

Course 9 — Customer Service Standards and Community Outreach

Module 1 — Course Introduction

Customer Service Standards and Community Outreach

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Welcome

Welcome to the *Customer Service Standards and Community Outreach* course! I'm Jo, and I'll help you learn more about your role in community outreach.

- What are my roles and goals for community outreach?
- What are some strategies and best practices I can use to better reach my community?
- What can I do to help a consumer who is deaf or hard of hearing, blind or has low vision, or has an intellectual or developmental disability?
- How do I help a consumer with limited English proficiency (LEP)?
- How should I handle a consumer experiencing difficult or negative emotions?

We'll also review the resources available to help you in your effort to help consumers.

- Do you know all of the resources that are available to you as you assist consumers?
- Have you ever used the 3 Cs — cost, coverage, and convenience — to help consumers compare and select qualified health plans (QHPs)?
- Do you know what other resources are available to help consumers access health coverage and care?

Course Goal

Regardless of your role or level of experience, customer service is an essential part of your job. You can use the strategies and best practices we'll cover in this course to share information with consumers about the Federally-facilitated Marketplaces (FFMs), answer their health coverage questions, and help consumers select a health plan. A variety of resources are available to help you fulfill your Assister duties.

Goal:

This course will help you understand key skills and best practices for successfully interacting with consumers and conducting effective community outreach. This course will also help you understand a range of resources available to both Assisters and consumers that help consumers select an appropriate coverage option and enroll in health coverage.

By the end of this course, you will understand:

- setting goals for community outreach
- building a strategy for community outreach
- strategies for assisting consumers with difficult situations
- providing good customer service to consumers with intellectual and developmental disabilities, as well as consumers who are deaf or hard of hearing, and consumers who are blind or have low vision
- assisting consumers with LEP
- handling consumers experiencing difficult or negative emotions
- where to find Assister resources
- where to seek help for common issues

Module 2 — Engaging Consumers During Appointments

Module Introduction

As an Assister, you're likely to work with consumers the very first time they encounter the Federally facilitated Marketplace. For this reason, it's important that you're ready to help consumers who may have wide-ranging knowledge, thoughts and feelings about health coverage. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

Using the 3 Cs

Describe how to use the 3 Cs (cost, coverage, and convenience) to help consumers review their health coverage options

Knowledge Gaps

Describe strategies for responding to enrollment objections from eligible consumers and for filling knowledge gaps

Preparing Materials

Describe information security, information privacy, and customer service considerations for preparing materials for community outreach, an enrollment appointment, and a post-enrollment follow-up

Customer Service Questions

List questions Assisters should consider when working with consumers

Assister Requirements

Navigators in Federally-facilitated Marketplaces (FFMs) are required to provide information in a manner that meets the needs of the population being served by the FFM through the FFM Navigator Culturally and Linguistically Appropriate Services (CLAS) standards, including by providing information in a manner that is accessible to individuals with LEP and individuals living with disabilities. Navigators in FFMs should also refer people with disabilities to local, state, and federal long-term services and support programs when appropriate.

Certified Application Counselors (CACs) must provide information in a manner that is accessible to individuals with disabilities as well. If they don't do so directly, they must do so through an appropriate referral to a Navigator or to the FFM Call Center. CACs are also expected to provide appropriate referrals to geographically accessible Navigators and/or the FFM Call Center if the CAC is unable to assist an individual with limited English proficiency (LEP).

Preparing Consumers to Enroll in Coverage

Consumer education and assistance begins when Assisters set up enrollment appointments. These appointments encourage consumers to start thinking about the information they will need to apply for and enroll in health coverage, as well as important things they should consider when choosing a plan. When consumers schedule appointments in advance, it makes it easier to predict the appropriate number of Assisters needed on site.

Consumer Pre-enrollment Packet

When a consumer makes an appointment, Assisters may, as a best practice, email or mail them a pre-enrollment packet. This packet could include the following items:

- A list of important dates, like when Open Enrollment for the FFM's begins and ends
- A form consumers can use to note the date and time of their appointment
- Instructions on how to set up an email address, a [HealthCare.gov](https://www.healthcare.gov) account, and important information to retain after doing so (such as a hint that will help them remember their username and password)
- A checklist of what to bring to the appointment to help the consumer complete the application
- Introductory brochures about the Marketplaces and health insurance, like [The Value of Health Insurance](#) and [Questions to Ask Yourself When Choosing a Plan](#)

Before the Appointment

If you schedule in-person appointments with consumers, you should contact them the day before their appointment to confirm, review what they should bring, and provide directions and parking information. This increases the likelihood that consumers will have a smooth and stress-free experience. When making this call to consumers, make sure you follow your organization's personally identifiable information (PII) protocol regarding leaving messages for consumers.

***Note: On Site**

Navigators are not required to maintain a physical presence in their Marketplace service area and may provide remote application assistance in some cases. However, these tips continue to be best practices when assisting consumers.

Knowledge Gaps

When trying to fill knowledge gaps for consumers, remember to keep your message simple by practicing the following:

- Realize that consumers may not understand Marketplaces or insurance terminology, including “Open Enrollment.”
- Use consistent, short, and easy-to-understand messages. Instead of “There are affordability programs to help you pay lower monthly premiums,” use “You may pay lower costs.”
- Don’t avoid discussing specific concepts because you think they’re too complicated (e.g., deductibles, cost sharing). Find clear and concise ways to discuss them.

Questions to Consider When Helping Consumers

When meeting with a consumer, consider asking these questions so you can provide information and services specific to the consumer's needs.

Consumer's Needs

- Does the consumer experience any social risk factors that may make their needs more complex or require you to tailor your conversation (e.g., a consumer who may have limited ability to understand coverage information)?
- Does the consumer have disabilities or language barriers that affect mobility, communication, or understanding?
- Is coverage new and unfamiliar to the consumer?

Available Coverage Options

- Which coverage options is the consumer eligible for, and do those options meet the consumer's needs?
- Is the consumer eligible for programs to help lower health care coverage costs?

Information on Coverage that Best Fits a Consumer's Budget and Specific Needs

- How can I help the consumer express what they're looking for in a health plan so we can work together to compare health plans and find the right health plan for them?
- How can I get the consumer started in the coverage selection process?
- Does the consumer have everything they need to apply?

Questions To Ask When Helping Consumers

When working with consumers, like during a scheduled appointment, you should have conversations with them to gauge their knowledge about health coverage, the Affordable Care Act (ACA), and the Marketplaces. This is especially important when you're meeting with them for the first time.

Here are some questions to ask related to health coverage.

- "What questions do you have about coverage?"
- "What's important to you about having health coverage?"
- "How have you managed your health care costs in the past?"
- "Do you understand how premiums, deductibles, coinsurance, and copayments work?"

Here are some questions to ask related to the ACA.

- "What questions do you have about how the ACA can lower the cost of your coverage?"
- "What questions do you have about Medicaid?"
- "Are you aware of the protections, rights, and benefits the ACA provides consumers?"

Here are some questions to ask related to Marketplaces.

- "What questions do you have about applying for and enrolling in coverage through the Marketplace?"
- "What questions do you have about the coverage available through the Marketplace?"
- "Are you familiar with the types of services that Marketplace plans cover?"

Helping Consumers Find the Right Coverage

Let's review how you can address cost, coverage, and convenience — the 3 Cs — when helping consumers find coverage that meets their needs.

Consumers Will Want to Know:

- How much the plan costs
- Whether the services they need are covered
- Whether the plan benefits are convenient

When Assisting Consumers, You'll Want to Review the Following Information with Them:

- Plan costs, including the premium, copayments, and deductibles
- Which benefits are most important to the consumer
- Details associated with each plan (e.g., in-network doctors and covered prescription drugs)

When helping consumers, always remember to provide information about all qualified health plans (QHPs) options and insurance affordability programs for which they are eligible.

But Be Sure You Don't:

- Steer or direct consumers toward certain coverage based on your own personal experiences or preferences
- Steer or direct consumers away from coverage that might meet their needs
- Act in your own self-interest or in the interest of a health insurance company

Knowledge Check

You're now meeting with Ebele, who is eligible for coverage through an individual market FFM and would like to enroll in a specific health plan that has low monthly costs. Four years ago, you worked for the health insurance company that offers this health plan. To be fully open and honest and to comply with FFM Assister conflict-of-interest requirements, you let Ebele know that you previously worked for this company. After reviewing the health plan she is interested in, you realize it has low monthly costs, but it doesn't cover her specific diabetes treatment needs. What should you do to provide her with fair, accurate, and impartial information?

Answer: You should tell Ebele that the plan she's most interested in doesn't cover her specific diabetes treatment needs, help her find health plans that offer coverage for her diabetes treatment needs, and let Ebele make her own decision about which plan to choose.

Using the 3 Cs to Help New Consumers

You can use the 3 Cs to assist consumers who are new to the Marketplace as well as those who are familiar with various Marketplace coverage options.

The following are sample questions you may want to ask customers to learn more about their cost, coverage, and convenience preferences.

Cost

- “Are you willing to visit a different doctor if the plan is less expensive?”
- “Would you rather pay low monthly premiums and a potentially higher deductible for health services?”
- “Do your eligibility results qualify you for advanced payments of the premium tax credits (APTCs) or cost-sharing reductions (CSRs)? Most people can only take advantage of CSRs if they select a Silver plan.”

Coverage

- “What services do you want to receive?”
- “What type of coverage do you think is ideal for you or your family?”
- “Do you have any special health care needs to consider before we get started?”
- “Do you (or your family members, if applicable) have any health conditions that require ongoing care and/or medication?”
- “Is there anything else to consider while we review your coverage options?”
- “Do you anticipate any life changes (e.g., pregnancy) within the next 12 months that we should consider when comparing health plans?”
- “Is there anything specific you want in a health plan, such as a doctor, location, or type of plan?”
- “Would you prefer a plan that allows you to visit out-of-network providers?”
- “Would you prefer a plan that only covers basic services like annual checkups?”
- “Would you prefer coverage that only protects you in the case of serious illness or injury?”
- “Do you have any chronic medical conditions that require special consideration before you pick a plan?”

Convenience

- “How important is it to you that you continue to visit your current doctor or visit your preferred hospital? If it is important, would you be willing to enroll in a more expensive plan?”
- “Are you prescribed brand-name prescription drugs?”
- “Would you consider enrolling in a plan that covers less of the cost of your health care if it includes the doctors and facilities you want?”
- “Do you work in one state and reside in another? If yes, you may want to consider a multi-state plan or employer-sponsored insurance, if available.”

Using the 3 Cs to Help Existing Consumers

You can also use the 3 Cs when assisting enrollees who are considering whether to re-enroll in their current plan or enroll in a different plan. By asking questions about consumers' experience with their existing Marketplace plan, you can find out what features they might want in a new plan.

The following are sample questions you may want to ask returning consumers.

Cost

- “Did your premium fit in your budget?”
- “If you went to the doctor, were you able to afford your copayments?”
- “Would you rather pay a higher premium and have lower additional costs next year?”
- “Would you like to find out if you qualify for APTCs or CSRs next year? Many consumers save money by updating their information and shopping for new plans.”

Key Tip: If consumers become newly eligible for CSRs, remind them that most people must enroll in a Silver plan to get these savings.

Coverage

- “Has your plan this year covered the benefits you needed?”
- “Did you need more or less coverage for specific things?”

Convenience

- “Did your plan cover the doctors and services you wanted to use?”
- “Do you need a plan that covers something different?”

Identifying Plan Coverage Needs

By discussing the 3 Cs, you can learn a consumer's priorities and preferences for choosing a health plan. You can also help consumers use the [Window Shopping Tool](#) to find a plan that matches their preferences. The tool allows the consumer to set filters and search for available health insurance plans and prices.

The filters can be used to narrow down the plan choices and refine results to focus on plans that best suit the consumer's needs. Here are some examples of how you can use the filters to assist a consumer:

- "I'm using the filter options to display only plans that are preferred provider organizations (PPOs), as you requested. This way, you won't have any health maintenance organizations (HMOs) in your list."
- "I'm using the filter options to display only plans with low deductible amounts. Low-deductible plans often have higher premiums, so the monthly cost for these plans may be more expensive."
- "I'm using the filter options to display Silver plans only. Your eligibility results include CSRs that you only get to use if you choose a Silver metal plan*."
 - Note: This doesn't apply to American Indians or Alaska Natives; they can apply CSRs to any metal level plan.

Remember, you can't choose plans for consumers or offer your personal opinions about different plans and providers. By directing a consumer to the Window Shopping Tool, you can help the consumer make informed plan choices based on the coverage needs the consumer shared with you.

Responding to Enrollment Objections

During appointments or other meetings with consumers, you may find that they're hesitant to sign up for coverage through the Marketplace. When this happens, you should consider what factors are holding them back. Every consumer is different. Ultimately, it is the consumer's choice whether to enroll.

While it's important to explain why consumers should have health insurance, it's even more important to identify any knowledge gaps they might have.

Cost is the main barrier to insurance. Often consumers make calculated decisions based on more than just the premium. They also consider out-of-pocket expenses, deductibles, copayments, and other factors in their decisions.

Emphasize affordability. The following statistics show that the ACA has lowered costs for many consumers. During the [Open Enrollment Period \(OEP\) for 2026](#) coverage:

- 87 percent of [HealthCare.gov](#) consumers had their premiums reduced by advanced premium tax credits (APTC).
- The average net premium after these consumers applied APTC was \$178 per month.
- 34 percent of [HealthCare.gov](#) consumers selected a plan for \$10 or less per month after APTC.

When responding to consumers with cost objections, you can remind them that no one plans to get sick or injured, but most people need medical care at some point. Health insurance helps enrollees cover their medical care costs while offering many other important benefits.

Here are a few examples you could share with them:

- Non-grandfathered individual and small group market health insurance covers essential health benefits (EHB) critical to maintaining your health and treating illness and accidents.
- Health insurance protects you from unexpected high medical costs.
- You often pay less for covered in-network health care, as opposed to out-of-network care.
- Even before you meet your deductible, under most coverage, you get certain recommended preventive care at no additional cost, including certain vaccines and screenings, and some checkups.

There are other reasons uninsured consumers may be putting off purchasing health insurance. Many uninsured consumers still get care when needed and pay cost sharing amounts for services. Others fear committing to a plan when they can get temporary coverage. For example, consumers may get temporary coverage when they're in between jobs or when they're otherwise not covered by employer-sponsored insurance.

Also, there are substantial knowledge gaps among consumers around tax credits and Special Enrollment Periods (SEPs). You'll need to help explain these benefits to them to increase their understanding.

Post Enrollment Follow-up

After consumers select a plan, you can provide a post-enrollment packet that includes a printout of their:

- Eligibility determination notice (EDN)
- plan name and ID number
- monthly premium amount
- their insurance company's website and contact information; and
- Summary of Benefits and Coverage (SBC) for the plan(s) they chose.

Help consumers note their application ID and information to help them remember how to access their [HealthCare.gov](https://www.healthcare.gov) and email accounts.

Provide your contact information so consumers can make another appointment with you if they choose.

Explain that you can help with post-enrollment issues like reporting a life change and re-enrolling in coverage. Your organization's authorization form might contain language regarding the use of Personally Identifiable Information (PII) for certain follow-up purposes after initial enrollment.

Consumer Engagement Activity

Let's practice a few customer service matters. Read each statement and then think whether the statement is True or False.

Statement 1: Whenever a consumer objects to health insurance, no matter what they say, cost is always their greatest concern. This statement is false.

Statement 2: Cost is the most common objection for people who refuse to obtain coverage. This statement is true.

Statement 3: The 3 Cs are cost, coverage, and commitment. This statement is false.

Knowledge Check

DeShawn comes to you to discuss his available health coverage options through an FFM. Several options seem suited to his needs, including a QHP with the same health insurance company you use yourself. You're extremely satisfied with your health plan and have been covered by the plan's issuer for the last five years. What is the best approach to providing DeShawn with fair, accurate, and impartial information?

Answer: You should remain impartial when helping consumers. You should avoid recommending specific coverage options to consumers. Instead, provide them with information about all options for which they are eligible, help them to identify which options best fit their needs, and encourage them to make their own decisions. You shouldn't steer consumers toward or away from a certain plan or insurer, and you should always consider consumers' needs when helping them decide among coverage options.

Key Points

- You can email or mail a pre-enrollment packet to consumers prior to their appointments with you.
- Discussing the 3 Cs with consumers may help them consider their priorities when comparing various health plan options.
- You can help consumers filter available plans using the Window Shopping Tool as they search for plans that might best meet their needs.

Module 3 — Customer Service Best Practices

Module Introduction

You play an important role in making sure consumers get respectful, appropriate, culturally competent, and courteous assistance when they're looking for coverage through a Federally-facilitated Marketplace (FFM).

You're not permitted to discriminate against consumers based on race, color, national origin, disability, age, or sex. The Centers for Medicare & Medicaid Services (CMS) also prohibits health insurers from employing marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs in QHPs. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

Customer Service Strategies

Describe strategies to provide friendly, objective, and unbiased customer service in difficult situations with consumers.

Individuals with Disabilities

Identify effective ways to work with individuals with intellectual and/or development disabilities, as well as individuals who are deaf or hard of hearing, or individuals who are blind or have low vision.

Limited English Proficiency

State resources that are available for working with individuals with limited English proficiency (LEP).

The Assister Role in Customer Service

You may meet with several consumers each day about their coverage options as you help them compare plans. It's important to keep in mind that, whether it's your first consumer interaction of the day or your last, you may be their first interaction related to the Marketplaces.

To consumers, you are:

- An expert
- A sympathetic listener
- A problem solver

Best Practices for Challenging Consumer Situations

The majority of consumers you serve will be grateful for your help. Some consumers may be frustrated with the process by the time they reach you. They may have faced other challenges that affect the way they interact with you. You should be able to identify consumers' emotions or circumstances to provide appropriate support. Try not to take what consumers say personally and ask for a supervisor's or colleague's help when needed.

Some complex situations you might face include consumers who just want to discuss unrelated topics or consumers who:

Express emotional responses or complaints about health reform

You may meet with consumers who want to discuss other issues or vent complaints about health reform. Try to return their attention to the Marketplace and how you can help them with specific needs and questions about health coverage. Avoid discussing unrelated topics.

Remember these best practices:

- If consumers have a specific need or question related to coverage, respond in the way that you usually would.
- If there isn't a specific need or question related to coverage, you should tell consumers about the services that you provide and also suggest that another type of organization or individual might be able to help with other issues (e.g., a social worker). If you provide a referral to another organization or individual, be sure to follow CMS guidance to ensure that the referral is provided in a fair, accurate, and impartial manner.
- If consumers continue to discuss topics unrelated to coverage, you should politely let them know that assistance with these topics isn't your role and that it's important to focus the conversation on health coverage.

If you're unsure how to respond to consumers who don't have a specific need or question related to coverage, encourage them to return to your office at another time with any specific health coverage-related needs or questions and then conclude the meeting.

Consumers who have intellectual, developmental or physical disabilities

You may meet with some consumers who have an intellectual, developmental or physical disability. Remember that you should avoid asking consumers if they have a disability or saying you think they do. To the extent possible, consumers seeking health coverage should be the primary source of information and decision making about health coverage, even if consumers are accompanied by caregivers, authorized representatives, guardians, or family members. When others are authorized to represent consumers, it's good to make sure that consumers are the focus of the discussion and participate in the conversation to the greatest extent possible. You shouldn't assume that people with disabilities have Medicaid or that they don't have a job, and you should always make sure consumers with disabilities have access to reasonable modifications and/or auxiliary aids and services while you're helping them.

Other tips to keep in mind:

- Frequently check with consumers to make sure they understand the information that you're sharing with them.
- Don't only address or make eye contact with a person that accompanies a consumer with a cognitive impairment or intellectual disability. The additional person is often present to help the consumer

understand health coverage options and to assist with the eligibility and enrollment process.

- Don't assume that slurred speech is a sign of substance abuse, cognitive impairment, or intellectual disability; it may be a result of medication, treatment, or another kind of health issue.
- Be patient. Your role is to help consumers make the right health coverage choices for themselves and their families. You may be their only resource for knowledgeable, unbiased information.
- Consider collecting resources from other organizations that specialize in helping consumers with disabilities.

Consumers who speak a language other than English

You may work with consumers who primarily speak a language or languages other than English and who have limited proficiency with the English language, also known as having LEP. Your organization must provide information in a manner that is culturally and linguistically appropriate to meet the needs of the population being served. You and your organization must also provide individuals with LEP with information and assistance in their preferred language(s) at no cost. In some cases, you may have to refer consumers to the FFM Call Center or to another Assister in your FFM's service area who is able to help. For example, you may need to do this if you don't have the resources to serve a consumer who speaks a specific language. In making such a referral, your goal should be helping the consumer find assistance with a minimum level of effort and disruption on the consumer's behalf.

Please note that CMS doesn't require Certified Application Counselors (CACs) to provide Culturally and Linguistically Appropriate Services (CLAS). However, CMS requires CACs to provide appropriate referrals to accessible Navigators, non-Navigator assistance personnel, and/or the FFM Call Center if they're unable to assist a consumer with LEP.

For more information about providing culturally and linguistically appropriate services you can read "[Getting Help in a Language Other than English](#)," a CMS fact sheet written in the major languages spoken in the United States with instructions for calling the FFM Call Center.

Sometimes you may need to provide referrals for consumers with grievances, complaints, or questions regarding health plans that fall outside the scope of your Assister duties. Depending on the type of complaint or question, you can help consumers contact:

- their state's Department of Insurance (DOI) (or another state agency)
- their state's Medicaid office
- CMS

You should also advise consumers that they can file a complaint directly with their health insurance company. You'll learn more about appropriate consumer referrals later in this course.

Best Practices for Working With Emotional Consumers

You may have to deal with emotional consumers. They may be angry, sad, hopeless, or fearful. You should always be patient and get help from your colleagues or your supervisor as needed.

- “I’ve been on hold for more than 30 minutes!”
- “What do you mean that’s the policy?”
- “You can’t do this, you can’t do that...what can you do, hmmm?”
- “Coinsurance, subrogation, cost-sharing reductions — can you use words I know or are you just trying to make me feel dumb?”

What best practices can you follow when you’re dealing with emotional consumers?

Maintain Professionalism

You shouldn’t comment on whether a process or the law is fair. If consumers ask for your opinion about an eligibility determination or about the Affordable Care Act (ACA) regulations, explain the determination or regulations to the consumer in an objective manner.

Here are some more tips for maintaining professionalism:

- Focus your responses on what you can do rather than on what you can’t do.
- Listen attentively to consumers and repeat their responses to ensure you understand their request or concern.
- Show empathy and let consumers know that you share their goals.
- Acknowledge but don’t agree with or encourage consumers’ emotions.
- Focus on facts and avoid sharing your opinions.
- Don’t argue but instead try to understand the situation from consumers’ perspectives and remember that you both share the same goal of finding positive outcomes.

Remember to maintain professional distance. You’re there to assist them, not to sway them one way or another.

Defuse Anger

- Allow consumers to say what they’re feeling. If consumers get off topic, try to bring the discussion back to the topic at hand.
- Tell verbally abusive consumers, in a calm way, that you’d like to work together to resolve any issues. You might also recommend taking a short break to calm down before resuming your discussion.
- Show agitated consumers that they’re being understood. Abruptly cutting off consumers will often add fuel to the fire. When consumers start the conversation in an agitated manner while relating an experience, it may be best to allow them to vent.
- Follow established procedures for reporting immediate harm or danger when consumers are particularly difficult or may become violent.

Acknowledge Feelings

When you feel like you’re being understood and someone acknowledges your feelings, you’re often able to stop arguing. Apply this approach and you’ll likely put an end to the combative dialogue. You don’t have to agree with consumers; just calmly acknowledge their feelings and frustrations.

Here are some simple statements that will often help turn the conversation around:

- “I understand how upset you are.”
- “I understand how frustrating this has been and I want to help.”
- “I’m sorry this has happened to you.”
- “I regret the inconvenience this has caused you.”

Assure consumers that you’re here because you want to help. Again, you don’t need to agree with what consumers say; just acknowledge consumers’ emotions.

Keep Emotions in Check

- Don’t respond defensively or show hostility towards emotional consumers.
- Take a deep breath and look for ways to remain helpful if you feel yourself getting upset with the situation.
- Keep a calm tone of voice and slow your rate of speech to help de-escalate the situation.
- Focus on resolving issues and objectively explaining regulations.

Listen to Consumers’ Opinions

There may be times when consumers will share opinions, either positive or negative, about the ACA.

- Let consumers know that you’ll do your best to help resolve their concerns.
- Don’t agree with or get into a discussion of complaints about health care reform. Try to discuss health coverage options.
- Try to clear up any misconceptions by providing accurate, up-to-date information and keeping the conversation fact based.
- Be aware of body language and facial expressions to avoid giving the wrong message.

Knowledge Check

You may deal with complex situations when you serve consumers. What are ways you can provide friendly and impartial customer service?

Answer: You should be aware of consumers' emotions and specific circumstances, not take what consumers say personally, and ask your supervisor for help if needed.

Scenarios: Biased vs. Neutral

Remaining neutral and unbiased is an important skill for Assistors. Here are several scenarios containing statements that consumers might say, as well as examples of biased and unbiased responses to each statement.

1. Review each statement, thinking about the inflection on some of the words in the statement. For example, "This new 'act' is going to cost my company a fortune." If the inflection is on the word 'act', consider how that may influence the meaning the statement.
2. Think about a biased response to each statement, and then think about the best neutral response to the statement.

Consumer 1 Statement: "This new "act" is going to cost my company a fortune. Affordable? Yeah, right!"

Example of a Biased Assister Response: "It's not cheap. You're right about that."

Example of a Neutral Assister Response: "Let's look at the Small Business Health Care Tax Credit Estimator to determine if you might be eligible for a tax credit. We can also look at a few different plans. You can decide how much of the premium cost you want to cover and how much your employees should contribute."

Consumer 2 Statement: "I need a Spanish translator to help me. My English isn't good."

Example of a Biased Assister Response: "This is America. You really should learn to speak English."

Example of a Neutral Assister Response: "We can arrange for a Spanish-speaking customer service representative to assist with translation throughout the process at no cost to you."

Consumer 3 Statement: "I am a healthy person. I've never needed health care and I don't need it now."

Example of a Biased Assister Response: "Unfortunately, being healthy has nothing to do with needing health care."

Example of a Neutral Assister Response: "The Affordable Care Act was created to provide people with options to purchase different health plans for coverage based on their needs. We can find an affordable plan that works for your healthy lifestyle."

Scenarios: Effective Responses

On the previous pages, you were presented with examples of consumer statements that might lead you to respond in a biased manner.

Now we'll cover statements that consumers might say, incorrect responses that you should avoid, and better responses that you can use to help them more effectively.

Consumer 1 Statement: "I need to discuss this with my spouse before I make any decisions."

One way to Respond: "No, I think you should enroll today."

A Better Way to Respond: "I think that is a great idea. Why don't we get your spouse on the phone so that I can answer any questions they may have as well? Or we could reschedule for a time when both you and your spouse are available."

Explanation: In some instances, this statement is a way for consumers to leave without applying for coverage. Sometimes, however, this statement is true. The best way to respond to these consumers is to suggest a meeting to ensure that everyone has an opportunity to ask questions and get a better understanding of what options are available. A meeting ensures that everyone feels comfortable with making a decision and moving forward.

Consumer 2 Statement: "I just wanted to get the information today. I'll enroll later."

One way to Respond: "You need to enroll right now."

A Better Way to Respond: "Now that you have the information, what do you think about your options? What do you think will work best for your family?"

Explanation: Sometimes consumers want answers to their questions but still don't feel comfortable making a decision. Use open-ended questions to keep consumers engaged and to find the true reasons for their hesitation.

Consumer 3 Statement: "We don't need health insurance; we will probably never use it."

One way to Respond: "OK. It's great that you're healthy. Have a good day!"

A Better Way to Respond: "I truly do hope that you'll never have to use your health insurance plan. However, you're currently required to maintain minimum essential coverage or obtain an exemption, though there is no financial penalty. Health coverage often gives consumers access to preventive health care services to help them stay healthy. Do you have questions about any of the plans we have looked at today?"

Explanation: There will be some consumers who don't want to buy a health insurance plan. They don't believe that they will ever use it and they think that it's a waste of money. For this objection, remind consumers of the law. Remind them that they're required by law to maintain minimum essential coverage or obtain an exemption, though there is no financial penalty.

Knowledge Check

You scheduled an appointment with Guang. Unfortunately, you're running a few minutes late with another consumer and ask Guang to wait five more minutes. Guang appears agitated and shouts, "I've been waiting here for 30 minutes already, and I have other things to do. I came here because I really need to speak with someone since I don't understand Obamacare." What's the most appropriate way to respond to him?

Answer: In this scenario, it's best to focus on the facts without sharing your own opinions about health care reform. Let Guang know that you both share the same goals and try to understand the situation from his perspective without encouraging his emotions.

Key Points

- You play an important role in making sure consumers get friendly, objective, culturally appropriate, and impartial help when they're exploring options for health coverage through the Marketplaces.
- Although consumers may come to you with a variety of situations, you should always treat them with respect and consider applying the best practices shared in this training.
- Check with consumers frequently to make sure that they understand the information you're presenting. Know what resources are available to you when dealing with complex situations.
- You should recognize a situation when it might make sense to refer consumers to other types of assistance or to a colleague or supervisor. Follow all applicable CMS guidance about working with outside organizations before making a referral to an organization that isn't another Assister organization or a Department of Health and Human Services (HHS) entity.

Module 4 — Referrals to Outside Organizations

Module Introduction

Several guidelines and best practices may help you understand how to structure these relationships with outside organizations. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

Required Referrals

Know how to identify organizations and entities that can assist with consumer grievances, complaints, and/or questions regarding their health coverage, as well as tax advisers, tax preparers and other organizations and entities who can assist with questions about the Marketplace application and enrollment process and premium tax credit reconciliations.

Other Referrals

Understand referrals required to provide information in a manner accessible to individuals living with disabilities and individuals with limited English proficiency (LEP).

Legal Questions and Eligibility Appeals

Know how to identify legal services referrals to help consumers with the process of filing Marketplace eligibility appeals.

Consumer Questions

Understand how to help consumers with the process of filing Marketplace eligibility appeals, understanding and applying for exemptions, Marketplace-related components of the premium tax credit reconciliation process, and understanding basic concepts and rights related to health coverage and how to use it.

Required Referrals

Your referrals to other organizations and your partnerships or collaborations with other organizations must be consistent with the statutory and regulatory requirements that apply to Assisters.

- You must provide information in a fair, accurate, and impartial manner.
- Conflict-of-interest provisions prohibit you from receiving any direct or indirect consideration from any health insurance issuer (or stop-loss insurance issuer) in connection with the enrollment of any individuals in a qualified health plan (QHP) or a non-QHP.

When providing referrals that are **required** under CMS regulations, you must refer consumers to outside organizations that are also required to provide fair, accurate, and impartial information.

Let's examine what kinds of referrals are required.

Consumers' Grievances, Complaints, and Questions About Health Coverage

Navigators are required to provide referrals to certain types of outside organizations, like any applicable office of health insurance consumer assistance (e.g., Consumer Assistance Programs (CAP)) or health insurance ombudsman or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding a health plan, coverage, or a determination under such plan or coverage.

Consumer Questions About Certain Tax Topics

Beginning with Navigator grants awarded in 2022, Navigators are also required to provide referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process and premium tax credit reconciliations.

Outreach / Enrollment Assistance Efforts

Additionally, Assisters may find it helpful to collaborate or partner with outside organizations as part of outreach and enrollment assistance efforts. Outside organizations don't include other Assister organizations or Department of Health and Human Services (HHS) entities, like Centers for Medicare & Medicaid Services (CMS) Regional Offices.

Consumers with Grievances, Complaints, and Questions about Health Coverage

When consumers need additional assistance with grievances, complaints, or questions about their health plan, coverage, or a plan or coverage determination, Navigators must provide referrals to an office of health insurance consumer assistance (e.g., CAPs), health insurance ombudsman, or other appropriate state agencies.

CAPs or ombudsmen can help consumers:

- file complaints and appeals against health plans
- obtain premium tax credits through the Marketplaces
- learn about their rights and become empowered to take action

As long as Certified Application Counselors (CACs) have sufficient knowledge to make these types of referrals, they may, but are not required to, provide them.

Consumer Questions about Certain Tax Topics

Beginning with Navigator grants awarded in 2022, Navigators are also required to provide referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process and premium tax credit reconciliations. Tax professionals can help consumers with preparing and filing their federal income tax returns. They can also answer consumers' questions about premium tax credit reconciliations.

Remember, Assistants aren't allowed to provide tax advice to consumers. When providing referrals for consumers with certain tax-related questions, you should be familiar with the following resources:

Volunteer Income Tax Assistance (VITA) Program

The VITA program offers free tax help to people who generally make \$69,000 or less per year, persons with disabilities, and taxpayers with LEP.

Tax Counseling for the Elderly (TCE) Program

The TCE program offers free tax help for all taxpayers, particularly those age 60 and older, specializing in questions about pensions and retirement-related issues unique to seniors. To locate the nearest VITA or TCE site, use the [VITA locator tool](#) or call 1-800-906-9887.

Other Licensed, Certified, or Accredited Local or National Federal Tax Return Preparers

You can use this [Internal Revenue Service \(IRS\) tool](#) to research tax return preparers in the consumer's area. You should check that the tax professional's licensure, certification, or accreditation is in good standing before referring consumers to that person. You can also leverage existing relationships or develop new ones with tax professionals in your community provided that you follow applicable requirements and prohibitions discussed later in this course.

Navigator Referrals to Legal Help

Federally-facilitated Marketplace (FFM) Navigators are required to help consumers understand the process of filing Marketplace eligibility appeals. Therefore, you should have sufficient knowledge to provide information about free or low-cost legal help in the consumer's area, like:

- Consumer Assistance Programs (CAPs)
- ombudsmen
- other state agencies
- legal aid services

To learn more about free and low-cost legal service providers in your community, visit the [Legal Services](#) website for legal aid organizations funded by the Legal Services Corporation.

To learn about state CAPs, Ombudsmen, and other state agencies, visit the [Center for Consumer Information & Insurance Oversight](#) website.

Other Navigator Referrals

If you or your organization lacks the immediate capacity to help a consumer due to limited time, staff, or resources, you should refer the consumer to the FFM Call Center or another FFM Assister who might have better capacity to serve that individual more quickly and effectively. All referrals to other Assistors should be made with the goal of helping consumers find help with minimum effort or disruption.

Navigators in the FFM are also required to provide information (at no cost to the individual) in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Marketplace, including information accessible to:

- individuals with LEP
- individuals with disabilities, including accessible websites and auxiliary aids and services

Navigators in the FFM must also:

- acquire sufficient knowledge to refer people with disabilities to local, state, and federal long-term services and support programs when appropriate
- seek advice or experts when needed to ensure they're able to work with all individuals regardless of age, disability, or culture

CAC Referrals

CACs must also provide information in a manner that is accessible to individuals with disabilities either directly or through an appropriate referral to a Navigator or the FFM Call Center.

CACs should also provide appropriate referrals to accessible Navigators and/or the FFM Call Center if the CAC is unable to assist a consumer with LEP.

If a CAC organization that receives federal funds to provide services to a defined population (and limits provision of CAC services to that population), such as a Ryan White HIV/AIDS program or an Indian health provider, is approached for CAC services by an individual not included in the defined population, it must refer the individual to other Marketplace-approved resources that can provide assistance.

Non-required Referrals

In addition to providing required referrals, you may find it helpful to provide consumers with other kinds of non-required, or optional, referrals.

Subject to the limitations and guidelines discussed in this course, you may also collaborate or partner with outside organizations at outreach or enrollment events or in other ways.

For example, when helping consumers experiencing homelessness who may not have a mailing address, you might want to develop a relationship with a local shelter or community center that can help consumers set up an address where they can receive mail from an FFM or state Medicaid agency.

You might find it helpful to work with or refer consumers to these types of outside organizations.

Examples of federal or state programs that offer health care, health coverage, or payment assistance or discounts related to health services include:

- your state Medicaid or Children's Health Insurance Program (CHIP) agency
- the Veterans Affairs (VA) Health Benefits Program
- Medicare and State Health Insurance Assistance Program (SHIP) counselors
- Federally Qualified Health Centers (FQHCs)
- Ryan White HIV/AIDS programs or AIDS Drug Assistance Programs for lower-cost prescription drugs

Examples of organizations that specialize in disease-specific or local patient groups:

- American Cancer Society
- American Diabetes Association

Examples of other local or community organizations include:

- homeless shelters
- food banks
- places of worship (like churches, temples, mosques, etc.) and faith-based organizations
- legal aid organizations
- local colleges and universities

Examples of local businesses include:

- coffee shops
- malls
- farmer's markets
- grocery stores

These types of businesses might allow you to leave outreach materials for their customers or to set up an information table to engage with customers about enrolling in coverage.

You can find agents and brokers near you using the [Find Local Help](#) feature of HealthCare.gov.

Consumer Referrals to Agents and Brokers

In some cases, you may find it helpful to work with or refer consumers to agents and brokers. Some consumers may want to discuss their health coverage options with a health insurance agent or broker (individuals or private entities licensed and regulated by a state). Agents and brokers have a contractual relationship with a health insurer and typically get a payment or commission for enrolling a consumer into the insurer's plans.

When working with or referring consumers to agents and brokers, it is important to understand when it might be appropriate to inform consumers about the services agents and brokers provide and how you can collaborate and engage with agents and brokers in a way that doesn't violate the legal requirements that apply to you in your Assister role.

For instance, although referrals to a general listing of agents and brokers may be helpful to consumers, Assisters may not refer consumers to a specific agent or broker.

Knowledge Check

What are your responsibilities as an Assister?

Answer: You should be familiar with other organizations that help consumers access health coverage and care and provide information that is accessible to individuals with LEP and individuals with disabilities at no cost to the individual. You shouldn't give consumers any tax advice in your role as an Assister. All Assistors are permitted to make several types of optional referrals provided that they have sufficient knowledge to do so.

Key Points

- You are **required** to make some types of referrals to outside organizations.
- To ensure that your referrals, collaborations, and partnerships are fair and impartial, you must apply the same list of objective criteria in selecting each organization you work with.
- When providing **required** referrals, you must utilize outside organizations that are required to provide fair, accurate, and impartial information.
- You should also consider consumers' best interests and expressed interests, needs, and desires when evaluating outside organizations.

Module 5 — Community Outreach and Strategies

Module Introduction

If you're a Navigator, you'll want to increase consumers' awareness of the Marketplaces through education and outreach activities. It's important that you understand how to connect with consumers in your community so that you can educate them about the Marketplaces and their health coverage options. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

Goals

Describe the goals of community outreach.

Role of Navigators

State the role of Navigators in conducting community outreach.

Outreach Strategy

List the steps to create an effective outreach strategy and best practices to conduct community outreach.

Outreach Examples

Describe examples of outreach activities that might be effective in your community.

Community Outreach

Community outreach involves providing information and services to consumers in your service area and connecting with hard-to-reach consumers.

Outreach activities should be tailored to address the specific needs of your community. For example, if you're going to conduct outreach activities in an area where there is a large American Indian population, be sure to emphasize all of the protections and benefits this population has through the Marketplaces (for example, the zero cost sharing plan variation available to them and their ability to change plans once a month) as well as be prepared with a list of organizations and resources that specifically support American Indian individuals and communities.

The goals of community outreach are to:

- Give consumers information that will help them decide whether to enroll in health coverage for themselves and/or offer health coverage to their employees through the Marketplaces.
- Increase awareness about the Affordable Care Act (ACA), including the Marketplaces and requirements for individuals and employers.
- Improve understanding about health coverage options available through the Marketplaces and where consumers can go for help.

Knowledge Check

Connie is an Assister conducting outreach activities in a new community. What goals are important to her outreach efforts?

Answer: Connie should give consumers information that will help them decide whether to enroll in health coverage for themselves and/or offer health coverage to their employees through the Marketplaces. In addition, she should help increase ACA awareness, including requirements for individuals and employers. She should also help improve understanding in the community about health coverage options and how to get help through the Marketplaces.

Your Role in Community Outreach

If you're a Navigator, you're responsible for building relationships in the community. These relationships will be helpful as you plan your community outreach activities.

As part of community outreach, you should:

- Use knowledge about your community to tailor information and services to its specific needs.
- Act as a resource where consumers can get free and unbiased information about getting health coverage.
- Plan events that provide information about the Federally-facilitated Marketplaces (FFMs), health coverage options, and the assistance you and other FFM-approved organizations provide.
- Reach out to organizations in your community to further spread your message.

Know that special considerations apply when you work with local agents and brokers. You should connect with local coalitions to find out what events and outreach activities they have planned and coordinate efforts. Many communities already have partnerships and coalitions to increase awareness about health coverage options available through the Marketplaces.

Outreach: Best Practices

When conducting outreach, you should consider following these best practices:

Needs of Your Community

Consider the needs of your community when you choose how and where you'll conduct outreach (for example, languages spoken, health literacy, culture, community resources or barriers to those resources, such as public transportation).

Community Organizations

Reach out to community organizations so they know you're available to help consumers (for example, schools, libraries, faith-based organizations, local radio programs, local newspapers, and local businesses).

Social Media

Use the [social media tools](#) available on the CMS website to conduct outreach and bring awareness about health coverage to your community.

Contact Information

You may collect consumers' contact information via sign-in sheets and information cards (paper or digital) if you make it clear to consumers in writing that by providing their contact information they're consenting to be contacted for application or enrollment assistance. Any PII collected on a sign-in sheet or information card should be maintained privately and securely and access to it should be given only to staff who need to access it to carry out required duties. When you follow up with the consumer, you should obtain a more complete consent to access the consumer's PII for purposes related to your authorized Assister functions.

Follow-up Outreach

Conduct follow-up outreach with existing consumers during appropriate times of the year: after an individual is first identified, before scheduled appointments (reminders), and before a new individual market Open Enrollment Period.

Referrals

If consumers want to refer friends or relatives to you, you may provide your contact information (for example, a business card) for them to share. Friends or relatives of the consumers you assist should generally contact you directly, unless you can confirm that third parties who share consumers' contact information with you have obtained consumers' consent to share their PII with you or your organization.

PII

Remember to maintain a record of consumers' consent to access their PII for purposes related to your authorized Assister functions in a secure manner for at least six years, unless a different and longer retention period has already been provided under other applicable federal or state law, in accordance with CMS Assister regulations.

Secure

If consumers mistakenly or accidentally leave behind PII at a facility or enrollment event, store the documents

in a safe, locked location, and return PII to consumers as soon as possible.

Populations: Best Practices Activity

Remember that you should consider the needs of your community when you choose how and where you'll conduct outreach.

Imagine you're conducting outreach in a community where there is a large immigrant population.

Which of the following would be appropriate when tailoring your outreach campaign to this population?

Review each example statement and consider whether the statement is appropriate or inappropriate.

Statement 1: Asking if there are any illegal immigrants present at the meeting – this statement is inappropriate.

Statement 2: Discussing some of the immigration documents that may be submitted to the FFMs to show proof of a consumer's immigration status – this statement is appropriate.

Statement 3: Discussing whether and when immigrants can access Medicaid or Children's Health Insurance Program (CHIP) – this statement is appropriate.

Statement 4: Asking any suspected immigrants if they have family members currently overstaying their visas – this statement is inappropriate.

Community Outreach Strategies

Here are some examples of community outreach activities you might try:

- Participating in radio programs and conducting live interviews.
- Including information about health coverage in a state's energy assistance program mailing.
- Engaging the United States Department of Agriculture (USDA) Extension programs.
- Distributing outreach materials to local organizations, like community centers and libraries.
- Setting up tables at community events to pass out information, talking to consumers, and advising them of the services that your organization provides to the public.
- Reaching out to community organizations to let them know that you're available to help.
- Going door-to-door to conduct general consumer education or outreach and, as of June 18, 2023, to help consumers apply for or enroll in Marketplace coverage, even if they didn't initiate, request, or give prior consent to the contact.

Note: When an Assister asks others to distribute materials created by the Department of Health & Human Services (HHS), HHS's authorship of the materials must be disclosed.

Community Outreach Strategies (Continued)

If your organization is participating in an outreach or enrollment event, it might be helpful to create a sign-up sheet for consumers so you can follow up with them later.

Information Privacy and Security Guidelines for Sign-up Sheets

The following guidelines regarding sign-up sheets will help you comply with FFM privacy and security standards:

- You must clearly communicate in writing that, by providing their name and contact information, consumers are consenting to be contacted for application and enrollment assistance.
- Example: “By signing up, you agree that it is okay for an Assister to contact you to help you with health care coverage and/or the Marketplaces.”
- Any PII collected on the sign-up sheet should be kept private and secure and accessed only by staff who need it.

It is unlikely that authorizations provided by consumers on an event sign-up sheet will contain the minimum elements required for obtaining consumers’ authorization to access their PII for purposes related to your Assister functions. Thus, you should obtain a full and complete authorization if and when you follow up with the consumer by following your organization’s standard authorization procedures.

Steps to Build a Successful Community Outreach Strategy

These steps explain how you can start building a successful outreach strategy in your community.

Step 1: Identify Your Audience

Identify your audience. As a best practice, start by asking yourself these key questions:

- How many consumers in my community are uninsured or underinsured?
- What kind of information do these consumers need?
- How do these consumers prefer to receive information about health coverage?
- Where do these consumers live, work, study, and play?

When creating your outreach strategy, it's a good idea to consider the different segments of consumers in your community and identify the best ways to reach and help them. You may need to use different messages and ways of delivering those messages. Messages and messengers are equally important. For example, social media may be a good way to reach 18- to 24-year-old individuals. Remember, when using social media, you can mention your role as an Assister, but you must keep your references generic like letting people know the location where you'll be available for assistance. Don't mention any private information, like consumers' specific names or medical conditions, unless consumers have provided specific, written consent for you to do so.

In-person meetings or presentations at libraries or faith-based organizations, as well as written materials including brochures, may be more useful for lower-income and older consumer groups.

Step 2: Identify Community Organizations that Serve Your Population of Focus

Once you've determined your key audiences, it's a good idea to reach out to other programs and organizations that serve the same communities.

You should think about:

- Existing programs and resources that already support or are trusted by your audience.
- Ways to coordinate with other organizations to inform consumers about the availability of health coverage through the Marketplaces.
- Following all applicable CMS guidance about working with outside organizations.

Here are some questions you might ask other organizations in the community to get started:

- Do you focus on building relationships with consumers from a specific ethnic or cultural background?
- What geographic regions does your organization cover?
- What is the age range of your audience?
- Do you have established ways of reaching your audience, like newsletters, meetings, websites, or social media accounts?
- Does your organization have existing relationships with community organizations, or will you need to cultivate them?
- Do you work with consumers with limited English proficiency (LEP), and if so, what languages do these individuals speak?

Step 3: Identify Materials Needed to Approach Consumers

Now that you've identified your audience and other organizations that work with those communities, it's a good

idea to learn more about how you can identify effective messages and materials for your service area.

You could start by reviewing the materials available to download at [HealthCare.gov](https://www.healthcare.gov) and [CMS.gov](https://www.cms.gov). If you can't find the information you want, or if you want to tailor materials to meet the needs of your audience, you may use existing content to develop tools and materials that work with your outreach strategy.

Examples include:

- Digital (Web) Outreach: Websites, social media channels, newsletters
- Face-to-Face Outreach: Brochures, flyers, presentations
- Media Outreach: Press releases, media kits, question-and-answer sheets

As you develop your tools and materials, consider these questions:

- Are any tested messages available?
- Are there written materials that I can repurpose, or do I need to develop new materials?
- Are materials available in languages other than English?

What resources and channels are available to help spread my messages?

Step 4: Identify Your Outreach Strategy Strengths and Weaknesses

The next step in developing an effective outreach strategy includes reviewing the information you gathered about your audience and other community organizations and knowing which tools and skills would help you to successfully implement your outreach strategies. Be sure to identify the strengths and weaknesses of each part of your outreach strategy.

To determine the strengths in your outreach strategy, you should think about:

- Programs and resources that currently exist to support the community in which you work.
- How you can coordinate and integrate your services to serve your community to your fullest potential.
- How you can make the best use of your organization's strengths.

To determine the weaknesses in your outreach strategy, you should ask yourself questions like:

- Do I have the necessary relationships, including relationships with local media outlets, to ensure my message reaches as many consumers as possible?
- Do I have the necessary tools and messages to meet my community's specific needs for outreach? These could include documents available in alternate formats and in languages other than English.
- How will I fill any gaps in the community's relationships, messages, tools, or outreach skills?
- How experienced are other community organizations in conducting outreach efforts, leading programs, and networking within the community?
- Have I followed all applicable CMS guidance on working with outside organizations?

Step 5: Plan for Outreach

The next step in creating an effective outreach strategy is to develop timelines and fill in any details that are missing from your outreach work plan.

As you create your outreach plan, you should use the lists you've made so far and ask yourself:

- What are the best ways to distribute my materials? Remember:
 - It is against federal law to place outreach or educational materials directly into a consumer's

mailbox.

- You may conduct outreach and education activities by going door-to-door or through other unsolicited means of direct contact, like direct phone calls to consumers' homes. You may also directly contact consumers to provide application or enrollment assistance or to schedule an appointment for assistance.
- Am I working with other organizations that are available to help in my community? Remember:
 - If you work with other organizations in your work as an FFM Assister, you remain legally bound and responsible for all obligations to protect consumers' PII and are required to obligate the other organization to the same privacy and security standards that you must legally follow.
 - You should also follow all applicable CMS guidance on working with outside organizations.
- Does my plan reflect significant Marketplace milestones and deadlines, like important enrollment dates?
- Have I included strategies to reach all my key audiences?
- Do I have the appropriate resources to implement my work plan?
- Have I consulted with any community members or leaders for feedback on whether my outreach plan will be effective? If they provided feedback, have I incorporated it into my plan?

Once you answer these questions, you can develop a timeline for your outreach work plan.

Step 6: Get Buy-in

After you finalize your strategy and draft your outreach work plan, it's important to make sure you get buy-in and support for your expected outreach activities.

Ask yourself:

- Have I discussed with and received support from my organization?
- Have I established appropriate relationships with community organizations?
- Have other community organizations agreed to participate in planned activities?

When trying to get buy-in for your outreach work plan, make sure to communicate often and openly, accept suggestions, ask for help, and be sure to thank the community organizations that help you.

Step 7: Track, Monitor, Evaluate, and Refine Your Outreach Activities When Needed

Tracking, monitoring, evaluating, and refining your community outreach efforts will:

- Help you know if your plan is working.
- Examine the effects of your outreach in the community.
- Assist you in better identifying the needs of key audiences.
- Ensure you're spending resources (including time) in the right way.
- Identify the most effective strategies and help you build on best practices.
- Provide information to improve your outreach strategies.

Here are some ways to track, monitor, and evaluate your outreach efforts:

- Collect information on the number of consumers that you meet with each month and/or during each outreach event.
- Compare which outreach events are most effective at reaching your key audiences.
- Ask consumers how they learned about your outreach events and record their responses. Use this information to improve your outreach strategy at future events.

- Ask consumers how they learned about your organization. Keep a contact log of calls from consumers.
- Remember, PII collected from the consumer—including name, email address, telephone number, application ID number, addresses, or other notes—must be stored securely.

Evaluating your results will help you to refine your plans and strengthen your ability to reach the intended audience.

Dos and Don'ts for Working with Outside Organizations: The Dos

When providing referrals that are required under CMS regulations, remember that you must refer consumers to outside organizations that also are required to provide fair, accurate, and impartial information.

CMS considers state or Federal Government agencies, professionally licensed, accredited, or certified tax advisers and preparers, and licensed attorneys to meet this requirement.

Although not required when providing optional referrals or forming non-required partnerships with outside organizations, it is still a good practice to ensure (to the extent you are able) that the organization is providing unbiased, accurate, and up-to-date information to consumers.

As a best practice, Assisters should inform consumers:

1. Whether the outside organization **is approved or certified by the FFMs** and if it is likely to be bound by the same legal requirements and prohibitions that apply to you and your organization, like privacy and security requirements.
2. That the referral to an outside organization does not imply an endorsement of that organization by CMS.

Additionally, CACs are required to act in consumers' best interests, and all Assisters are expected to consider consumers' expressed interests, needs, and desires when fulfilling their duty to provide fair, accurate, and impartial information.

So, when you make a referral to or otherwise collaborate with another organization, you should consider the best interests of consumers as well as consumers' expressed interests, needs, and desires.

For more information about Assister conflict of interest requirements, refer to [Assister Conflict of Interest Requirements](#).

Dos and Don'ts for Working with Outside Organizations: The Dos (Continued)

Here are some general rules to keep in mind when making referrals or collaborating or partnering with outside organizations.

1. **You are generally permitted to collaborate with, make referrals to, and recommend the services of specific outside organizations.** You must ensure that these referrals and collaborations are consistent with your duty to provide fair, accurate, and impartial information, including by ensuring that the outside organization doesn't have a direct financial relationship with health insurance (or stop loss insurance) issuers or a financial incentive to enroll consumers into a specific health plan or coverage. For example, you can partner with a specific food bank or refer consumers to a specific legal aid organization without violating your duty to provide fair, accurate, and impartial information. However, you shouldn't refer consumers to specific agents or brokers.
2. **To ensure that your referrals, collaborations, and partnerships are fair and impartial, you must apply the same list of objective criteria in selecting each organization you refer consumers to or partner or collaborate with.** You should also consider consumers' expressed interests, needs, and desires when evaluating outside organizations. You can find a list of objective criteria you might use to evaluate organizations in [CMS guidance](#).
3. Whether you're making referrals or collaborating with a local community organization at an outreach or enrollment event, your work connecting individuals to organizations that help in areas outside your scope of work under an HHS contract or grant **should be minimal and not result in additional funding requests under HHS grants or contracts.**
4. If you receive HHS grant or contract funding, **you must follow the terms of your grant or contract** and all applicable grant or contract regulations when working with outside organizations.

Dos and Don'ts for Working with Outside Organizations: The Don'ts

Remember, you must not accept payment in exchange for providing a referral or recommending the services of an outside organization.

CMS interprets the requirement that Assisters provide information in a fair, accurate, and impartial manner to mean that Assisters must not accept payment in exchange for providing a referral or recommending the services of another organization. This does not prohibit referrals between an Assister and an outside organization.

For example, a Navigator may refer consumers to a local tax preparer for help with premium tax credit reconciliations. The same tax preparer may refer consumers to the Navigator for help with the Marketplace if the Navigator follows the guidelines discussed in this course, including the use of an objective list of criteria and consideration of consumers' expressed interests, needs, and desires when selecting the tax preparer.

You should also be aware that other state or federal laws not discussed in this course might apply to your relationships with outside organizations.

Tips for Identifying Organizations for Partnership or Collaboration

These tips may be helpful if you're building relationships with individuals or organizations in the community:

Tip 1 – Identify the subject areas

Think through the types of questions consumers have and areas where they might need assistance and brainstorm a list of organizations, businesses, and individuals that can provide the type of assistance to make it easier for some consumers to apply for and enroll in coverage.

Tip 2 – Develop a list of objective criteria

Some questions you should consider:

- Does the organization/person have a direct financial relationship with health insurance issuers or a financial incentive to enroll consumers into a specific health plan or coverage?
- Is the organization or person licensed, certified, or accredited by a government entity or professional organization, and is the organization's or person's license, accreditation, and/or certification in good standing?
- For required referrals, is the organization or person legally required to provide fair, accurate, and impartial information, and/or is this requirement a condition of its professional licensure, accreditation, or certification?
- Is the organization or person easily accessible by consumers who seek your services (e.g., is it in the same local area or close to public transit)?
- Does the organization or person provide services that are accessible to people with disabilities or LEP?
- Does the organization or person provide services in a way that is culturally competent for the population(s) you serve?
- Does the organization or person have policies and practices in place to protect consumers' PII?
- What is the organization's or person's reputation/standing in your community? Try finding the organization's or person's listing with entities like the Better Business Bureau.

Tip 3 – Know the outside organization

If you're unfamiliar with an organization, business, or individual, check references and professional credentials. Screen the organization or person against your evaluation criteria identified in Tip 2.

Identify a key contact for referrals and keep an open line of communication.

Tip 4 – Create a list of the persons and organizations

Be prepared to explain (to consumers who ask) how you decided to include persons and organizations on the list. Check in with the organizations on the list periodically to ensure you have correct contact information and that their professional licenses, accreditations, or certifications (if applicable) remain in good standing. You may want to also follow up with consumers about their experience with the organization you referred them to. This will help ensure you are partnering and collaborating with reliable organizations.

Community Outreach: Best Practices Activity

Tom is a Navigator. As a Navigator, he is responsible for building relationships in the community.

Tom realizes there is a large population of Latinos in his community who don't have health coverage, and he would like to develop an outreach strategy for this particular group of consumers.

The outreach strategy steps are:

1. Identify your audience
2. Identify community organizations that serve your population of focus
3. Identify materials needed to approach consumers
4. Identify your outreach plan strengths and weaknesses
5. Plan for outreach
6. Get buy-in
7. Track, monitor, evaluate, and refine your outreach activities when needed

Review the Outreach Strategy examples below. Then identify the outreach strategy step that corresponds with the outreach strategy example.

Outreach Strategy Example: Part 1

Tom analyzes the characteristics of this population:

- LEP
- Low health insurance literacy
- Limited access to internet, email, or telephone
- Believe Marketplace plans aren't affordable
- Fear of not being able to make monthly premium payment
- Complicated application process
- Insurance company notices hard to understand

What outreach strategy step is Tom taking when he identifies the characteristics of a community?

This outreach strategy example corresponds with outreach strategy Step 1: Identify Your Audience

Outreach Strategy Example: Part 2

Tom identifies local Latino coalitions in his community and establishes contact with a local Latino grocery store. What outreach strategy step is Tom engaging in?

Tom is engaging in outreach strategy Step 2: Identify Community Organizations that Serve Your Populations of Focus.

Outreach Strategy Example: Part 3

After asking around, Tom discovers that many Latinos in the community are unaware they may qualify for financial assistance to make health coverage more affordable. Tom and his colleagues think he should focus on three key messages:

- The importance of having health insurance.
- When co-insurance for health services apply.
- Preventive services are available with no copayment.

Which outreach strategy step is Tom taking when he develops targeted materials?

Tom is engaging in outreach strategy Step 3: Identify Materials Needed to Approach Consumers.

Outreach Strategy Example: Part 4

Tom designs Spanish brochures that explain basic health insurance literacy concepts, but he learned another state's Department of Health developed and produced the video series, "Tu Salud Es Todo." The series consists of 12 half-hour episodes that provide information on health insurance programs and ways to access health care. The format was developed to meet the interest of the community through a Spanish-language soap opera (telenovela). The telenovela involves health issues affecting Latinos and the services the state provides. He realizes maybe there is something better he can do rather than just creating a brochure. When Tom is identifying what works well and where gaps exist within his outreach plan, what outreach strategy step is he engaging in?

Tom is engaging in outreach strategy Step 4: Identify Your Outreach Strategy Strengths and Weaknesses.

Outreach Strategy Example: Part 5

Tom realizes some local consumers don't have enough information about the upcoming individual market OEP. Additionally, automatic re-enrollment dates are missing from some of his materials. Now he has to fix the materials and re-evaluate his timeline regarding each milestone of his plan. What outreach strategy step is Tom engaging in?

Tom is engaging in outreach strategy Step 5: Plan for Outreach.

Outreach Strategy Example: Part 6

Tom is sending handwritten thank you notes to the local Latino grocer, who permitted him to set up an information booth outside the store. What outreach strategy step is Tom engaging in?

Tom is engaging in outreach strategy Step 6: Get Buy-In.

Outreach Strategy Example: Part 7

At a health fair, Tom asks consumers how they learned about the event. He'll use this information to improve his outreach strategy at his next events.

When Tom asks consumers how they heard about the event, what outreach strategy step is Tom engaging in?

Tom is engaging in outreach strategy Step 7: Track, Monitor, Evaluate, and Refine Your Outreach Activities When Needed.

Remember to utilize these steps to help you build a successful outreach strategy in your community.

Knowledge Check

You and another Assister, Adrienne, met with scout leaders, nurses, clergy, and consumers at a farmers' market. You've learned about the consumers in your community and the organizations that work with them. You know they rely on local faith-based organizations and hospitals for information. Still, it's a good idea to gather additional resources and develop an outreach plan that will help you target and reach these consumers. What activities should you and Adrienne do?

Answer: Formally defining key audiences helps you identify how you can best reach consumers who need your help. Identifying and building relationships with community organizations that can help you engage key audiences will help you build an effective outreach strategy.

Knowledge Check

Rafael is an Assister and is developing a strategy for his community outreach efforts. What activities should he include to ensure that he creates a successful outreach strategy?

Answer: Rafael should plan to get community buy-in, identify his outreach plan strengths and weaknesses, and monitor and evaluate his outreach activities as part of his outreach strategy. Identifying his competitors isn't part of a successful outreach strategy.

Key Points

- Developing an outreach strategy will help you effectively reach consumers in your community and educate them about their health coverage options.
- You should identify audiences within your community and build your outreach strategy according to their unique needs.
- Your outreach strategy should incorporate ways to engage community organizations to reach key audiences, as well as goals and benchmarks for tracking progress.
- Evaluating your outreach strategy will help you build on best practices and identify ways to improve your strategy in the future.
- You're not alone. There are many other Assister organizations doing this work that can provide resources and help with outreach planning and best practices.

Module 6 — Where to Seek Help for Common Issues

Module Introduction

When helping consumers, Assistors need to know where to go and who to contact for common and sometimes complex coverage issues. By the end of this module, you should be able to understand these concepts and accomplish the associated tasks below them.

Health Insurance Casework System

Describe the types of coverage issues that should be referred to the Health Insurance Casework System.

Appeal Eligibility Decisions

List reasons a consumer can appeal eligibility decisions and to whom they should direct those appeals.

Contacts for Additional Support

List contacts available to help Assistors and consumers when additional support is needed.

Federally-facilitated Marketplace (FFM) Call Center

Describe the assistance available from the FFM Call Center.

Contacts for Additional Consumer Support

When you're assisting consumers, there will be some issues that you might not be able to resolve on your own. There are several places and people that can provide additional consumer support:

- FFM Call Center and website
- Marketplace issuers (health insurance companies)
- FFM Appeals Center
- Centers for Medicare & Medicaid Services (CMS) Health Insurance Casework System (HICS)
- State Consumer Assistance Programs (CAPs)
- Agents and brokers, tax preparers, and other third-party organizations

FFM Call Center

The FFM Call Center is open 24 hours a day, seven days a week for consumers seeking health coverage through the FFMs and is the main source of assistance for individual market consumers who participate in the FFMs. Consumers may contact the FFM Call Center at 1-800-318-2596 (Text Telephone (TTY): 1-855-889-4325) to ask questions about their coverage options and to get help with the FFM application process. The FFM Call Center is closed on federal holidays, including Christmas Day, Thanksgiving Day, Independence Day, Labor Day, and Memorial Day.

Tax Form 1095-A

The Call Center can reply to requests for reprints or non-receipt of forms; however, you should encourage consumers to first check their [HealthCare.gov](https://www.healthcare.gov) accounts to retrieve copies of their forms.

The consumer can submit mailing address corrections, which will be forwarded to a CMS contractor for review and handling. Also, if there is disagreement with a coverage period or other information on Form 1095-A, the Call Center will be able to assist. In this case, consumers should first check with their qualified health plan's (QHPs) issuers and find out what enrollment periods or advance payments of the premium tax credit (APTC) their issuers have on file.

Please encourage consumers to work closely with their QHP issuers to resolve problems before turning to the FFM Call Center.

Exemptions

The Call Center can assist a consumer who needs to know their exemption certificate number (ECN) or if the consumer needs to check on the status of their exemption request.

Note: Only consumers who are 30 and older and wish to purchase Catastrophic coverage must apply for a hardship or affordability exemption. They need an ECN to review Catastrophic plan options on [HealthCare.gov](https://www.healthcare.gov). Consumers under 30 don't need an exemption to view Catastrophic plans.

Language Assistance and Effective Communication

If a consumer requires language assistance that your organization doesn't have the immediate capacity to provide, or if you're a Certified Application Counselor (CAC), you can refer the consumer to the FFM Call Center. The Call Center can help the consumer access language services for more than 100 languages.

Note: Navigators must help consumers in their preferred language at no cost to the consumer and must give consumers with limited English proficiency (LEP) oral and written notice in their preferred language of their right to receive language assistance services at no cost to the consumer and how to obtain them. Navigators also must ensure communication with individuals with disabilities is effective, which may include provision of appropriate auxiliary aids and services that must be provided at no cost to the consumer.

Designating an Authorized Representative

An authorized representative is someone a consumer designates to communicate with the FFMs on the consumer's behalf about the consumer's application. A consumer can designate an authorized representative at any time by filling out a form or submitting a written request to an FFM.

Data Matching Issues

The Call Center will provide information on the status of data matching issues (DMIs) and the review of any supporting documentation a consumer submits.

Marketplace Account Issues

The Call Center will provide assistance if a consumer has difficulty completing a Marketplace application, needs their password reset, or needs to unlock a [HealthCare.gov](https://www.healthcare.gov) account.

Account Password Issues

Assisters who call the FFM Call Center to help consumers fix Marketplace account password issues can use the interactive voice response (IVR) feature to bypass the regular queue for assistance. If you're contacting the Call Center to help consumers address other issues, please be patient. Call Center customer service representatives are often very busy.

Consumers can also visit [HealthCare.gov](https://www.healthcare.gov) to find answers to questions about coverage and other information about the FFMs.

Marketplace Issuers

Consumers can call Marketplace issuers with an Assister present if they have problems with the following items:

- Enrollment
- Benefits and Coverage

Remember, issuers have trained representatives available to assist their customers; therefore, they're in the best position to assist consumers with issues regarding health plan benefits and coverage. If you participate in a consumer's call with an issuer, keep in mind that you shouldn't provide legal advice in your role as an Assister, and your role as an Assister doesn't include becoming a consumer's legally authorized representative.

Enrollment

- Delayed enrollment processing
- The plan incorrectly terminated coverage
- Incorrect application of APTC and/or cost-sharing reductions (CSRs)

Benefits and Coverage

- Questions about covered benefits and prescription drug formularies
- Difficulty finding a network provider
- Excessive cost sharing being charged
- Claims processing
- Internal claims appeals and external review

State Consumer Assistance Programs (CAPs)

Many states already have CAPs to address consumers' problems or questions about coverage by phone or email. 30 states, the District of Columbia, and one territory continue to offer help to consumers with health insurance problems through their CAPs. To find more information about CAPs, review the [CAP information page](#). In addition, consumers can call or visit their state's health insurance ombudsman to get help with grievances, complaints, appeals, and questions about coverage.

Agents and Brokers

To the extent permitted by states, consumers can also use licensed agents and brokers registered with the FFM for assistance with getting coverage either through a Federally-facilitated Small Business Health Options Program (FF-SHOP) or an individual market FFM. Within the terms of their contracts, agents and brokers are funded by health insurance issuers.

Agents and brokers registered with the FFMs can help consumers:

- fill out an FFM application
- determine whether their business is eligible to use an FF-SHOP Marketplace
- understand eligibility for the Small Business Health Care Tax Credit
- review and compare plans
- manage employee acceptances and declines of offers for coverage through an FF-SHOP
- enroll in a plan
- manage and update individual or employee coverage after they're enrolled
- handle individual or small business renewals and plan changes

CMS Health Insurance Casework System

What happens if a consumer has an issue that can't be resolved through the means we have already discussed? These issues may fall under the category of casework.

What Is Casework?

Casework involves complex matters received by the FFM Call Center or CMS directly where:

- Research is needed by CMS, a CMS contractor, or an issuer
- Issues require CMS review (e.g., exceptional circumstance Special Enrollment period (SEP) requests)
- Consumers indicate they have unsuccessfully sought resolution with their issuer

How Is Casework Managed?

Cases are recorded in the CMS Health Insurance Casework System (HICS) and:

- Assigned to the appropriate entity for review
 - CMS, contractor, and/or issuer
 - Most cases are assigned to issuers
- Consumers are informed of resolution, appeal rights (if any), and next steps
- FFM Call Center can provide status of most HICS cases

CMS HICS Responsibilities Include:

- Approving and denying exceptional circumstance SEPs
- Resolving complex cases, including Form 1095-A issues
- Monitoring issuer cases
- Providing technical assistance and helping issuers with their cases
- Reviewing issuer casework volume, age of cases, and trends

CMS Health Insurance Casework System (Continued)

There are a few more things that you should know about casework.

Consumers may receive follow-up telephone calls asking for more information about their cases. If a consumer doesn't receive a call, it doesn't mean the case is not being reviewed.

Resolution times can vary depending on the nature of the issue, current volume, and urgency. Urgent medical need cases are expedited. Casework is the "last resort." Consumers should work through available resources, including their issuers when applicable, before looking to the casework process as a solution.

Note: While each escalation is different, the following processing times typically apply:

- HICS escalations may take up to 30 days, but they're usually completed sooner
- Form 1095-A mailing address correction requests may take up to 14 business days
- Form 1095-A complex research requests may take up to 30 days

Note: HICS escalations to a QHP issuer must be resolved within 15 calendar days of receipt of the case; however, they must be resolved within 72 hours if the 15-day period would jeopardize the consumer's health or function.

Knowledge Check

Hi! My name is Denise, and I am a new Assister. I would like to find out where consumers can go to unlock their [HealthCare.gov](#) accounts. Where should Denise tell consumers to go for help unlocking their [HealthCare.gov](#) accounts?

Answer: Consumers should contact the FFM Call Center to get assistance with unlocking their [HealthCare.gov](#) accounts.

Key Points

- Consumers can contact the FFM Call Center 24 hours a day, seven days a week, excluding federal holidays, to answer questions about topics including Marketplace accounts and eligibility, resetting a Marketplace account password, DMIs, language assistance, exemptions assistance, and questions about tax Form 1095-A.
- Resolution times for complex issues in HICS vary and depend on the nature of the issue.

Conclusion

Great job! You learned about delivering friendly, objective, and impartial customer service. You should know how to handle challenging situations with consumers and plan community outreach activities.

You've finished the learning portion of this course. If you choose to take the exam, the code to access this exam is: 902491. Or you can close the course and return to the exam later.

Resources

Note: There are some references and links to nongovernmental third-party websites in this section. CMS offers these links for informational purposes only, and inclusion of these websites shouldn't be construed as an endorsement of any third-party organization's programs or activities.

Module 2 — Engaging Consumers During Appointments

Centers for Medicare & Medicaid Services (CMS) Guide to Developing a Language Access Plan: A guide that identifies ways organizations can assess their programs and develop language access plans to ensure persons with limited English proficiency have meaningful access to their programs.

[CMS.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf](https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf)

Module 3 — Customer Service Best Practices

Requirements and Best Practices for Assisters on Providing Remote Consumer Assistance: Job aid for Assisters in order to provide remote help securely to consumers applying for and enrolling in Marketplace coverage.

[CMS.gov/marketplace/technical-assistance-resources/providing-remote-consumer-assistance.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/providing-remote-consumer-assistance.pdf)

Getting Help in a Language Other than English: A CMS document that provides instructions for accessing the FFM Call Center written in the major languages spoken in the United States.

[CMS.gov/marketplace/outreach-and-education/getting-help-in-a-language-other-than-english.pdf](https://www.cms.gov/marketplace/outreach-and-education/getting-help-in-a-language-other-than-english.pdf)

The IRS Volunteer Income Tax Assistance (VITA) and the Tax Counseling for the Elderly (TCE) programs offer free tax help for taxpayers who qualify:

[IRS.treasury.gov/freetaxprep/](https://www.irs.treasury.gov/freetaxprep/)

Directory of Federal Tax Return Preparers with Credentials and Select Qualifications:

[IRS.treasury.gov/rpo/rpo.jsf](https://www.irs.treasury.gov/rpo/rpo.jsf)

Legal Help: LSC is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans.

[LCS.gov/about-lsc/what-legal-aid/i-need-legal-help](https://www.lcs.gov/about-lsc/what-legal-aid/i-need-legal-help)

Consumer Assistance Program at CMS.gov:

[CMS.gov/cciiio/resources/consumer-assistance-grants](https://www.cms.gov/cciiio/resources/consumer-assistance-grants)

The Value of Health Insurance: Introductory brochures about the Marketplaces and health insurance.

[CMS.gov/marketplace/outreach-and-education/value-of-health-insurance-english.pdf](https://www.cms.gov/marketplace/outreach-and-education/value-of-health-insurance-english.pdf)

Questions to Ask Yourself When Choosing a Plan: Introductory brochures about the Marketplaces and health insurance.

[CMS.gov/marketplace/outreach-and-education/ask-yourself-when-choosing-a-plan.pdf](https://www.cms.gov/marketplace/outreach-and-education/ask-yourself-when-choosing-a-plan.pdf)

Window Shopping Tool: Assist consumers with finding a plan that matches their preferences.

[Healthcare.gov/see-plans/#/](https://www.healthcare.gov/see-plans/#/)

Module 5 — Community Outreach and Strategies

Assister Conflict of Interest Requirements webinar:

[CMS.gov/marketplace/technical-assistance-resources/assister-conflict-of-interest.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/assister-conflict-of-interest.pdf)

Assister outreach and education: Tools and toolkits.

[CMS.gov/marketplace/in-person-assisters/outreach-education/partner-tools-toolkits](https://www.cms.gov/marketplace/in-person-assisters/outreach-education/partner-tools-toolkits)

Assister outreach and education: Multimedia resources.

[CMS.gov/marketplace/in-person-assisters/outreach-education/images-multimedia](https://www.cms.gov/marketplace/in-person-assisters/outreach-education/images-multimedia)

Assister Do's and Don'ts Webinar — April 2025: Specific requirements for Assisters.

[CMS.gov/marketplace/technical-assistance-resources/assister-dos-and-donts.pdf](https://www.cms.gov/marketplace/technical-assistance-resources/assister-dos-and-donts.pdf)

Module 6 — Where to Seek Help for Common Issues

CuidadoDeSalud.gov: This Spanish counterpart to HealthCare.gov serves as a resource where Spanish-speaking consumers can create a Marketplace account and access information about health coverage and the Marketplaces.

[Cuidadodesalud.gov/es/](https://cuidadodesalud.gov/es/)

HHS Office of Minority Health (OMH) Resource Library: A library of resources available on the OMH website.

[HCLSIG.thinkculturalhealth.hhs.gov/Content/Library.asp](https://hclsig.thinkculturalhealth.hhs.gov/Content/Library.asp)

Marketplace.CMS.gov: Official CMS website offering information and resources on the Health Insurance Marketplaces.

[CMS.gov/marketplace/in-person-assisters/information-partners](https://www.cms.gov/marketplace/in-person-assisters/information-partners)

HealthCare.gov Facebook Page: Official HealthCare.gov Facebook page providing consumers with real-time updates and information about health coverage through the Marketplaces.

[Facebook.com/Healthcare.gov/](https://www.facebook.com/Healthcare.gov/)

HealthCare.gov Twitter Page: Official HealthCare.gov X (Twitter) page providing consumers with real-time updates and information about health coverage through the Marketplaces.

[Twitter.com/HealthCareGov](https://twitter.com/HealthCareGov)

Federally-facilitated Marketplace (FFM) Call Center: Contact information for the FFM Call Center, a 24-hours-a-day, 7-days-a-week resource for consumers seeking health coverage through the FFMs.

[Healthcare.gov/contact-us/](https://www.healthcare.gov/contact-us/)