may be asked about their county and state of residence, age, household size, and income, as well as other optional details the Marketplace may need to provide a more accurate list of available plans and prices.

Many consumers you assist will want to proceed to submitting an application, selecting a QHP, and enrolling in coverage. In that case, they'll need to set up a Marketplace account.

You should tell consumers that they can review and compare general health plan information at any time, but they must create a Marketplace account and complete an application to verify eligibility, plan availability, and prices.

## PII Considerations When Creating an Account

When you assist consumers with account creation, it's important to reassure them that any information they share with you or an FFM through HealthCare.gov will be private and protected.

You may only use PII as needed to carry out assister activities authorized by the FFMs, such as helping consumers complete the eligibility and enrollment process.

## Information Needed to Create an Account

When creating a Marketplace account at HealthCare.gov, consumers must provide the following required information:

- First name
- Last name
- Email address
- Password
- Answers to three security questions

The FFMs will send a message to the email address provided. Consumers will need to open this message and select the link to verify their email address. Once the email address is verified, they can log into their Marketplace account using this email address as their username.

## Helping Consumers Who Applied by Phone Continue their Applications Online

Consumers who apply for coverage over the phone may need your assistance with continuing their application online.

First, you should verify that they received an eligibility notice and Application ID. Consumers will receive the notice:

- By mail,
- By phone, or
- In their Marketplace account, if they have one.

## Assisting Consumers Who Applied by Phone and Received an Eligibility Notice

Consumers who have a Marketplace account should:

1. Log into their account
2. Navigate to the **My Applications & Coverage** screen
3. Select their most recent application

4. Select **Eligibility & appeals** from the left-hand menu
5. Select **View Eligibility Notice (PDF)** to download and read their eligibility

### Assisting Consumers who Applied by Phone and Received an Eligibility Notice

If consumers have not received an eligibility notice when you meet with them, you can advise them that they should contact the FFM Call Center to see if their eligibility results are ready. If they are, the Call Center can provide their Application ID number to continue the online process. Otherwise, you can help consumers start a new application online.

If they did not complete an application, help them start a new online application.

### Helping Consumers Locate an Existing Application Online

Once consumers have their Application ID, they will need to create a Marketplace account or log into their existing account with their username and password to continue their application online.

After logging in, consumers should:

- Navigate to the **My Applications & Coverage** screen;
- Select **Find my application** under the “Need to find your application?” section; and
- Enter their Application ID number, coverage year, and application state.

They will now have access to their Marketplace account online where they can review, compare, and choose from the plans available to them before enrolling in coverage.

### Helping with Identity Verification

When consumers log into HealthCare.gov for the first time, they'll need to provide specific information before they can enroll in coverage and determine their eligibility for insurance affordability programs. Identity (ID) proofing is an important part of this process. During ID proofing, the FFMs ask questions based on consumers' personal and financial histories that only they are likely to know.

To begin ID proofing, consumers should select **My Profile** and select **Verify Now**. When the "Verify Your Identity" screen appears, they should select **Get Started**.

Then, the FFMs ask consumers for contact information and other questions about their personal history to verify their identities.

Consumers should complete the necessary fields and answer the identity verification questions on the screen.

### Identity Verification Failure

If the FFMs cannot verify consumers' identities, it means they couldn't match all of the information consumers provided with the information available in records used for this process.

The FFM's will indicate whether they could verify consumers' identities. If an FFM *cannot* verify consumers' identities after two tries, consumers will see a message with instructions to call the Experian Help Desk as well as a reference code number to provide.

Note: Experian is a contractor that helps the FFM's with ID proofing. The Experian Help Desk cannot help consumers with the same things that you and the FFM Call Center can help with. For example, the Experian Help Desk cannot help consumers supply supporting documents or resolve Marketplace account issues (such as account and password resets).

If Experian helps verify a consumer's identity over the phone, the consumer can select **I Have Verified My Identity Over the Phone** to complete ID proofing. They will be directed to submit updated contact information and to upload documents that verify their identity by selecting the **Upload Documents** button.

Consumers only have to upload documents electronically if the system is unable to verify their identity right away.

Consumers can also mail documents to the FFM's but this takes more time to process. If consumers mail documents, they should mail copies and keep the original documents. They should include their name, date of birth, and Social Security Number on each page of their copies. They can mail their documents to the following address:

Health Insurance Marketplace®  
465 Industrial Blvd  
London, KY 40750-0001

*Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.*

## Single Documents to Verify Identity

Consumers can upload or mail paper copies of any of these documents to verify their identities.

- Driver's license issued by a state or territory
- School ID card
- Voter ID card
- U.S. military draft card or draft record
- Military dependent's ID card
- ID card issued by federal, state, or local government
- U.S. passport or U.S. passport card
- Native American tribal document
- Certificate of Naturalization (Form N-550 or N-570) or Certificate of U.S. Citizenship (Form N-560 or N-561)
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Document that contains a photograph (Form I-766)

- U.S. Coast Guard Merchant Mariner card
- Foreign passport, or ID card issued by a foreign embassy or consulate that contains a photograph

## Multiple Documents to Verify Identity

If consumers cannot provide a copy of one of the documents we already mentioned, they can submit copies of two of these documents:

- Birth certificate
- Social Security card
- Marriage certificate
- Divorce decree
- Employer ID card
- High school or college diploma (including high school equivalency diploma)
- Property deed or title

Information is typically processed within 7 to 10 business days once the FFMs receive documents, if not sooner. If a consumer's identity still isn't verified, the consumer may need to submit more information.

## Upload Documents to Verify Identity

To upload documents:

- Select **Upload Documents**
- Select the type of document(s) from the drop-down list
- Attach a copy of the document

Earlier we listed single and multiple documents consumers can use to verify their identities. For example, if consumers submit a copy of a photo ID like a driver's license, they may only need to submit that one document.

If they submit a document like a Social Security card that is not a photo ID, they may need to submit additional documents. Consumers can check the status of any documents they submit in their Marketplace account profile.

## Who to Include On an Application

Consumers only need to file one application for all members of their same tax household, meaning all applicants plus their spouses and anyone they claim as dependents on their federal income tax returns.

Who is included in a tax household?

- A tax filer
- Their spouse, if married and filing jointly
- Any tax dependents

Consumers who are in separate tax households will need to submit separate eligibility applications.

Which household members should consumers include on their applications?

Which household members should consumers include on their applications? If consumers are not applying for help paying for coverage, they should only include those household members who want coverage on their applications. If consumers *are* applying for help paying for coverage, the FFM may need information about other individuals in the applicant's household even if they are not applying for coverage.

The FFM may ask for information about:

- The consumer and any additional household members applying for coverage.
- Members of the applicant's tax household who are not applying for coverage, including their spouse if they're legally married—whether opposite or same sex—and anyone included on an applicant's tax return as a tax dependent. This includes tax dependents who:
  - Don't live with the applicant.
  - Are not sons or daughters of applicants.
  - Have their own tax filing requirement.
- Anyone who claims an applicant as a tax filer. This includes tax filers who don't live with the applicant and tax filers who are not the applicant's parent.

In certain situations, the FFM may need to ask for additional information about other individuals who are not applying for coverage and are not on an applicant's tax return. This can include parents, children, or siblings who live with an applicant even if they aren't on the same tax return, and anyone under 19 who an applicant lives with and takes care of.

Also, the FFM asks applicants about their marital status. Generally, consumers who are married but who do not file a joint return with their spouse are not eligible for premium tax credits. There are two exceptions:

#### Exception 1

Consumers who are legally married but considered unmarried for tax purposes and plan to use the Head of Household tax filing status should still indicate that they are married on their Marketplace application, and they will remain eligible for financial assistance through the Marketplace.

#### Exception 2

Also, married victims of domestic violence or spousal abandonment who are applying for coverage separately from their spouse and filing taxes separately may be determined eligible for financial assistance through the Marketplace by indicating that they are not married on their Marketplace application.

## Information Collected During the Application Process

Consumers need to provide the following information on each application they submit:

- Contact information,
- Who's applying,
- Whether they'd like to check their eligibility for financial assistance,
- Personal information for each applicant, and

- Citizenship or immigration status for each applicant.

If they are applying for help paying for coverage, they should provide information about how the household plans to file their income tax return, household income information, and information regarding access to other coverage.

## Application Inconsistencies

Earlier, we mentioned that inconsistencies called data matching issues (or DMIs) may occur when:

- A consumer's data does not match information from FFM's trusted data sources;
- A trusted data source may not have data for a consumer; or
- Information is missing or incorrect on the application.

Consumers may still enroll in coverage during temporary "inconsistency periods" but they'll receive a notice that asks them to provide the FFM with documents to support what they put on their application. If consumers do not provide appropriate information to resolve the inconsistency, they may lose that coverage and any financial assistance they were receiving.

For example, a consumer's information may be flagged as potentially inaccurate if the consumer had a recent increase in income due to a promotion at work. In this case, the consumer could receive a notice from the FFM asking for documents to prove the recent change in income.

## Provide Supporting Documents

Consumers' eligibility notices tell them what additional supporting documents the FFMs need to resolve any DMIs and describe how long they have to submit these documents (either 90 or 95 days depending on the type of DMI). If consumers don't submit documents in time, the FFMs may determine them ineligible for or adjust the amount of APTC and CSRs or terminate their enrollment through the Marketplace.

If consumers choose to enroll and accept APTC during a DMI period, they must acknowledge that those payments are subject to reconciliation when they file taxes. You should help consumers understand this and help them gather the documents they need to resolve their DMIs.

For more information about how DMIs affect consumers, visit the tip sheet [\*5 Things Assistors Should Know about Data Matching Terminations\*](#).

## Best Practices for Submitting Supporting Documents

If consumers encounter a DMI, they can find out what documents they need to submit by:

1. Logging into their Marketplace account
2. Selecting their application
3. Selecting **Application Details**
4. Selecting the **Verify** button under "Qualified Health Plan Eligibility"
5. Uploading and submitting requested document(s) to the FFM

You should let consumers know that the FFMs will contact them before making any changes to their eligibility.

## Best Practices for Submitting Supporting Documents

If you're helping consumers send requested documents through the mail, you should tell them that the Marketplace can process their documents faster if they include the barcode page from their eligibility notice along with their supporting documents.

You can offer to help them print the barcode page. If consumers don't have a barcode page they should include their name and application ID number at the top of any documents they submit by mail.

**Key Tip:** The Marketplace can process consumers' documents faster if they include the bar code page from their eligibility notice along with their supporting documents.

## Types of Income to Include on a Marketplace Application

It's important for consumers to report their household income as accurately as possible on their Marketplace application. Here's what should be included as household income on a Marketplace application.

Types of Income to Include on a Marketplace Application:

- Federal taxable wages from a job (including salary, wages, commissions, and tips)
- Self-employment income
- Taxable and non-taxable Social Security benefits
- Unemployment compensation
- Retirement
- Investment income, including tax-exempt interest
- Pension
- Capital gains
- Rental or royalty income
- Farming or fishing income
- Excluded (untaxed) foreign income
- Alimony received (for divorces or separations finalized before January 1, 2019)
- Other taxable income such as prizes, gambling winnings, etc.
- Taxable scholarships, awards, or fellowship grants

## Income Approximation

And here's what does NOT count as household income on a Marketplace application.

Taxable scholarships, awards, or fellowship grant amounts do count as income on MAGI calculations for the FFMs, and consumers should include them on Marketplace applications. However, the portion the recipient uses to pay for educational expenses and not living expenses does not count as household income on MAGI calculations for Medicaid and CHIP. The Marketplace application will ask consumers to indicate how much scholarship income is used for educational expenses.

Child Tax Credit (CTC) payments do not count as income on a Marketplace application, including monthly advance payments of the 2021 CTC expanded by the American Rescue Plan Act of 2021. Households will now receive the monthly CTC payments through direct deposit, paper check, or debit cards.

- Alimony received (for divorces or separations finalized on or after January 1, 2019)
- Child support
- Economic Impact/ Stimulus Payments received from the IRS during the COVID-19 emergency
- Gifts
- Supplemental Security Income (SSI)
- Veterans' disability payments
- Workers' compensation
- Proceeds from loans, like student, home equity, or bank loans

## Consumers with an Offer of Employer-Sponsored Coverage

Consumers who are eligible for employer-sponsored coverage may ask you whether they should apply for Marketplace coverage instead.

To help consumers determine whether their offer of employer-sponsored coverage is affordable and meets the minimum value standard, encourage them to ask their employers to fill out the [Employer Coverage Tool](#) worksheet.

Consumers can also use this tool themselves to collect the information the Marketplace needs to assess their offer of employer-sponsored coverage.

## Minimum Value

An eligible employer-sponsored plan provides minimum value only if it pays at least a 60 percent share of the total allowed costs of benefits under that plan, and the benefits under the plan include substantial coverage of inpatient hospital services and physician services. Most employer-sponsored plans meet the minimum value standard.

Affordability is calculated by comparing an employee's share of the annual premium for self-only coverage to the employee's annual household income. To be considered affordable, for plans beginning in 2022, the yearly self-only premium for the lowest-cost plan offered to the employee that meets the minimum value standard must not exceed 9.83 percent of the employee's household income for the tax year.

Consumers need to provide this premium even if they're not currently enrolled in the coverage offered by their employer so that the FFM can determine whether the offer of coverage is affordable.

Consumers will be asked to enter the premium for the lowest-cost self-only plan offered by their employer. The consumer should enter the self-only premium even if they could enroll in a family plan that has a different premium.

This premium is the amount the employee would have to pay for coverage, not the plan's total premium.

## Minimum Value

- If it pays at least a 60 percent share of the total allowed costs of benefits under that plan
- Benefits include substantial coverage of inpatient hospital services and physician services
- Most employer-sponsored plans meet the minimum value standard
- Consumers can take the Employer Coverage Tool to their employer if they're uncertain about whether their plan meets the minimum value standard

## Affordable

- Compares an employee's share of the annual premium for self-only coverage to the employee's annual household income
- The yearly self-only premium for the lowest-cost plan offered to the employee that meets the minimum value standard must not exceed 9.83 percent of the employee's household income for the tax year

## Consumers With an Offer for COBRA Coverage

Consumers who lose employer-sponsored coverage may be offered COBRA continuation coverage by their former employer.

Consumers generally have a 60-day Special Enrollment Period (SEP) after losing job-based coverage, during which they can enroll in a Marketplace plan.

Consumers who are already enrolled in COBRA coverage may be able to change from COBRA to a Marketplace plan if it's still within 60 days of when they lost their non-COBRA job-based coverage, if their COBRA is ending (other than because of a failure to pay premiums), or during Open Enrollment.

When assisting these consumers, visit [HealthCare.gov/unemployed/cobra-coverage/](https://www.healthcare.gov/unemployed/cobra-coverage/) for more information.

## Key Points

You should know how to guide consumers through each step of creating a Marketplace account and completing an application.

Consumers need to provide identifying information and answer questions about their eligibility status as part of the application process.

This includes their citizenship or immigration status, information about their household income if they're applying for help paying for coverage, and their current coverage status.

## Conclusion

Congratulations on completing the *Creating and Submitting Applications* module of the Assister Readiness Webinar Series!

Please proceed to the next Week 1 module, *Application Assistance Simulation*.

Also, feel free to visit the Assister Readiness Webinar Series Resources listed here, including training materials for Navigators and other assisters and the assister webinars webpage.

**Next:**

Next Week 1 module: *Application Assistance Simulation*

**Visit:**

Assister Readiness Webinar Series Resources

**For topical questions about this presentation:**

Navigators please contact your Project Officer directly

CACs can email the CAC Inbox at [CACquestions@cms.hhs.gov](mailto:CACquestions@cms.hhs.gov)

**Training materials for Navigators and other assisters:**

<https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>

We will host a LIVE webinar to recap the content presented in this week's modules and answer your questions. Check your email for information on the day and time of the event.

We hope you will join us then!