

Hi, my name is Dan. 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 (i.e., Navigator grantees, certified application counselors (CACs), and other assisters).

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 on 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.

The 2019 Assister Readiness Webinar Series is designed as a supplement to the web-based Assister Certification Training.

This month-long series will be delivered in weekly installments to help ensure that assisters are ready to serve Marketplace consumers during the 2019 open enrollment period. Each weekly installment will include several pre-recorded educational modules and a corresponding LIVE Friday webinar that will recap the week's topics, check for understanding, and give assisters a chance to ask questions.

Hi, my name is Bonnie, and I'll be guiding you through today's training.

Helping consumers complete a Marketplace application is one of your most important duties as an assister. In this module, you will learn about:

Application Methods

State the health coverage application methods that are available to consumers.

Information Verification

State the steps in the information verification process.

Creating a Marketplace Account

Describe the process for creating a Marketplace account.

Applying for Coverage

Describe the information required and the process for applying for coverage.

Assister Role in Application Completion

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

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 coverage. Since an email account is required to apply online, you can 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.

Key Tip: Before consumers link their email account to their Marketplace application, you should 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 about their Marketplace application and coverage. Consumers can also access email notices by logging into their Marketplace accounts. You should remind consumers to watch their U.S. postal mail as well, even if they select email as their preferred communication method. Occasionally, the FFM's send important information through the postal service.

Some consumers may not be familiar or comfortable with using computers. You can help them create a Marketplace account and apply online. You should explain each step of the process. If consumers don't want to create a Marketplace account online, you can help them apply by phone or mail. If consumers apply over the phone or by using the paper application, they won't need to provide an email address unless they want to compare and select qualified health plans (QHPs) online or receive updates and notices from an FFM by email.

Select each step below to review the online application process in the FFM's.

Step 1: Provide Information

Consumers provide their personal information to the FFM's using the online eligibility application.

Step 2: Verify Information

The FFM's verify consumers' information against trusted data sources using the Hub.

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 names 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 a consumer's information, it will ask the consumer to provide documents supporting the information in the consumer's application.

Step 4: Supporting Documents

Consumers generally have 90 or 95 days to provide supporting documents. If consumers fail to provide supporting documents on time, the FFM's 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 enrollment.

Step 5: Final Determination

When the verification process is complete, the FFM's make a final determination about consumers' eligibility for enrollment in a QHP and, if applicable, the amount of APTC and CSRs they are eligible to receive.

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

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 that 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. Additionally, 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 for their records, such as a completed consent form.

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 (from account creation to application completion and verification to enrollment in coverage).
- As a best practice, all assisters should communicate with consumers in a manner that is culturally appropriate and some types of assisters are required to do so. The optional *Cultural Competence and Language Assistance* course in the Marketplace Learning Management System (MLMS) addresses national *standards* for Culturally and Linguistically Appropriate Services (CLAS) in health and health care. 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 required *Privacy, Security and Fraud Prevention Standards* course in the MLMS provides more in-depth information about privacy and security practices.

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

At this point, consumers have two options:

1. Consumers who only wish to preview QHP options do not need to create an account but must provide a limited amount of information so the Marketplace can estimate which plans and prices the consumer would see if he or she should apply to buy coverage.
 - a. A consumer may be asked about his or her county and state of residence, age, household size and income, or other optional details so the Marketplace can provide a more accurate list of plans and prices.
2. 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 by providing additional information and completing the identity verification process.

You should tell consumers that they can view 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.

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

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

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

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

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.

When consumers log into HealthCare.gov for the first time, they'll need to provide specific information before they can enroll in coverage and get help with costs. 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. You should tell consumers that this process helps prevent someone else from creating a Marketplace account and applying for health coverage in their name without their knowledge.

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 FFM's 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.

If the FFM's 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.

Key Tip: 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 (e.g. account and password resets).

Single documents to verify identity

Consumers can upload or mail paper copies of any of the following 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 above, 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

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

If Experian helps verify a consumer's identity over the phone, the consumer can select the **I Have Verified My Identity Over the Phone** button 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 need to do this even if they verify their identity over the phone with Experian.

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 with their copies. They can mail their documents to the following address:

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

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

To upload documents:

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

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.

The application provides a list of different types of documents and combinations of documents consumers can submit for different circumstances. Consumers can check the status of any documents they submit in their Marketplace account profile.

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

How do you know who is included in a tax household?

If two consumers file taxes together using the same federal income tax return, they're considered part of the same tax household and only need to submit one eligibility application. Both consumers should be on the application. Consumers who are part of separate tax households — that is, they file their taxes separately — need to fill out separate eligibility applications.

Which household members should consumers include on their applications?

If consumers are only applying for coverage through an FFM (without any 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, they should include the following individuals on their applications:

Individuals included on applications for coverage:

The following individuals should be included on applications for coverage where the applicant is applying for help paying for coverage:

The consumer applying for coverage and (as applicable):

- Their spouse
 - Applies to legally married couples, whether opposite or same-sex
 - Anyone they include on their tax return as a tax dependent (such as a child), even if the tax dependents don't live with the consumer or they have their own tax filing requirement
- Their children who live with them, even if they make enough money to file a tax return themselves
- Anyone else under 21 years of age whom they take care of and who lives with them

Individuals should NOT be included on their applications:

The following individuals should NOT be included on their applications:

- Their unmarried partner
- Their unmarried partner's children, if the children are not the applying consumer's children or tax dependents
- Their parents who live with them but file their own tax returns and aren't tax dependents of the consumer (and spouse, if they have one)
- Other relatives who file their own tax returns and aren't tax dependents of the consumer (and spouse, if they have one)

Key Tip: The Marketplace application asks applicants about their marital status. Consumers should select **No** to indicate they are not married if:

- They are unmarried for tax purposes
- They are filing separately due to domestic violence or spousal abandonment

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

- Contact information
- Who's applying for coverage
- Whether they'd like to check their eligibility for financial assistance, including APTC/CSRs or other coverage programs (i.e., Medicaid and the Children's Health Insurance Program (CHIP))
- Personal information for each applicant (e.g., name, date of birth, relationship to consumers filing the application)
- Family and household structure
- Citizenship or immigration status for each applicant

If applying for help paying for coverage:

- Household income information

Information regarding access to other coverage (e.g., job-based coverage)

Earlier, we mentioned that inconsistencies called data matching issues (DMIs) may occur when an FFM's trusted data sources do not have a consumer's most up-to-date information. For example, a consumer's information may be flagged as potentially inaccurate if the consumer had a recent name change due to marriage. In this case, the consumer could receive a notice from the FFM asking for documents to prove the recent name change.

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.

Consumers' eligibility notices tell them what additional supporting documents the FFMs need to resolve any application inconsistencies and describe how long they have to submit those documents.

If consumers don't submit documents on time, the FFMs may:

- Determine consumers ineligible for APTC and CSRs.
- Terminate consumers' enrollment through the Marketplaces.

If consumers choose to enroll and accept APTC during an inconsistency 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 application inconsistencies.

When consumers encounter a DMI, they usually have 90 or 95 days to submit supporting documents depending on the inconsistency type. For more information about how DMIs impact consumers, see the tip sheet called *5 Things Assisters Should Know about Data Matching Terminations* at <https://marketplace.cms.gov/technical-assistance-resources/data-matching-terminations.pdf>

If consumers encounter a DMI, they can find out what documents they need to submit by logging into their Marketplace account, selecting their application, and selecting **Application Details**. Under "Qualified Health Plan Eligibility," there will be a green **Verify** button with information next to it describing any inconsistencies. Selecting the **Verify** button gives consumers the opportunity to upload and submit a requested document to an FFM.

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

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 bar code page from their eligibility notice along with their supporting documents. You can offer to help them print the bar code page.

If consumers don't have a bar code page, they should include their name and application ID number at the top of any documents that they submit by mail.

It's important for consumers to list their income accurately in the account information section.

Can they list alimony or child support as income?

Here's what counts as income on a Marketplace application:

- Job
- Self-employment
- Social Security benefits
- Unemployment
- Retirement
- Pension
- Capital gains
- Investment income
- Rental or royalty income
- Farming or fishing income
- Alimony received
- Other taxable income such as prizes, gambling winnings, etc.
- Taxable scholarships, awards, or fellowship grants used for education purposes. These amounts **do** count as income in MAGI calculations for the FFMs and consumers should include them in Marketplace applications. However, these amounts do not count as income in MAGI calculations for Medicaid and CHIP.

In addition to the types of income listed here, remember that the FFMs also need to know if consumers collect tax-exempt Social Security, interest, or foreign income to calculate under modified adjusted gross income (MAGI) counting rules.

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

- Child support
- Gifts
- Supplemental Security Income (SSI)
- Veterans' disability payments
- Workers' compensation
- Proceeds from loans, like student, home equity, or bank loans

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, whether or not they're applying for APTC and CSRs and, if so, information about their household income.

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

Please proceed to the next Week 3 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.

- If you have topical questions about this presentation: Navigators please contact your Project Officer directly. CACs can email the CAC Inbox at CACquestions@cms.hhs.gov.