

MARKETPLACE ASSISTER TOOLKIT

Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces Consumer Protections: Fraud Prevention Guidelines





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Consumer Protections: Fraud Prevention Guidelines

Fraud Prevention Guidelines

The FFM's are committed to providing accurate information about health coverage options and providing enrollment assistance to consumers. As you assist consumers, you should be aware of potential instances of fraud and help consumers understand that they must always submit truthful and accurate information to a Marketplace.

Consumers may make mistakes when completing their eligibility application or paying their premiums to health insurance companies. Fraud, however, can occur when someone falsifies information, for example on an eligibility application. Fraud can also occur if someone uses another person's personal information as their own to receive health coverage (this type of fraud is also known as "identity theft"). If you suspect or are aware of fraud, you should report it to your organization and refer to the resources listed in Exhibit 2 to report fraud.

Use these guidelines to help prevent fraud and identity theft from occurring, and to learn how to report fraud when you suspect it has occurred.

1. Preventing Fraud

To help prevent fraud from occurring, encourage consumers to:

- Accurately report all sources and amounts of income on eligibility applications;
- Accurately report their age, tobacco usage, and address on eligibility applications;
- Protect their Social Security numbers;
- Shred documents containing health information or other PII before throwing them away;
- Never give out information over the telephone or Internet unless the requestor has proven they have authority to have this information (e.g., a health insurance company, the Marketplace);
- Review charges, bills, and explanations of benefits to ensure all charges for services, equipment, and prescriptions are accurate;
- End any suspicious calls or visits immediately;
- Report suspicious calls or visits to the Marketplace Call Center;
- Read [How Can I Protect Myself from Fraud in the Health Insurance MarketplaceSM](#) for additional information on how they can protect themselves against Marketplace fraud; and
- Be aware that some consumers are being targeted by tax scams. If consumers owe a payment, remember that it should be made only with their tax return or in response to a letter from the IRS. The payment should never be made directly to an individual or return preparer. Additional information on how consumers can identify and protect themselves from tax scams is available at <https://www.healthcare.gov/how-can-i-protect-myself-from-tax-scams/>.

2. Recognizing Fraud

Potentially fraudulent situations can occur when consumers:

- Purposely underreport their income or fail to report all sources of income.
- Purposely do not report an accurate level of tobacco use to attempt to change the cost of health coverage.

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- Use another person’s information to get health coverage through a Marketplace.
- It might also constitute fraud when a person:
- Falsifies information to mislead a consumer into joining a health plan.
- Makes an unsolicited request for consumers’ personal information fraudulently claiming that they will enroll them in QHPs sold through a Marketplace.
- Falsely claims to be an agent, broker, or assister and sends a consumer an email that asks for personal information.
- Tries to collect a tax payment directly from the consumer.

3. Reporting Fraud

If you or a consumer thinks fraud may have occurred, use the following resources to report it:

Exhibit 1—Resources to Report Fraud

Resource	Contact Information	Description
HHS Office of the Inspector General (OIG)	<ul style="list-style-type: none"> • Online: HHS OIG Fraud Hotline¹ • 1-800-HHS-TIPS (1-800-447-8477) • TTY: 1-800-377-4950 	To report that a consumer’s information was used to enroll someone else in the Marketplace
The Federal Trade Commission (FTC)	<ul style="list-style-type: none"> • Online: Secure Complaint Form² • 1-877-ID-THEFT (1-877-438-4338); • TTY: 1-866-653-4261 	To report identity theft
State Department of Insurance (DOI)	<ul style="list-style-type: none"> • Your local State Department of Insurance 	To report agent/broker fraud
Federally-facilitated Marketplace Call Center	<ul style="list-style-type: none"> • 1-800-318-2596; • TTY: 1-855-889-4325 (all languages available) 	To report that a consumer received suspicious calls or visits, or to report fraudulent conduct by an assister
Internal Revenue Service	<ul style="list-style-type: none"> • Complete and send Form 14157, Complaint: Tax Return Preparer with all supporting documentation to the IRS. • Mail: Internal Revenue Service Attn: Return Preparer Office 401 W. Peachtree Street NW Mail Stop 421-D Atlanta, GA 30308 • Fax: 855-889-7957 	To report suspected misconduct or fraudulent activity related to a tax return preparer or tax preparation firm.

¹ <https://forms.oig.hhs.gov/hotlineoperations/>

² <https://www.ftccomplaintassistant.gov>



Appendix A: Acronyms & Definitions

The proceeding sections describe the commonly used acronyms and terms that appear throughout the Manual.

Frequently Used Acronyms

Exhibit 2—Frequently Used Acronyms

Acronyms	Descriptions
APTC	Advance payments of the premium tax credit
CAP	Consumer Assistance Program
CCIIO	Center for Consumer Information & Insurance Oversight
COBRA	Consolidated Omnibus Budget Reconciliation Act
CFR	Code of Federal Regulations
CHIP	Children’s Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-sharing Reduction
DHS	Department of Homeland Security
DMI	Data-matching Issue
EHB	Essential Health Benefits
FAQ	Frequently Asked Questions
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level
HDHP	High Deductible Health Plan
HHS	Department of Health & Human Services
HMO	Health Maintenance Organization
HSA	Health Savings Account
ID	Identification
IHS	Indian Health Service
IRS	Internal Revenue Service
MAGI	Modified Adjusted Gross Income
MEC	Minimum Essential Coverage
PII	Personally Identifiable Information
QHP	Qualified Health Plan
SBC	Summary of Benefits and Coverage
SEP	Special Enrollment Period
SHIP	State Health Insurance Assistance Program
SHOP	Small Business Health Options Program
SOP	Standard Operating Procedure
SSI	Supplemental Security Income
SSN	Social Security Number

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Acronyms	Descriptions
VA	Veterans Affairs
VHA	Veterans Health Administration

Definitions

The following is a list of terms from HealthCare.gov, CCIIO, and the Affordable Care Act explained in plain language that you may reference to assist consumers.

List of Vocabulary in SOP:

Affordable Care Act: The comprehensive health care reform law enacted in March 2010. Congress passed the law in two parts. The President signed the Patient Protection and Affordable Care Act into law on March 23, 2010, which was amended by the Health Care and Education Reconciliation Act of 2010 on March 30, 2010. The name “Affordable Care Act” refers to the amended version of the law. (Reference: HealthCare.gov/glossary/affordable-care-act)

Agent: When registered with a Marketplace, an individual or entity that helps individuals and businesses apply for and enroll in QHPs through the Marketplace and may assist in applying for advance payments of the premium tax credit and cost-sharing reductions. States grant licenses to agents to sell insurance in their respective jurisdictions. They may receive compensation from insurance companies with whom they have a contractual relationship to enroll consumers in a QHP or non-QHP. (Reference: Affordable Care Act §1312(e) and 45 CFR §155.20)

Benefits: The health care items or services covered under a health plan. The health plan's coverage documents define the covered benefits and excluded services. In Medicaid or CHIP, the state program rules define covered benefits and excluded services. (Reference: HealthCare.gov/glossary/benefits)

Broker: When registered with a Marketplace, an individual or entity that helps individuals and businesses apply for and enroll in a QHP through the Marketplace and may assist in applying for advance payments of the premium tax credit and cost-sharing reductions. States grant licenses to brokers to sell insurance in their respective jurisdictions. They may receive compensation from an insurance company with whom they have a contractual relationship to enroll consumers into a QHP or non-QHP. (Reference: Affordable Care Act § 1312(e) and 45 CFR §155.20)

Center for Consumer Information & Insurance Oversight (CCIIO): A part of the Department of Health & Human Services that helps to implement many provisions of the Affordable Care Act, the historic health reform bill that became law in March 2010. CCIIO oversees the implementation of the provisions related to private health insurance. (Reference: CMS.gov/CCIIO)

Centers for Medicare & Medicaid Services (CMS): The federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, as well as the Federally-facilitated Marketplaces. For more information, visit CMS.gov. (Reference: HealthCare.gov/glossary/centers-for-medicare-and-medicaid-services)

Certified Application Counselor (CAC): In an FFM, an individual (affiliated with an organization designated by CMS, as operator of the FFMs) who is trained and able to help consumers as they look for health coverage



options through the Marketplace, including helping them complete eligibility and enrollment forms. Their services are free to consumers. (Reference: [HealthCare.gov/glossary/certified-applicant-counselor/](https://www.healthcare.gov/glossary/certified-applicant-counselor/))

Certified Application Counselor Designated Organization (CDO): In an FFM, an organization designated by CMS, as operator of the FFMs, to certify staff members or volunteers to act as certified application counselors. (Reference: 45 CFR §155.225)

Health Coverage: Consumers' legal entitlement to payment or reimbursement for their health care costs for covered services or items generally under a contract with a health insurance company, a group health plan offered in connection with employment, or a government program like Medicare, Medicaid, or CHIP. (Reference: [HealthCare.gov/glossary/health-coverage/](https://www.healthcare.gov/glossary/health-coverage/))

Health Insurance: A contract that requires a consumer's health insurer to pay some or all of the consumer's health care costs in exchange for a premium. (Reference: [HealthCare.gov/glossary/health-insurance/](https://www.healthcare.gov/glossary/health-insurance/))

Health Insurance Issuer (Issuer): An insurance company, insurance service, or insurance organization that must have a license to engage in the business of insurance in a state and that is subject to state laws that regulate insurance. (Reference: 45 CFR §144.103)

Marketplace: A marketplace for health insurance, also known as an "Exchange," operated by a governmental agency or non-profit entity that meets applicable government standards. A Marketplace makes QHPs available to qualified individuals and/or qualified employers. Generally, in CMS documents, this term is often used to refer both to Marketplaces serving the individual market for qualified individuals and to Small Business Health Options Program (SHOP) Marketplaces serving the small group market for qualified employers, and is often used regardless of whether a Marketplace is established and operated by a State or by HHS. However, in this document, the term Marketplace generally is used to refer only to the Federally-facilitated Marketplaces (FFMs), and frequently is used to refer only to the FFMs for the individual market. (Reference: 45 CFR §155.20)

Navigator: An individual or organization that receives a grant from the Marketplace and that is trained and able to help consumers, including small employers and their employees, as they look for health coverage options through the Marketplace, including helping them complete the eligibility and enrollment process. These individuals and organizations are required to be unbiased. Their services are free to consumers. (Reference: [HealthCare.gov/glossary/navigator/](https://www.healthcare.gov/glossary/navigator/))

Non-Navigator Assistance Personnel: Individuals or organizations that are trained and able to provide help to consumers, including small employers and their employees, as they look for health coverage options through a Marketplace, including helping them complete the eligibility and enrollment process. These individuals and organizations are required to be unbiased. Their services are free to consumers. Also referred to as "in-person assisters." (Reference: [HealthCare.gov/glossary/in-person-assistance-personnel-program/](https://www.healthcare.gov/glossary/in-person-assistance-personnel-program/))

Open Enrollment Period: The period of time during which individuals who are eligible to enroll in a QHP can enroll in a plan through the Marketplace. For coverage starting in 2017, the individual market Open Enrollment period is November 1, 2016 – January 31, 2017. Individuals may also qualify for special enrollment periods if they experience certain qualifying events. Consumers can apply for Medicaid or CHIP at any time of the year. (Reference: [HealthCare.gov/glossary/open-enrollment-period/](https://www.healthcare.gov/glossary/open-enrollment-period/))



Premium: The amount that consumers or employers pay for a health insurance or job-based coverage. Premiums are paid by the consumer or employers on a monthly, quarterly, or yearly basis. (Reference: [HealthCare.gov/glossary/premium](https://www.healthcare.gov/glossary/premium))

Qualified Health Plan (QHP): Under the Affordable Care Act, an insurance plan that is certified by a Health Insurance MarketplaceSM, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. Each QHP is certified by the Marketplace through which the plan is offered. (Reference: [HealthCare.gov/glossary/qualified-health-plan](https://www.healthcare.gov/glossary/qualified-health-plan))



Appendix B: Support Resources

If consumers require assistance that is outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 3 provides a list of external resources.

Exhibit 3—External Resources

Resource	Contact Information	What does this resource do?	How should consumers use this resource?
Marketplace Call Center	1-800-318-2596 TTY: 1-855-889-4325 (all languages available)	The Marketplace Call Center provides assistance to consumers who need information or want to enroll in health coverage through an FFM.	To get answers to questions while applying for health coverage using the online or paper application. To apply for health coverage over the phone.
HealthCare.gov	http://www.HealthCare.gov	This website allows consumers to access information about the Affordable Care Act and to enroll in health coverage through an FFM.	To find out about health coverage options available through an FFM. To apply for health coverage online. To get real-time answers to questions using the online chat function.
Internal Revenue Service (IRS)	http://www.IRS.gov	This federal agency collects taxes from individuals and businesses in the U.S.	To learn more about the effects of the Affordable Care Act on consumers' tax returns.