

# MARKETPLACE ASSISTER TOOLKIT

## *Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces **SOP 3—Create an Account***





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## SOP 3—Create an Account

### A. Introduction

As an Assister, you can help consumers create an account to access the Marketplace online, submit an application for health coverage, and select a Qualified Health Plan (QHP). Standard Operating Procedure (SOP) 3 provides guidance on how to assist a consumer in creating an account.

### B. Procedures

#### 1. Create an Account

To assist consumers with creating an account, complete the following required steps shown in Exhibit 1:

**Step 1.** Assist consumers with entering the following information as shown on the screenshots below:

- a. Assist consumers with entering the following information on the screen:
  - i. Ensure that consumers use their given first name and not a nickname to be consistent with their Marketplace applications.
  - ii. Last name (required to create an account);
  - iii. Email address, which will also be the consumer's username (required to create an account);  
and
  - iv. Password (required to create an account).
- b. Explain to consumers that they must answer three security questions to protect their accounts from unauthorized access. Assist consumers with selecting security questions to protect their account.
- c. Advise the consumer that they must select the "I understand and agree with the [HealthCare.gov](https://www.healthcare.gov) privacy policy and terms and conditions" check box.

#### Things You Should Know

- Consumers may change their Marketplace account passwords at any time, but consumers cannot change their usernames. If consumers need additional password or username assistance, direct them to the Marketplace Call Center.



Exhibit 1—Marketplace Account Creation Screenshot

**Create an account**

Create an account to apply for Marketplace coverage.

If you already have an account, [log in](#). If you're having trouble, don't create another account. [Get help if you're having trouble logging into your account.](#)

Select your state to get started.

Pennsylvania

First name Last name

Your email address will also be your username when you log in.

Email address

Use: 8-20 characters Upper & lowercase letters Number(s)

Password

Retype password

Pick 3 questions that only you will be able to answer. If you forget your password, we'll ask you these questions to verify your identity.

Pick a question

Type an answer

Pick a question

Type an answer

Pick a question

Type an answer

I understand and agree with the [HealthCare.gov privacy policy](#) and [terms and conditions](#).

The Marketplace will send you emails with important enrollment information, updates and reminders. You can unsubscribe at any time by clicking the link at the bottom of any Marketplace email.

**CREATE ACCOUNT**

[Already have an account? Log In.](#)

- Step 2.** Once consumers click “Create Account,” a “Check your email” message will display on the same page with a reminder to click the verification link found in their email inbox to activate their account. Consumers cannot proceed with applying for coverage through the Marketplace before verifying their email address and activating their account.
- Once consumers check their email, they will see an email from the sender “marketplace@healthcare.gov;” the subject line of the email will read “Welcome! Please verify your email for your HealthCare.gov account.”

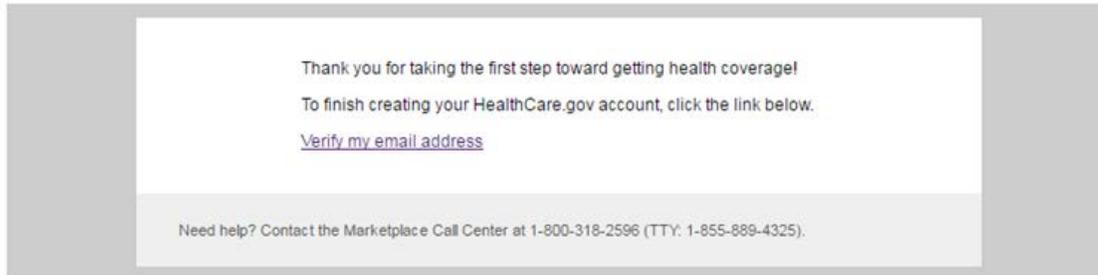
This information is intended only for the use of entities and individuals that are certified to serve as Navigators, certified application counselors, or non-Navigator assistance personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFMs where the state performs plan management functions and State Partnership Marketplaces. Some information contained in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and Federally-supported State-based Marketplaces.



SOP 3—Create an Account

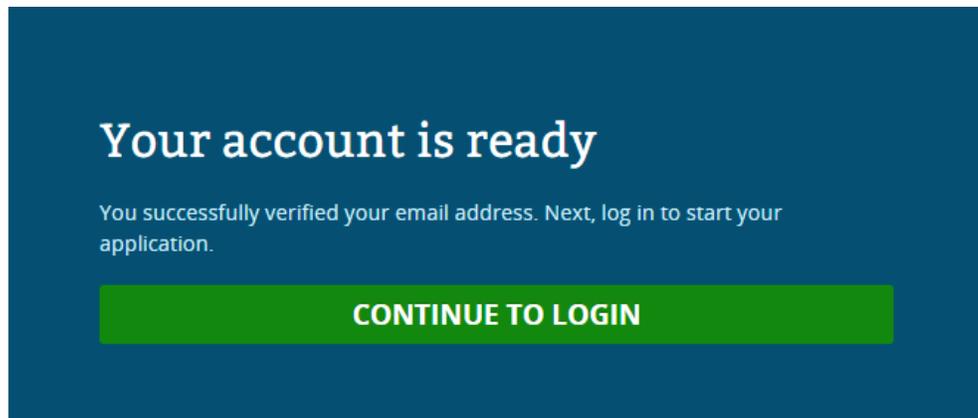
- b. Instruct consumers to click the link in the email to verify their email address, as shown in Exhibit 2. When they click the link, they may see the “Please wait” screen while the Marketplace finishes creating the account, and then the account will be processed.

Exhibit 2—Marketplace Account Verification E-mail



- c. Once consumers successfully verify their account, they will see the screen shown in Exhibit 3.

Exhibit 3—Marketplace Account Created Screenshot



## 2. Troubleshooting

Consumers may receive error messages during the account creation process. Exhibit 4 provides reasons for errors encountered and steps to assist consumers in resolving the errors.



Exhibit 4—Account Errors and Action Items

Error/Condition	Explanation & Discussion	Action Items
<b>A profile already exists for that user</b>	<ul style="list-style-type: none"> <li>• Explain that if consumers have previously created an account, it is stored in the Marketplace and consumers can access the account with the correct login information. Consumers can only create one account.</li> <li>• Explain that consumers may have mistakenly entered information that belongs to another consumer's account.</li> </ul>	<ul style="list-style-type: none"> <li>• Assist consumers with ensuring that login information is correct and that they do not have an existing account.</li> <li>• Consumers should contact the Marketplace Call Center or use the system prompts on HealthCare.gov to retrieve login information if an account already exists.</li> </ul>
<b>An account cannot be created with the information entered</b>	<ul style="list-style-type: none"> <li>• Explain that the Marketplace requires consumers to enter information in a valid format.</li> <li>• Explain that the system identifies each piece of information that is missing or invalid so consumers can correct the information.</li> <li>• Explain that consumers have the option to cancel the account creation activity.</li> </ul>	<ul style="list-style-type: none"> <li>• Walk consumers through each piece of information that the system has identified as missing or invalid.</li> <li>• Help consumers correct the information or show them how to cancel the entire account creation activity.</li> </ul>

### C. Next Steps

1. If consumers would like to submit a Marketplace application or select a QHP, proceed to SOP-4 Verify Identity to complete the identity verification process required before beginning these eligibility and enrollment activities.
2. If consumers would like to perform account maintenance activities (e.g., reset password), proceed to SOP-12 Update Account Profile.
3. For more help answering consumers' specific questions, see the [Frequently Asked Questions related to SOP-3 Create an Account](#).



## Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on how assisters assess consumers' knowledge of and needs within the Individual Marketplace. For more information on this topic, see SOP 3—Create an Account.

FAQ 1. Why do I need an account?

- Answer: An account allows you to electronically submit your application, compare and select QHPs, view the status of your application, and complete other Marketplace-related activities.

FAQ 2. Can I set up multiple accounts?

- Answer: No, you are only able to create one account.

FAQ 3. What if I do not have an email account?

- Answer: You may create an email account with an email service provider of your choice or choose to submit a paper application to participate in the Marketplace or by calling the Marketplace Call Center.

FAQ 4. What if my password is not accepted?

- Answer: If you are still unable to create a password after confirming you have followed the requirements, contact the Marketplace Call Center for further assistance.

FAQ 5. What if my username is not accepted?

- Answer: You cannot select a username if it is already in use by another applicant. You should try another username, or contact the Marketplace Call Center for further help.

FAQ 6. Can I still set up an online account after I mail in my paper application?

- Answer: If you have submitted a paper application and wish to set up an online account, you should contact the Marketplace Call Center to obtain an application ID number after you receive your eligibility notice in the mail, if available. You should then go to the [HealthCare.gov](https://www.healthcare.gov) website and create an online Marketplace account. After logging into your account, click the "Find my application" hyperlink on the My Applications & Coverage screen and then enter your application ID number that is linked to the paper application you submitted. Please remember that all information - first name, last name, city, state, and zip code - for the person listed as **the household contact** on the original application must be an exact match for the contact information used for creating an account on [HealthCare.gov](https://www.healthcare.gov). From here, you will be able to view your eligibility determinations and continue with the enrollment process.

FAQ 7. Should I make sure to remember or keep a secure record of my username, password, and application ID once they are created?

- Answer: Yes. You will need your username and password each time you log in to [HealthCare.gov](https://www.healthcare.gov) and you may need your application ID for certain Marketplace activities (e.g., submitting supporting documentation, filing an appeal).



## Appendix B: Acronyms & Definitions

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

### Frequently Used Acronyms

Exhibit 5—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](http://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](http://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)

**Applicant:** With respect to a Marketplace for the individual market, an applicant is an individual seeking eligibility for him or herself through an application submitted to the Marketplace (or transmitted to the Marketplace by the state Medicaid or CHIP agency) except individuals seeking eligibility for an exemption from the individual shared responsibility payment. Applicants must be seeking eligibility for at least one of the following: enrollment in a QHP through the Marketplace (with or without advance payments of the premium tax credit and/or cost-sharing reductions) and enrollment in Medicaid or CHIP. (Reference: 45 CFR §155.20 and 42 CFR §435.4)

**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](http://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](http://CMS.gov). (Reference: [HealthCare.gov/glossary/centers-for-medicare-and-medicaid-services](http://HealthCare.gov/glossary/centers-for-medicare-and-medicaid-services))

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**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-application-counselor/](https://www.healthcare.gov/glossary/certified-application-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/))

**Individual Marketplace:** The Marketplace for individuals to purchase health insurance plans for themselves or their families other than through an employer-sponsored group health plan. (Reference: Affordable Care Act §1304(a)(2))

**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/))

**Qualified Health Plan (QHP):** Under the Affordable Care Act, an insurance plan that is certified by a Health Insurance Marketplace<sup>SM</sup>, 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  
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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 C: Support Resources

If consumers require assistance that is outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 6 provides a list of external resources.

**Exhibit 6—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	<a href="http://www.HealthCare.gov">http://www.HealthCare.gov</a>	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.