

# MARKETPLACE ASSISTER TOOLKIT

## *Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces **SOP 5—Apply for Health Coverage***





## Table of Contents

**SOP 5—APPLY FOR HEALTH COVERAGE .....1**

- A. Introduction ..... 1
- B. Procedures ..... 1
- C. Next Steps ..... 14

Appendix A: Frequently Asked Questions (FAQs) ..... 15

Appendix B: Acronyms & Definitions ..... 17

Appendix C: Support Resources ..... 22



## List of Exhibits

Exhibit 1—Information Collected on the Eligibility Application (if Applying for Financial Assistance) ..... 2

Exhibit 2—HealthCare.gov Application: Get Started Screenshot..... 4

Exhibit 3—HealthCare.gov Application: Family & Household Screenshot..... 4

Exhibit 4—HealthCare.gov Application: Income Screenshot ..... 5

Exhibit 5—HealthCare.gov Application: Additional Information Screenshot ..... 6

Exhibit 6—Marketplace Electronic Signature Screenshot..... 7

Exhibit 7—Eligibility Results Screenshot..... 8

Exhibit 8—HealthCare.gov Enroll To-Do List Screenshot ..... 9

Exhibit 9—Application Details Page on HealthCare.gov Screenshot..... 11

Exhibit 10—Document Type Screenshot..... 12

Exhibit 11—Barcode Page from Eligibility Notice Screenshot..... 13

Exhibit 12—Frequently Used Acronyms..... 17

Exhibit 13—External Resources..... 22



## SOP 5—Apply for Health Coverage

### A. Introduction

As an assister, you can help consumers apply for health coverage through the Marketplace. When consumers apply, the Marketplace will consider the eligibility application for a number of things. If consumers apply for help paying for coverage, the Marketplace will check for their eligibility for advance payments of the premium tax credit, cost-sharing reductions (CSRs), and Medicaid or Children's Health Insurance Program (CHIP). Consumers can apply for enrollment in Qualified Health Plans (QHPs) with or without advance payments of the premium tax credit and cost-sharing reductions. Standard Operating Procedure (SOP) 5 provides guidance on how to assist consumers in completing their applications.

#### Things You Should Know

- Encourage consumers to use the electronic application feature to receive their eligibility determinations faster.

### B. Procedures

#### 1. Complete Online Application

To assist consumers with their online eligibility application, complete the following steps:

- Step 1.** If consumers do not yet have a HealthCare.gov account, proceed to SOP-3 Create an Account to assist consumers with account creation. Check to be sure consumers have completed their identity verification, explained in SOP-4 Verify Identity. If consumers have a HealthCare.gov account and have verified their identity, proceed to Step 2.
- Step 2.** Help consumers go to their account to determine if they have previously started their Marketplace application online.
- If consumers have previously started and saved their Marketplace application, they should proceed to the section of the application where assistance is required. Ensure that consumers complete all required fields accurately.
  - If consumers do not have an existing Marketplace application, assist them with starting the application process.
- Step 3.** Guide consumers through the application process by following the application prompts to gather consumers' responses for each section of the application.
- Refer to Exhibit 1 educate consumers on the information collected in each section of the eligibility application.



## Exhibit 1—Information Collected on the Eligibility Application (if Applying for Financial Assistance)

Section	Information Collected
Get Started	<ul style="list-style-type: none"><li>• <b>Marital Status</b>—Applicants must disclose if they are legally married, whether to a spouse of the opposite sex or the same sex. Generally, <a href="#">married couples</a> must file taxes jointly to qualify for the premium tax credit and cost-sharing reductions. If a couple receiving advance payment of the premium tax credit is expecting to divorce during the calendar year, the couple should plan to indicate that they will file their taxes jointly while still married, if they otherwise would. The couple should update their eligibility application after they are divorced to be reassessed for advance payment of the premium tax credit eligibility.<sup>1</sup></li><li>• <b>Number of Dependents</b>—Applicants must disclose the number of dependents they will claim on their next tax return.</li><li>• <b>Income Range</b>—Applicants may disclose their household income range, which will help determine whether they are eligible for help paying for coverage.</li><li>• <b>Help Paying for Coverage</b>—Applicants must indicate whether they are interested in help paying for coverage through the Marketplace. If they are not interested in getting help paying for coverage, they will not be asked any additional income information during the application process.</li><li>• <b>Screening Questions</b>—How applicants respond to these screening questions determines whether they complete the shorter, streamlined application, or go through the more detailed, traditional application.</li><li>• <b>Contact Information</b><ul style="list-style-type: none"><li>○ Name</li><li>○ Home address</li><li>○ Mailing address</li><li>○ Email address</li><li>○ Phone number</li><li>○ Preferred spoken language</li><li>○ Preferred written language</li><li>○ Preferred method of communication (e.g., electronic or paper notices)</li><li>○ Race and ethnicity (optional)</li></ul></li><li>• <b>Help Applying for Coverage</b>—Applicants should indicate whether they are receiving help from an assister or agent/broker by inserting the assister's ID number or the agent/broker's National Producer Number (NPN) on the application.</li></ul>

<sup>1</sup> According to IRS Notice 2014-23, Married couples who are living apart at the time of filing his or her tax return, unable to file joint return because the taxpayer is a victim of domestic abuse and indicates on his or her income tax return they fall within the two criteria are not mandated to file a joint tax return. <https://www.irs.gov/pub/irs-drop/n-14-23.pdf>



Section	Information Collected
<b>Family &amp; Household Information</b>	<ul style="list-style-type: none"><li>• Many of the following questions serve to verify information the applicant may have provided earlier in the process, including:<ul style="list-style-type: none"><li>○ Sex</li><li>○ Social Security Number (SSN)</li><li>○ Citizenship/Immigration status</li><li>○ Plans to file taxes for 2017</li><li>○ Marital status</li><li>○ Dependents</li><li>○ Race/Ethnicity (optional)</li></ul></li><li>• <b>Additional Questions</b>—The series of additional questions helps applicants determine whether they may have special circumstances that may qualify them for Medicaid. Specifically, they can indicate whether they have a physical disability or mental health condition that limits their ability to function on a daily basis; and whether they need help with daily activities or live in a medical facility or nursing home. The system also asks whether they needed help paying medical bills in the last three months.</li></ul>
<b>Income Information*</b>	<ul style="list-style-type: none"><li>• <b>Income</b>—When applying for help paying for coverage, applicants must enter information about the monthly and annual income (e.g., job-based income, Social Security benefits, unemployment, and investments income) for everyone in the tax household, even if other household members are not applying for coverage.</li><li>• Make sure that consumers are very explicit about their expected household income and how it should be reflected in the application. There are multiple ways to enter household income into the application (weekly, monthly, etc.), and you need to ensure that it is entered correctly.</li><li>• Applicants are only required to complete the Income section if they would like to see their options to lower health plan costs via advance payment of the premium tax credit and cost-sharing reductions or be evaluated for Medicaid or CHIP eligibility.</li></ul>
<b>Additional Information</b>	<ul style="list-style-type: none"><li>• <b>Current Health Coverage Information</b>—When applying for help paying for coverage, applicants must enter information on whether they are enrolled in or eligible for certain other coverage, and if so, information about the existing coverage.</li><li>• <b>Special Enrollment Period Eligibility</b>—Additional questions are included to see whether applicants may be eligible for a special enrollment period to enroll in a Marketplace plan outside of open enrollment.</li></ul>

- b. Assist consumers with entering the information collected on the “Get started” section of the application, shown in Exhibit 2.



## Exhibit 2—HealthCare.gov Application: Get Started Screenshot

- c. Assist consumers with entering the information collected on the “Family & household” section of the application, shown in Exhibit 3. (The “Family & household” section of the application must be completed in one sitting).

## Exhibit 3—HealthCare.gov Application: Family &amp; Household Screenshot

## Continue your application

After you complete this section, you'll answer a few more questions before you compare plans.

## Household contact information

These fields are optional: middle name, suffix, and preferred written and spoken languages.

KAREN	Middle	DRAVENSTATT-MOC	Suffix ▾
Email address	Phone number		
kdmoc@yopmail.com	517-371-5887		Home ▾
Preferred written language	Preferred spoken language		
English ▾	English ▾		
<input checked="" type="checkbox"/> Go paperless! Get your notices by email, instead of paper copies in your mailbox.			
<input type="checkbox"/> Another person is helping me complete my application. ⓘ			

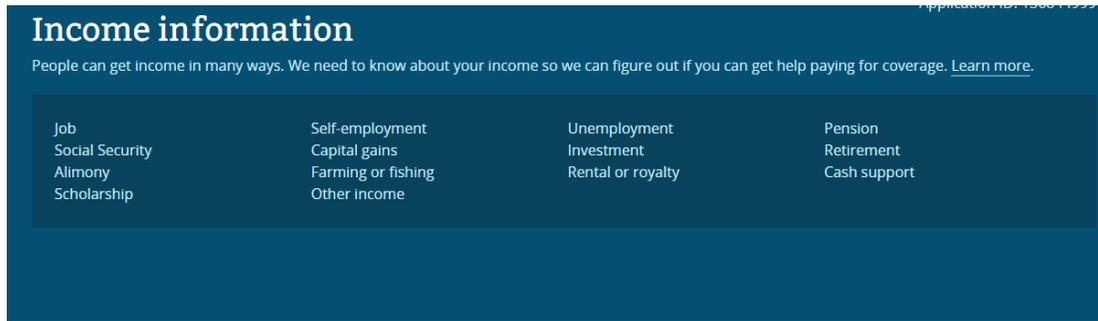
## Home address

Enter the permanent address where everyone on your application lives. The apt./ste. # field is optional.

- d. Assist consumers with entering the information collected on the “Income” section of the application, shown in Exhibit 4.



Exhibit 4—HealthCare.gov Application: Income Screenshot



Current income for KAREN DRAVENSTATT-MOC

Tell us about any income KAREN had in the last month. ⓘ

**ADD NEW SOURCE OF INCOME**

Does KAREN have any deductions for 2017?

- e. Assist consumers with entering the information collected on the “Additional information” section of the application, shown in Exhibit 5.



Exhibit 5—HealthCare.gov Application: Additional Information Screenshot

## Additional information

We need to know a few more things about you and your family to make sure we match you with the best available programs to lower your health coverage costs.

All fields are required unless they're marked optional.

**You may need:**

- › Information about your current health coverage
- › Information about any job-related coverage you and your family may be able to get, even if you're not enrolled in it
- › If you are eligible for insurance from an employer, you'll need information about the plans they offer

**How can I get my employer's coverage information?**  
You can use the [Employer Coverage Tool](#) to get the information you'll need. Download the form and take it to your employer's human resources office to complete.

**NEXT**

- f. Inform consumers that they can save and resume their eligibility application at a later date during the enrollment period by logging into their account again prior to submission. If consumers would like to submit their eligibility application, proceed to Step 4.



- Step 4.** Consumers should review their application answers, verify accuracy of information provided, electronically sign, and submit the application. Before submitting their applications, consumers can review and edit any information provided on the application using the “Review Application” page.
- Consumers must attest to the accuracy of the information provided in their applications before submission. On the “Sign & submit” page, consumers will read a series of statements and confirm that they have read and understood each statement.
  - On the “Sign & submit” page, consumers must input their electronic signatures before clicking the “Submit Application” button to submit their eligibility application. Exhibit 6 provides an example of the screen consumers may see when it is time to electronically sign and submit their applications.

#### Exhibit 6—Marketplace Electronic Signature Screenshot

my Marketplace account online or by calling 1-800-318-2596. TTY users should call 1-855-889-4325. I know a change in my information could affect eligibility for member(s) of my household. ⓘ

### Sign & submit

YES  NO I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

KAREN DRAVENSTATT-MOC, type your full name below to sign electronically.

**SUBMIT APPLICATION**

- Step 5.** If consumers receive an immediate eligibility determination, proceed to SOP-6 Review Eligibility Results to help consumers review their eligibility notice.
- Assist consumers with reviewing their eligibility notice in their online accounts, as shown in SOP-6 Review Eligibility Results. The eligibility notice will notify consumers if they need to submit supporting documentation or perform additional activities to complete the application process.
  - If consumers are asked to submit supporting documentation and have the necessary supporting documentation with them, assist them with scanning and uploading the documents. Be sure to return all original documents to consumers and to delete or erase all electronic copies of consumers' documents from all of your electronic devices (e.g., printers, scanners).
  - If consumers do not have the supporting documentation with them, but they need to submit supporting documents, explain their options to provide the documentation within the specified timeframe, which include:
    - Scanning and uploading documents from home;
    - Returning to the assister office with the supporting documents to scan and upload them with the assister's help; or
    - Mailing copies of the documents to the Marketplace.



## Exhibit 7—Eligibility Results Screenshot

Your application was received and has been processed.

## Eligibility results

Results based on your application (ID 137156851) submitted on 10/10/2016. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)

We've successfully processed your application.

### Step 1: View Your "Coverage Options at a Glance"

This section gives a quick snapshot of your eligibility. It's important to view your full "Eligibility Results" for more detailed information. Continue to Step 2.

<b>Karen Dravenstatt-Moc</b>	Eligible	For Marketplace health plans For a premium tax credit of up to \$465 each month for your tax household
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**Temporary eligibility:** You need to provide more information within the next 3 months to keep your coverage. View your "Eligibility Results" to learn how to submit this information.

### Step 2: View Your "Eligibility Results"

Your "Eligibility Results" contain important information about your Marketplace coverage, including your eligibility for coverage, costs, deadlines, and next steps. If you're eligible for coverage through a Marketplace plan, you'll continue to Step 3 to enroll in coverage after you review your results.

[VIEW ELIGIBILITY RESULTS \(PDF\)](#)

### Step 3: Continue to enrollment

- Step 6.** After consumers review their eligibility results and select "Continue to Enrollment," the Enroll To-Do list will appear as shown in Exhibit 8.



## Exhibit 8—HealthCare.gov Enroll To-Do List Screenshot

**Your enrollment To-Do list / Change information**

You must finish all the following steps to complete your enrollment. If you don't finish today, you can come back and finish later. You can also make changes here.

- 1** **Decide how much tax credit to use to lower your premium**  
Choose how much of your premium tax credit to use to lower your monthly bill. **START**
- 2** **Report tobacco use**  
State if you use tobacco regularly.
- 3** **See if plans cover your doctors, hospitals & prescription drugs**  
Find out if your doctors and hospitals are in plans' networks, and if your drugs are covered.
- 4** **Get an estimate of your total yearly costs**  
See how premiums and other costs add up for each plan.
- 5** **Choose health plans**  
Shop, compare, and choose health plans.
- 6** **Review dental enrollment**  
Choose who should enroll in a separate dental plan.
- 7** **Confirm your plan choices & enroll**  
Check your choices one final time, sign the application, and finish your enrollment.

## 2. Complete Paper Application

To assist consumers with paper applications, complete the following steps:

**Step 1.** Determine if consumers have previously started their applications.

- If consumers have previously started applications, proceed to the section where assistance is required.
- If consumers do not have existing paper applications, encourage them to complete electronic applications.
- If consumers would still like to complete paper applications, follow the format provided.

**Step 2.** Assist consumers with submitting their applications to the Marketplace.

### Things You Should Know

- Encourage consumers to transfer their paper application to the electronic format to help ensure enrollment in the most timely and efficient manner.



- a. Provide consumers with the address to mail the application. Consumers should mail applications to:  
Health Insurance Marketplace<sup>SM</sup>  
Dept. of Health and Human Services  
465 Industrial Blvd.  
London, KY 40750-0001

#### Things You Should Know

- If consumers prefer the paper application, pre-printed eligibility applications may be useful to expedite the assistance process.

### 3. Submit Supporting Documentation

The Marketplace reviews consumers' application information and verifies it using a service called the Federal Data Services Hub (the Hub) to verify that the information entered in an application is correct. The Hub connects the Marketplace with federal agencies, such as the Social Security Administration (SSA), Internal Revenue Services (IRS), Department of Homeland Security (DHS), and certain other trusted data sources. The Marketplace compares consumers' application information against their information through the Hub to verify its accuracy. Inconsistencies, also called data-matching issues (DMIs), may occur when the Hub'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 Marketplace asking for documents to prove the recent name change.

If consumers' application information cannot be confirmed through the Hub, they will receive a notice from the Marketplace notifying them that they need to verify their eligibility with their application. This is known as a data-matching issue, or inconsistency. The notice will specify the timeframe to provide the documentation. The supporting documentation will help the Marketplace verify the application information and make a final eligibility determination. If consumers appear to be eligible for Medicaid or CHIP and experienced a data-matching issue due to citizenship, immigration status, income or residency, consumers will receive a notice telling them they may be eligible for Medicaid or CHIP and that their case has been sent to the state Medicaid agency. The state Medicaid agency will then contact them if they need further information to complete the application.

To assist consumers with uploading or mailing supporting documentation to resolve inconsistencies preventing them from enrolling in a Marketplace QHP, complete the following steps:

- Step 1.** If consumers receive a notice instructing them to send the Marketplace more information, explain to consumers why they may have received this notice and the process that the Marketplace uses to verify consumers' application information.
- Step 2.** If consumers wish to scan and upload the requested documentation to HealthCare.gov, complete the following steps. If consumers wish to mail copies of the requested documentation, proceed to Step 3.
  - a. Help consumers review their eligibility notice to determine what type(s) of supporting documentation they need.
  - b. Assist consumers with logging in to their account on HealthCare.gov.
  - c. Instruct consumers to navigate to "My Applications & Coverage," and then select the relevant application.
  - d. Help consumers navigate to the "Applications Details" page where they should click the "Upload Documents" button for each application data matching issue, as shown in Exhibit 9.

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.



Exhibit 9—Application Details Page on HealthCare.gov Screenshot

o My plans & programs

o My plan profile

o Eligibility & appeals

o **Applications details**

o Report a life change

o Communication preferences

o Exemptions

o Tax forms

## Application details

Here's your current application information:

**Status: Complete** ID#: 137156851

### Your application is complete

[VIEW ELIGIBILITY RESULTS](#)

[REMOVE MY APPLICATION](#)

Your Marketplace application is complete and has been processed. View your eligibility results to find out if you can enroll in health coverage.

#### Send documents for data matching issues

If you don't resolve the data matching issues (or "inconsistencies") by the deadline, you could lose your coverage. Select "Upload Documents" to see a list of documents to send.

**Verify Karen's citizenship or immigration status**  
Send documents by 1/13/2017 [UPLOAD DOCUMENTS](#)

**Verify Karen's yearly income**  
Send documents by 1/8/2017 [UPLOAD DOCUMENTS](#)

- e. Assist consumers with selecting the appropriate document type and uploading a scanned image of the document to HealthCare.gov, as shown in Exhibit 10. The document must be a .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp., and cannot be bigger than 10 MB.
- f. If a red box error message appears, make sure the consumer uploaded the right type of document (e.g., PDF not Excel file).



Exhibit 10—Document Type Screenshot

## Upload documents

You need to send the Marketplace more information to either prove you're eligible for a Special Enrollment Period or resolve a data matching issue. You can upload documents here.

Use "Expand" and "Collapse" for each item to see a list of documents and upload files.

**Verify Karen's citizenship or immigration status** [Collapse -](#)

**Karen** - You need to send the Marketplace proof that you are a citizen. Send a copy of a document proving you are a citizen.

Examples of documents proving citizenship can include:

- U.S. passport
- U.S. public birth record
- Certification of Report of Birth
- Consular Report of Birth Abroad
- Certification of Birth Abroad
- U.S. Citizen Identification Card
- American Indian Card (I-872)
- Certificate of Naturalization
- Certificate of Citizenship

Document type:

**SELECT FILE TO UPLOAD**

- Step 3.** If consumers wish to mail copies of the requested documentation, complete the following steps:
- Help consumers review their eligibility notice to determine what type(s) of supporting documentation is needed. Consumers may need to submit more than one document for each data matching issue.
  - Assist consumers with making copies of all supporting documentation. Consumers should retain originals of any documents sent to the Marketplace.

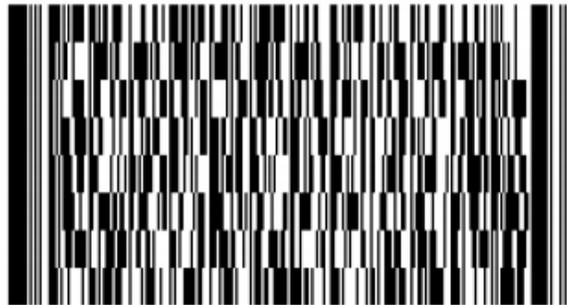


## SOP 5—Apply for Health Coverage

- c. Advise consumers to include the barcode page from their eligibility notice (shown in Exhibit 11) in the envelope when they mail their supporting documentation to the Marketplace. If consumers do not have the page with the barcode, write the application ID number of the consumer who has the data matching issue, as well as the consumer's date of birth and SSN (if applicable) on the copies of supporting documents.

## Exhibit 11—Barcode Page from Eligibility Notice Screenshot

**Need to send documentation?** If your **Eligibility Results** say that you need to send more information, please also include a copy of this bar code page. This page helps the Marketplace make sure your documents can be easily associated with your application. For more information about choosing documents and uploading or mailing them to the Marketplace, see "8. How to send more information" in "Understanding Your Eligibility Results" included with this notice.



PA,137156851

- d. Instruct consumers to mail copies of their supporting documentation to:

Health Insurance Marketplace<sup>SM</sup>  
Attn: Coverage Processing  
465 Industrial Blvd.  
London, KY 40750-0001



## C. Next Steps

1. If consumers are not ready to submit their eligibility application, explain that they may save their online application to their account and resume the application at a later point in time.
2. If consumers receive an immediate eligibility determination and are eligible to enroll in QHPs through the Marketplace, proceed to SOP-6 Review Eligibility Results and SOP-8 Compare, Save, & Select Health Plans. If consumers need more information about a Special Enrollment Period (SEP), proceed to SOP-13 Report Life Changes.
3. For more help answering consumers' specific questions, see Appendix A for [Frequently Asked Questions \(FAQs\) related to SOP-5 Apply for Health Coverage](#).



## Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on eligibility applications in the Individual Marketplace. For more information on this topic, see SOP-5 Apply for Health Coverage.

FAQ 1. Do I have to enter my SSN to apply for health coverage?

- Answer: If you have an SSN and you are applying for health coverage for yourself, you must provide your SSN. If you do not have a SSN or you are not applying for coverage for yourself, you are not required to enter one, unless you are the tax filer whose tax return information is used to determine eligibility for an applicant. However, even if you are not applying for coverage for yourself or are not the tax filer, entering your SSN may allow the Marketplace to more quickly determine applicants' eligibility for coverage. It may also help to prevent a request from the Marketplace for additional documentation.

FAQ 2. Why do I need to submit supporting documentation?

- Answer: The Marketplace may request supporting documentation to verify the information you provided on your application. The Marketplace verifies information to ensure only eligible individuals obtain coverage through the Marketplace and/or eligibility for help paying for coverage.

FAQ 3. How do I convert my paper application to the electronic format if I have not yet submitted the application?

- Answer: If you have not yet submitted your application, you will need to follow a manual process to convert your paper application to an electronic format. You may create an account online and complete identity proofing. Enter the information you have collected on the paper application in the fields provided by the Marketplace portal.

FAQ 4. I want to change or remove an eligibility application that I previously started. How can I do this?

- Answer: Log in to your account to view any eligibility applications that you previously submitted or that are still in progress. To remove an application, click the "Remove" button listed under the application's ID number. To edit information on an application that is still in-progress, click on the application you would like to edit then select the "Continue Application" button.

FAQ 5. How do I know when the Marketplace receives the documents I scanned and uploaded from home?

- Answer: You can log in to your account and verify whether the Marketplace has received your documents.

FAQ 6. If the document I am scanning has multiple pages, can I upload each page separately?

- Answer: Yes, you may upload pages separately.



FAQ 7. Why do you need to know if I currently have health coverage?

- Answer: If you already have health coverage that meets MEC requirements other than individual market coverage, then you will not be eligible to receive the benefit of advance payments of the premium tax credit or cost-sharing reductions (although you may be eligible to purchase coverage through the Marketplace without financial assistance). However, if you have job-based coverage but it is not considered affordable for you or it does not meet minimum value standards, you might still be eligible to receive advance payments of the premium tax credit and cost-sharing reductions to lower the cost of your QHP through the Marketplace (see definition of minimum value standards in [Appendix B](#)).

FAQ 8. Can I see the plans I might be able to purchase before I finish my application?

- Answer: Yes, on the HealthCare.gov homepage, you may select the “Change or Update Your Plan” link and then select the “See Plans and Prices” link. After providing basic information including age, location, and the type of plan desired, consumers can view a list of plans and estimated premiums. All premium prices and other costs shown will be estimates, as consumers must complete their eligibility application to receive exact information about what their costs will be.

FAQ 9. Will I be able view, compare, and select QHPs while the Marketplace verifies my application information?

- Answer: Yes, you will be able to view, compare and select a QHP. You will also be able to see the eligibility that you will be provided while the Marketplace processes any supporting documentation that may be needed from you, if applicable.

FAQ 10. Should I upload **and** mail my supporting documentation?

- Answer: No. This will not expedite the process. Please choose one method to submit the information. Your documents will be processed more quickly if you upload them.

FAQ 11. How can I check on the status of the supporting documentation I submitted to the Marketplace?

- Answer: If you would like to follow up with the Marketplace for a status update on the supporting documentation you submitted via upload or mail, you can contact the Marketplace Call Center.

The Call Center will ask for some information, such as your name, date of birth, and application ID number.

FAQ 12. I am a shareholder of an Alaska Native Claims Settlement Act corporation or member of a federally recognized Indian tribe. When can I apply for and enroll in health coverage through the Marketplace?

- Answer: Members of federally recognized tribes and Alaska Native corporation shareholders can apply for and enroll in Marketplace coverage at any time of year. There is no requirement to wait for an open enrollment period and you can change plans as often as once per month.



## Appendix B: Acronyms & Definitions

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

### Frequently Used Acronyms

Exhibit 12—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

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 FFM 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.



Acronyms	Descriptions
SSI	Supplemental Security Income
SSN	Social Security Number
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:

**Advance Payments of the Premium Tax Credit: (APTC)** The Affordable Care Act provides a new tax credit to help consumers afford health coverage purchased through a Marketplace. Consumers can use advance payments of the premium tax credit to lower their monthly premium costs. If consumers qualify, they may choose how much in advance payments of the premium tax credit to apply to their premiums each month, up to a maximum amount. If the amount of advance payments of the premium tax credit consumers get for the year is less than the premium tax credit they're due based on their annual household income, they'll get the difference as a refundable credit when they file their federal income tax return. If their advance payments of the premium tax credit for the year are more than the amount of the premium tax credit for which they are eligible, they may be required to repay the excess advance payments with their tax return. (Reference: [HealthCare.gov/glossary/advanced-premium-tax-credit](http://HealthCare.gov/glossary/advanced-premium-tax-credit))

**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)



**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](https://www.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](https://www.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](https://www.cms.gov). (Reference: [HealthCare.gov/glossary/centers-for-medicare-and-medicare-services](https://www.healthcare.gov/glossary/centers-for-medicare-and-medicare-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)

**Children's Health Insurance Program (CHIP):** Program jointly funded by state governments and the federal government that provides health coverage to low-income children and, in some states, pregnant women in families who earn too much income to qualify for Medicaid but cannot afford to purchase private health insurance coverage. (Reference: [HealthCare.gov/glossary/childrens-health-insurance-program-chip](https://www.healthcare.gov/glossary/childrens-health-insurance-program-chip))

**Claim:** A request for payment that a consumer, his or her authorized representative, or his or her health care provider submits to the consumer's health insurer when the consumer gets items or services he or she thinks are covered. (Reference: [HealthCare.gov/glossary/claim](https://www.healthcare.gov/glossary/claim))

**Cost-sharing Reduction:** A discount that lowers the amount consumers have to pay out-of-pocket for deductibles, coinsurance, and copayments. Consumers also have a lower out-of-pocket maximum. Consumers are eligible for cost-sharing reductions if they get health insurance through a Marketplace, they meet household income requirements, and if they enroll in a health plan from the Silver plan category (See Health Plan Categories). Consumers may qualify for additional cost-sharing benefits if they are a member of a federally recognized tribe. (Reference: [HealthCare.gov/glossary/cost-sharing-reduction](https://www.healthcare.gov/glossary/cost-sharing-reduction))

**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)

**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))

**Insurance Affordability Program:** A program that is one of the following: a Medicaid program, a CHIP program, a program that makes available QHPs with advance payments of the premium tax credit or cost-sharing reductions, or a Basic Health Program, if available. (Reference: 45 CFR §155.300)

**Job-based Coverage:** Also referred to as a job-based health plan, group health plan or employer-sponsored health insurance plan, coverage that an employer offers to employees (and may also offer to employees' family members). (Reference: [HealthCare.gov/glossary/job-based-health-plan](https://www.healthcare.gov/glossary/job-based-health-plan))

**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)

**Marketplace Service Area:** The geographic area in which a Marketplace is certified to operate. (Reference: 45 CFR §155.20)

**Medicaid:** A state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults. The federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their programs, in which Medicaid can vary state by state and may have a different name in your state. (Reference: [HealthCare.gov/glossary/medicaid](https://www.healthcare.gov/glossary/medicaid))

**Minimum Value:** A health plan meets this standard if it is designed to pay at least 60% of the total allowed cost of benefits under the plan. Individuals eligible for minimum essential coverage, including employer-sponsored coverage that provides minimum value and that is affordable, are not eligible to receive a premium tax credit. (Reference: 45 CFR §156.145)

**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

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.



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 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 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))

**Special Enrollment Period (SEP):** In the individual market, a period during which a qualified individual or enrollee who experiences certain qualifying events may enroll in, or change enrollment in, a QHP through the Marketplace outside of the annual individual market open enrollment period. For example, individuals who lose employer-sponsored health coverage, or who lose Medicaid coverage because of an increase in income, would be eligible for a SEP to enroll in a Marketplace plan, if they otherwise qualify. Other triggering events include marriage, divorce, and the birth or adoption of a child. (Reference: 45 CFR §155.20)



## Appendix C: Support Resources

If consumers require assistance that is outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 13 provides a list of external resources.

Exhibit 13—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.
Internal Revenue Service (IRS)	<a href="http://www.IRS.gov">http://www.IRS.gov</a>	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.
Medicaid	<a href="http://www.Medicaid.XE\" medicaid\".gov"="">http://www.Medicaid.XE "Medicaid\" .gov</a>	This state-administered health insurance program is for low-income families and children, pregnant women, the elderly, people with disabilities, and in many states, other adults. The federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state-by-state and may have a different name in your state.	To find answers to questions about health coverage through Medicaid or CHIP. To get further information about their state's Medicaid program and agency contact information.

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Resource	Contact Information	What does this resource do?	How should consumers use this resource?
Social Security Administration (SSA)	<a href="http://www.SSA.gov">http://www.SSA.gov</a>	This independent federal agency administers Social Security, A system that distributes financial benefits to retired or disabled people, their spouses, and their dependent children based on their reported earnings.	To learn more about available Social Security benefits for which consumers might be eligible. To apply for a Social Security number, which is necessary to apply for health coverage through the Marketplace (except for legal immigrants, who can provide a document number).