

MARKETPLACE ASSISTER TOOLKIT

*Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces **SOP 9—Pay Health Plan Premium***



Version 5.0 November 2016. 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.



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SOP 9— Pay Health Plan Premium

A. Introduction

Standard Operating Procedure (SOP) 9 provides guidance on how to assist consumers with making premium payments once they have selected a qualified health plan (QHP). After the consumer has selected a QHP, the Marketplace will redirect the consumer to the QHP website – when applicable – or will instruct the consumer to contact the QHP issuer directly to make premium payments. Online premium payment is optional and not every health insurance company will accept online payments. Consumers should contact their health insurance company with any specific questions about acceptable methods or deadlines for premium payment. Please ensure that consumers understand that the individual Marketplace does not accept payments on behalf of insurance companies. All financial transactions that consumers need to make related to their Marketplace QHP coverage are handled directly by their insurance company, not the Marketplace.

QHP issuers in the Federally-facilitated Marketplaces (FFMs) are required to accept paper checks, cashier's checks, money orders, electronic fund transfers (EFTs), and all general-purpose prepaid debit cards as methods of payment. The insurance company must present all payment method options equally for a consumer to select the preferred payment method.

Insurance companies may accept payment of the initial premium by a method that is exclusive to the initial premium. For example, online payment ("payment redirect") may allow payment of the initial month's premium by credit card, even though the issuer does not accept credit cards as a method of payment for regular, monthly premiums.

Application of premium payment methods must not improperly discriminate against any consumer or group of consumers. Insurance companies may not offer a discount on premiums to individuals who elect a specific type of premium payment method (e.g., EFT). Additionally, issuers may not apply additional fees to a consumer based on payment method. For example, an issuer may not pass on administrative fees for processing a premium payment via credit card.

Before assisting consumers when they are making a payment, it's important to understand that consumers' financial payment information (e.g., bank account, debit cards, credit cards) must be kept private and secure, just like all consumer personally identifiable information (PII) that you may encounter while helping a consumer. Exhibit 1 specifies appropriate and inappropriate activities related to assisting consumers with information about premium payments:



Exhibit 1—Premium Payment Assistance Do's and Don'ts

Do	Don't
<ul style="list-style-type: none">• Assure consumers that the assister will protect any financial information consumers share with the assister, and that an Individual FFM does not collect their financial information, because they will make their payments directly to the issuer of the QHP they selected.• Keep any financial information that consumers give you private and secure.• Turn computers to face consumers to keep information private.• Ask consumers to enter their own financial information.	<ul style="list-style-type: none">• Use consumers' financial information for personal gain.• Enter consumers' payment methods (e.g., credit card information) on their behalf unless the consumer requests assistance and is physically present in person.

B. Procedures

1. Make a Premium Payment

If a consumer understands the requirement to make a premium payment and the available payment options, you can proceed with the following steps to help the consumer submit a premium payment:

- Step 1.** Assist consumers with navigating to their Enroll To-Do List on [HealthCare.gov](https://www.healthcare.gov) to view their selected QHP.
- Step 2.** Help consumers select how they would like to make payments:
- a. Pay online/electronically, if available as an option.
 - b. Mail payments to the appropriate insurance company.
- Step 3.** If consumers wish to make electronic payments, they may click the “Pay for Health Plan” button (if available) to be redirected to their QHP issuer’s website, as shown in Exhibit 2.



Exhibit 2—Pay for Health Plan Screenshot

You're almost done

To activate your new coverage and be fully enrolled, you must pay your first month's premium by your plan's due date.

Health Plan for Karen Dravenstatt-Moc

Geisinger Health Plan
Geisinger Marketplace HMO 30/60/3500
Plan ID: 22444PA001003001

To avoid cancellation, you must pay your first month's premium by the estimated effective date of 01/01/2017

Amount due
\$196.32

Your plan will contact you in the next few days with details on how to pay. You can also visit your plan online to make your payment now (if your plan accepts online payment), or call .

PAY FOR HEALTH PLAN NOW

Dental Plan for Karen Dravenstatt-Moc

Significa Insurance Group, Inc.
DentaQuest EPO Family Preventative
Plan ID: 68711PA003000501

To avoid cancellation, you must pay your first month's premium by the estimated effective date of 01/01/2017

Amount due
\$8.56

Your plan will contact you in the next few days with details on how to pay. You can also visit your plan online to make your payment now (if your plan accepts online payment), or call .

PAY FOR HEALTH PLAN NOW

Step 4. Once consumers have navigated to their QHP issuer's website, you can complete the following steps to assist consumers:

- a. Explain to consumers that their enrollment in a QHP is not complete until the insurance company receives the first premium payment.
- b. Explain that consumers can follow the prompts on the insurance company's website to complete electronic payments, if available. Consumers should be sure to follow their insurance company's payment policies.

Things You Should Know

- Insurance companies must accept methods of payment that include options for consumers that do not have bank accounts or credit cards.

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- c. Encourage consumers to contact their insurance company's call center with questions about billing.
- d. Remind consumers that to protect their personally identifiable information (PII), they should log out of the insurance company's website after making their premium payments.

Step 5. If consumers wish to pay their premiums by mail, you can complete the following steps:

- a. Explain to consumers that enrollment in their QHP is not complete until the insurance company receives the first premium payment.
- b. Direct consumers to the insurance company's call center if they need additional billing information. Consumers should note that it may take a day or two before their QHP selection shows up in the insurance company's system.
- c. Encourage consumers to contact their insurance company's call center with questions about billing.

C. Next Steps

1. If consumers do not have their payment information with them (e.g., credit card or bank account routing info), they should access their insurance company's website or contact the insurance company's call center to make a payment at a later time.
2. If consumers have further questions or issues about premium payments, they should contact their insurance company's call center.
3. For more help answering consumers' specific questions, see Appendix A for Frequently Asked Questions (FAQs) related to SOP-9 Pay Health Plan Premium.



Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on premium payments for QHPs selected through the Individual Marketplace. For more information on this topic, see [SOP-9 Pay Health Plan Premium](#).

FAQ 1. What financial information can I update in my Marketplace account?

- Answer: You can update household income information in your Marketplace account. However, you must visit your health insurance company's website to update payment information for your monthly premiums (e.g., bank account information, credit card information).

FAQ 2. How do I make payments?

- Answer: Your insurance company will inform you of the acceptable methods of payment.

Generally, you can make payments through your health plan's website if the issuer makes online payments available, by phone if the issuer accepts payments by phone, or via mail directly to the health plan. You will not make payments for individual market coverage to the Marketplace, but the Marketplace may help redirect you to your health insurance company's website so you can pay your premium.

FAQ 3. Can I make payments by check? May I pay in cash?

- Answer: Your health insurance company will inform you of the acceptable methods of payment. Health insurance companies are required to have methods of payment that are available to consumers who do not have checking accounts or credit cards.

FAQ 4. What happens if I miss a payment? Does my coverage end?

- Answer: You will need to contact your health insurance company to confirm what happens after missing a payment. Coverage might not end immediately and your health insurance company may provide a grace period. Under Marketplace rules, QHP issuers must provide a grace period of three consecutive months for an enrollee, who when failing to timely pay premiums, is receiving advance payments of the premium tax credit. They must also grant enrollees who do not receive advance payments of the premium tax credit a grace period in accordance with state laws. Assisters and consumers may want to contact their State Department of Insurance for more information on grace periods based on state rules.

FAQ 5. Does my premium amount include any advance payments of the premium tax credit I receive?

- Answer: Yes, the Marketplace automatically deducts any advance payments of the premium tax credit for which you are eligible and have chosen to apply from the monthly premium amount displayed for you to pay.



Appendix B: Acronyms & Definitions

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

Frequently Used Acronyms

Exhibit 3—Frequently Used Acronyms

Acronyms	Descriptions
APTC	Advance payments of the premium tax credit
CAP	Consumer Assistance Program
CCIIO	Center for Consumer Information & Insurance Oversight
c	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

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Acronyms	Descriptions
SHOP	Small Business Health Options Program
SOP	Standard Operating Procedure
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: <https://www.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: <https://www.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)

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

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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: <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: <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)

Enrollee: In an individual Marketplace, a qualified individual enrolled in a QHP through the Marketplace. (Reference: 45 CFR §155.20)

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: <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))

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)

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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: <https://www.HealthCare.gov/glossary/medicaid>)

Medicare: A federal health insurance program for people who are age 65 or older and certain younger people with disabilities. It also covers people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). (Reference: <https://www.HealthCare.gov/glossary/medicare>)

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: <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: <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: <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: <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: <https://www.HealthCare.gov/glossary/qualified-health-plan>)

TRICARE: A health care program for active-duty and retired uniformed services members and their families. (Reference: <https://www.HealthCare.gov/glossary/tricare>)

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Veterans Affairs Health Care Benefits: Health care benefits for which veterans who served in the active military, naval or air service and were separated under any condition other than dishonorable, may qualify. For more information on how the Affordable Care Act affects veterans' health benefits, visit VA.gov/aca. (Reference: VA.gov)



Appendix C: Support Resources

If consumers require assistance that is outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 4 provides a list of external resources.

Exhibit 4—External Resources

Resource	Contact Information	What does this resource do?	How should consumers use this resource?
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.