

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.
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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.

In states with individual market FFMs, consumers can create a Marketplace account at HealthCare.gov to apply for and enroll in health and dental coverage. Health coverage options include private insurance plans as well as Medicaid and the Children's Health Insurance Program (CHIP). Consumers may apply for coverage with or without applying for Marketplace insurance affordability programs. Let's take a closer look at the application process.

Needs Assessment & Tools

Describe how to conduct a needs assessment and the tools available to help consumers compare options and estimate costs.

Eligibility & Enrollment

Describe the steps in the end-to-end eligibility and enrollment process.

Documents to Verify Status

List the documents that lawfully present non-citizens will need to provide to verify immigrant status.

Consumers will come to you with different levels of knowledge about health coverage and the Marketplaces. Here are a few questions you can ask to assess their needs.

- Do you need additional information about the Patient Protection and Affordable Care Act, health coverage, or the Marketplaces?
- Do you have health coverage currently? For example, you might have coverage through Medicaid, CHIP, or an employer. Even if you aren't currently enrolled, are you eligible for these types of coverage?
- Who needs coverage? Just you, a family member, or several people in your household?
- What health plan features are most important to you? Are you most concerned about affordable premium prices, coverage of certain health care services and prescription drugs, or whether specific doctors are included in your plan's network?
- Have you already started the application process?

Always let consumers know the Patient Protection and Affordable Care Act requires all plans that are certified and sold through the FFMs to cover a core comprehensive set of benefits called essential health benefits (EHB). In addition, most plans sold in the individual market outside of the FFMs must also cover EHB. States that expand their Medicaid program must also provide EHB to consumers who are newly eligible for Medicaid.

Many people don't think they can afford coverage and don't realize financial help may be available. Remember that you can help consumers access the Savings Estimator Tool and Window Shopping Tool at HealthCare.gov before they apply for coverage. Together, these tools can show them the features and estimated costs of qualified health plans (QHPs) in their area.

The [Savings Estimator Tool](#) provides an estimate of the cost-savings consumers may be eligible for through the Marketplaces or through low-cost or free Medicaid coverage. This estimate is based on their income, household size, and state.

The [Window Shopping Tool](#) helps consumers compare plans and offers decision support features. For example, it can:

- Show consumers whether doctors, medical facilities and prescription drugs they use are covered by available QHPs in their area.
- Estimate consumers' total costs during a plan's coverage year based on how much care they might use.

Now that we've gone over some general guidelines for helping consumers prepare to apply, let's see how this might play out in practice. I will play the assister in this scenario. Imagine you're meeting a new consumer named Lori Gomez for the first time. Let's look at how you can use these tools to kick off your meeting with Lori.

Lori:

Hi, my name is Lori. My husband John and I would like help applying for health coverage through the Marketplace.

Coach:

Great, my name is Bonnie and I am an assister. I'm certified to help consumers with the Marketplace application and enrollment process in your state. I will do my best to answer your questions. My role is to provide you with fair, accurate, and impartial information while you:

- Create an account
- Complete an application
- Interpret your eligibility results
- Compare health plans, and
- Enroll in a health plan, if you are eligible.

Before we begin, I'll need you to complete my assister organization's consent form. By completing the form, you give me permission or authorization to access your personally identifiable information – that is, your PII – for purposes related to my authorized assister functions. For example, you might be asked to provide your date of birth or Social Security number during the Marketplace application process. The Marketplace requires me to keep a record of your authorization.

Before we begin assisting Lori and John, let me ask you a question. As an assister, can you complete their application for them?

What do you think?

Consumers should input their own information in an online or paper application. If a consumer asks for help typing or using a computer to learn about, apply for, or enroll in coverage through a FFM, you may only use the keyboard or mouse to follow the consumer's specific directions.

You can also share Marketplace tools or other resources to help consumers complete an application. For example, consumers can compare health plans, find doctors, or determine whether a certain prescription drug is covered under a health plan using the Window Shopping Tool available at <https://www.healthcare.gov/see-plans/>.

Ok Lori, let's get started. Thank you for providing me with consent to access your PII so I can assist you today. The Marketplace is where you can shop for and enroll in health coverage. It will also help you compare the costs and benefits of different health plans. Each health plan sold through the Marketplace for individuals and families is certified as a qualified health plan, or QHP, in the state where it's sold. This means that a plan meets certain requirements under the Patient Protection and Affordable Care Act and includes a comprehensive set of health services known as essential health benefits.

Lori

Thanks! Isn't it also true that I can get lower health coverage costs through the Marketplace?

Coach:

You may. The Marketplace makes certain affordability programs available that lower eligible

consumers' health care costs. For example, you might be eligible for advance payments of the premium tax credit, which can help lower your monthly premiums. Some people are also eligible for cost-sharing reductions, which provide savings on additional costs like deductibles and copayments. The Marketplace application will ask about your household income and family size to determine whether you qualify for these programs.

Lori:

John and I are trying to start a family. What if I become pregnant in the future?

Coach:

That's a great question. All QHPs sold through the Marketplace must provide certain essential health benefits, including maternity coverage and preventive services for expectant mothers.

Ok Lori, when you're ready to apply, [HealthCare.gov](https://www.healthcare.gov) is the website you will visit to create a Marketplace account and then access your account.

Lori:

Okay. Can I see how much plans cost in my area before I apply?

Coach:

Yes! You don't need to create a Marketplace account to compare plans in your area. Just visit the Window Shopping Tool at [healthcare.gov/see-plans](https://www.healthcare.gov/see-plans) and answer a few questions. The tool will show you an estimate of what different plans might cost.

Once you have entered your zip code, your county should appear in the "Choose your location" box. Otherwise, you can select the correct county yourself.

After the Window Shopping Tool asks a series of questions, such as your age and whether you use tobacco, you'll enter your household income information.

Since we are just using the tool to preview available plans, go ahead and estimate your household income for now.

Key Tip:

If Lori needs need help estimating her income, she can also visit [HealthCare.gov/income-and-household-information](https://www.healthcare.gov/income-and-household-information)

After some consideration, Lori says her total household income is around \$35,000 for the year. Enter Lori's expected household income of \$35,000 and select **Continue**.

Lori— based on your expected income and the other information you provided, the Window Shopping Tool is estimating that your household will qualify for a premium tax credit of \$569 per month.

Remember, this is just an estimate. You'll know your exact premium tax credit amount when you complete a Marketplace application.

Select **Continue**.

This page indicates that there are 20 QHPs that you can compare in your area.

You can narrow your results based on categories like premiums, metal level health plan categories, plan types, and even insurance companies.

Don't worry if you don't understand all of those choices now—we will go over the types of plans and how to compare them in more detail later.

Lori:

That seems like a lot to choose from. Can you just recommend a specific QHP for me?

Coach:

I am not allowed to recommend a specific health plan or plans to consumers or make plan decisions for them.

Instead, I can help consumers like you and John understand the differences between plans.

Ok, that was fun! We'll say goodbye to Lori for now. So, if you're working with a consumer who is unfamiliar with the Marketplace, you can put them at ease by explaining the end-to-end eligibility and enrollment process through the FFMs.

STEP 1:

Create Account

STEP 2:

Identity Verification

STEP 3:

Complete Application

STEP 4:

Verify Application Information

STEP 5:

Determine Eligibility

STEP 6:

Select Plan

STEP 7:

Enroll

At the start of the application process, the FFMs ask several screening questions to determine which version of the online application a consumer sees.

- A **streamlined** individual market FFM application allows new applicants with simpler household situations to navigate through fewer screens, is optimized for mobile devices, and allows for backward navigation.
- Other applicants must complete a **detailed** individual market FFM eligibility application, which is sometimes called the “original” or “classic” FFM eligibility application. It is generally used for re-enrollments and for new applicants with more complex household situations.

This lesson is generally based on the detailed individual market FFM application. You need to be familiar with this version to help consumers complete all possible steps in the application, like scanning and uploading documents to verify their citizenship or immigration status and updating existing enrollees’ application information for the upcoming plan year.

In Step 1, consumers create a Marketplace account. You can help them create an account at HealthCare.gov using a valid email address and other basic information. Their email address will be their username, but they’ll also need to choose a password and set up security questions. Consumers should keep this information private and should not share it with anyone, including you.

In Step 2, the FFMs verify consumers' identities in a process known as “ID proofing.” You can explain the ID proofing process to them. Consumers must answer questions about information collected from public records to verify their identities.

In Step 3, consumers complete an individual market FFM application. You can help them submit information about themselves and their families, including income, household members, access to or enrollment in current health coverage, communication preferences, and more.

In Step 4, the FFMs verify information that consumers have submitted in their applications about each person seeking coverage. This is different from ID proofing. You can explain the information verification process to help consumers understand how and why the FFMs verify personal information.

In Step 5, the FFMs determine consumers' eligibility and provide initial assessments or final determinations of eligibility for Medicaid or CHIP. If consumers applied for help paying for coverage, the FFMs also determine their eligibility for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs). You can help consumers understand their eligibility determination notices and coverage options.

In Step 6, eligible consumers compare QHPs. If they qualify for a premium tax credit (PTC), they must also set the amount of APTC they'd like to use to lower their monthly premium. You can use the online plan comparison tool to help consumers compare QHPs.

In Step 7, eligible consumers enroll in QHPs. You can confirm that they have successfully enrolled and tell them about their premium payment options.

Consumers must supply citizenship or immigration status information for each member of the household who is applying for health coverage. If consumers apply for help paying for coverage, they must also provide information about their household income and indicate whether each person on the application is currently enrolled in or has access to other health coverage.

Remember, a household usually includes a tax filer, their spouse if they have one, and their tax dependents. You should tell consumers that if they file taxes, they must use the same information about their tax-filing household when applying for coverage through an FFM.

What do FFMs do with the information on consumers' applications?

When an FFM receives a consumer's application, it verifies the information they provided. If the information cannot be confirmed, consumers may need to submit documents that prove their circumstances.

You can help consumers gather and submit these documents. Again, it's important to keep all PII that consumers share with you private and secure. You should generally only use PII to carry out your assister functions unless consumers provide specific consent for other uses of their PII, like following up with them after they have enrolled. It's your responsibility to tell consumers how you or your organization use and protect their PII before you help them.

For more specific information and best practices to consider when handling PII, see the [Best Practices for Handling Personally Identifiable Information](#): [Fast Facts for Assisters](#) tip sheet or refer to the *Privacy, Security and Fraud Prevention Standards* course for assisters in the Marketplace Learning Management System (MLMS).

During the online application process, the FFMs verify personal information for each consumer applying for coverage, including:

- Social Security numbers (SSNs), if applicable
- Citizenship or lawful presence status
- Incarceration status
- Membership in federally recognized tribes, if applicable. Tribe members verify their membership by providing supporting documents to the Marketplace.

If consumers apply for help paying for coverage, the FFMs also verify:

- Eligibility for or enrollment in minimum essential coverage, such as job-based coverage, Medicare, Medicaid, CHIP, TRICARE, Veteran's Health Program, or the Peace Corps
- Current monthly household income and family size for assessing or determining eligibility for Medicaid and CHIP
- Annual household income and family size for determining eligibility for APTC and CSRs.

If consumers' citizenship or immigration status cannot be verified through the Hub and a data matching issue (DMI) occurs, the FFM's make a second attempt at verifying certain consumers' status using the Systematic Alien Verification Entitlement Program (SAVE) database. This process can take three to five days.

The main federal agencies that help determine consumers' eligibility for health coverage and insurance affordability programs are the Department of Health and Human Services (HHS) and the Department of the Treasury.

Here's how each agency interacts with the FFM's.

The Department of Health and Human Services (HHS) oversees the Marketplaces, as well as Medicare, Medicaid, and CHIP. HHS operates the FFM's and Medicare. States administer Medicaid and CHIP, and some states also operate State-based Marketplaces.

The Department of the Treasury includes bureaus like the Internal Revenue Service (IRS). The IRS makes tax decisions related to the PTC and determines eligibility for exemptions from the individual shared responsibility payment. The FFM's compare information consumers provide in a Marketplace application (e.g., household income and family size) to IRS data to help determine their eligibility for APTC and CSRs.

The Marketplaces also verify consumers' information with other federal agencies, including the Social Security Administration (SSA) and the Department of Homeland Security (DHS), as well as state agencies like state Medicaid and CHIP agencies and certain private databases.

Remember that consumers must be U.S. citizens, U.S. nationals, or lawfully present in the U.S. to qualify for health coverage through the Marketplaces. Also keep in mind that consumers who aren't lawfully present can still apply for coverage for their family member(s) who are lawfully present.

Those applying for coverage for a family member who is lawfully present can do so without being asked to provide proof of their own citizenship or immigration status.

These best practices can help you talk with consumers who are immigrants and who are seeking health coverage for themselves or on behalf of someone else.

Provide information

Provide information about eligible immigration statuses and acceptable immigration documents. Consumers then have the information they need to decide who in their family may have an eligible immigration status to apply for health coverage.

Share information about other resources

Share information with consumers about other resources in the community that might be able to help them:

- Determine whether they have an eligible immigration status, or
- Obtain immigration documents if they don't have them readily available

Identify the applicant

Be sure to correctly identify the consumer or consumers who are applying for health coverage by asking them if they're seeking coverage for themselves or on behalf of someone else.

Avoid unnecessary questions

- Don't ask unnecessary questions, especially questions about the immigration status of consumers who aren't applying for health coverage and live in mixed immigration status households.

Avoid words such as “undocumented,” “unauthorized,” or “illegal.” Instead, use words such as “eligible immigrant” and “eligible status.”

When lawfully present noncitizens apply for health coverage through an FFM, they may use a number of documents to verify their immigration status and determine their eligibility. You can help them correctly identify and enter information from these documents into their applications.

If the FFMs cannot verify the immigration status of a consumer using trusted data sources, the consumer will encounter a DMI. You can help consumers resolve DMIs by helping them scan and upload copies of their documents at [HealthCare.gov](https://www.healthcare.gov) or mail copies to the FFMs.

As a reminder, it's important to tell consumers that immigration status is only checked for individuals who are applying for coverage through a Marketplace but not for other household members who aren't applying for coverage.

Here are three common immigration documents.

Let's review how you can help consumers gather relevant information from each one.

- Permanent Resident Card, or Green Card
- Foreign Passport
- Employment Authorization Card

There are many other types of documents you might encounter. See a complete list of documents (with links to images) that consumers can use to verify their immigration status at: <https://www.healthcare.gov/help/immigration-document-types/>.

Permanent Resident Card, or Green Card (I-551): Consumers need to enter their alien number

(also called the alien registration or USCIS number) and card number (also called the receipt number) from this document. If a card number isn't available and only an alien number is available, consumers may select **Other** as the document type and provide an alien number and description of the document.

Foreign Passport: Consumers need to enter their passport number, passport expiration date, and country of issuance from this document.

Employment Authorization Card (I-766): Consumers need to enter their alien registration number, card number, expiration date, and category code from this document.

Here are some additional types of documents that lawfully present noncitizens can use to verify their immigration status:

- Documents indicating membership in a federally recognized Indian tribe or American Indian born in Canada
- Certification from the HHS Office of Refugee Resettlement (ORR)
- HHS ORR eligibility letter (if under 18)
- Documents indicating withholding of removal (or "withholding of deportation")
- Administrative order staying removal issued by the Department of Homeland Security (DHS)

Key Tip: If a consumer does not have tribal documents, you can refer the consumer to Tribal Affairs resources in their state at <https://www.cms.gov/Center/Special-Topic/American-Indian-Alaska-Native-Center.html>.

Here are a few common examples.

Tribal Identification Card:

A picture Tribal Identification Card (this can be issued to any currently enrolled Tribal Member and has no age requirements)

Document from a Tribe:

A document from a Tribe that declares an individual is a member of an Indian Tribe

An ORR eligibility letter:

An ORR eligibility letter

- You can help consumers prepare and submit Marketplace applications.
- You should ask consumers about their health coverage needs and take them into consideration throughout the eligibility and enrollment process.
- Consumers need to provide personal information to the FFM, including the citizenship or immigration status of each individual within the household who's applying for coverage. Each individual who is applying for help paying for coverage will also need to

provide their household income and indicate whether they have access to other health coverage. The FFMs protect the privacy and security of this information.

- The FFMs verify consumers' information using trusted data sources. This information is only used by the FFMs to determine consumers' eligibility for coverage and programs to lower their costs.

You should help consumers identify any documents you expect will be necessary to complete the eligibility application before they begin their applications.

- Congratulations on completing the *Preparing to Apply* module of the Assister Readiness Webinar Series!
- Please proceed to the next Week 3 module, *Creating and Submitting Applications*.
- 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.