Creating and Submitting Applications Video Transcript

2023

Assister Readiness

Webinar Series

This document is a transcript of the Marketplace Assister Technical Assistance Webinar.

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Disclaimer

Welcome to today’s Assister Readiness Webinar Series training video. Let’s get started. This presentation is intended as training and technical assistance for Marketplace assisters, including Navigator grantees and certified application counselors. In this lesson, the terms “Federally-facilitated Marketplace,” “FFM,” and “individual market FFM” include FFMs where the state performs plan management functions.

- This presentation is intended as training and technical assistance for Marketplace assisters, including Navigator grantees and certified application counselors.
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The 2023 Assister Readiness Webinar Series is designed as a supplement to the web-based Assister Certification Training. This series is being delivered in two weekly installments to familiarize assisters with the online Marketplace application process ahead of 2023 Open Enrollment, or OE. Each weekly installment includes three pre-recorded educational modules.

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Week 1 - Helping Consumers Apply at HealthCare.gov

- Preparing Consumers to Apply
- Creating and Submitting Applications
- Application Assistance Simulation

Week 2 - Helping Consumers Enroll at HealthCare.gov

- Assisting Consumers with Enrollment
- Plan Comparison and Selection Simulation
- Redetermination, Re-enrollment, and Changes in Circumstances

Introduction

Hi. My name is Blair, and I'll be guiding you through today's training: Creating and Submitting Applications. Let's go into a little more detail about the application process. Helping consumers create a Marketplace application is one of your most important duties as an assister.

In this module we will cover:

Application Methods
The health coverage application methods that are available to consumers.

Information Verification
The steps in the information verification process.

Creating a Marketplace Account
The process for creating a Marketplace account.

Applying for Coverage
The information required and the process of applying for coverage.

Assister Role in Application Completion
Common issues assisters may encounter when they help consumers apply for coverage.

Application Methods

Consumers can submit eligibility applications to an FFM in several ways:

- **Online** at HealthCare.gov
- **By mail**
- **In person**, with help from consumer assistance entities like you
- **Over the phone** by calling the FFM Call Center at 1-800-318-2596

Most of the time, you will assist consumers with the online application process at HealthCare.gov. This is the fastest and easiest way to apply for and enroll in health and/or dental coverage through the Marketplace. Since an email account is required to apply online, remember to tell consumers that they can create an email account free of charge through various email service providers if they don't already have one. You can assist consumers with this process if they ask for help.

Before consumers link their email account to their Marketplace application, verify that they can successfully log into the email account. This is very important. If they cannot log in, they won't be able to proceed with the online application process.

Consumers will need to remember their email address and password to access their Marketplace account later on.

If consumers select email as their preferred communication method, let them know that it's important to check their email regularly for updates. They can also access email notices by logging into their Marketplace accounts. You should remind consumers to check their U.S. postal mail as well; occasionally, the FFMs send important information through the postal service.

Some consumers may not be familiar or comfortable with using computers. You can help them apply for coverage online and explain each step of the process, including creating a Marketplace account.

If consumers don't want to apply for coverage online, you can also help them apply over the phone or by using a paper application. These consumers will receive an eligibility determination notice, or EDN, and Application ID by mail, by phone, or in their Marketplace account, if they have one. Remind eligible consumers that once they have received their EDN and Application ID, they still will need to complete their enrollment and select a plan, either over the phone by contacting the FFM Call Center or online by creating a Marketplace account.

Application Process

Now we will review each step in the online application process.

Step 1: Provide Information
Consumers provide their personal information to the FFMs using the online eligibility application.

Step 2: Verify Information
The FFMs verify consumers' information against trusted data sources.

Step 3: Information Match:
If the information consumers provided matches the information from trusted data sources, no additional steps are required. Consumers must enter their name and document numbers exactly as they appear on their documents (such as Social Security cards or immigration documents) to ensure a smooth application process. Other types of information, like income, can be close estimates. If an FFM cannot verify consumers' information, such as income or immigration status, the FFM will generate a data matching issue, or DMI, and will ask consumers to provide documents supporting the information consumers provided in their application.

Step 4: Supporting Documents
Consumers who must resolve a DMI will have 90 or 95 days to provide supporting documents, depending on the DMI. If consumers fail to provide supporting documents on time, the FFM may adjust the amount of advance payments of the premium tax credit, or APTC, and cost-sharing reductions, or CSRs, they are eligible to receive or terminate their Marketplace enrollment.

Step 5: Eligibility Determination
When the verification process is complete for a financial assistance application, the FFMs make an assessment or determination about consumers' eligibility to enroll in a qualified health plan, or QHP, Medicaid, or the Children's Health Insurance Program, or CHIP, as applicable. If consumers are eligible to enroll in a QHP and have applied for financial assistance, the FFMs also indicate whether they are eligible for APTC and CSRs and the amount each applicant is eligible for.

Preparing to Help with the Application

Many consumers need assisters' help with their applications, and each consumer will have different needs. Consumers with Limited English Proficiency may need language assistance, and consumers with physical, developmental, or intellectual disabilities (or cognitive, hearing, speech, or vision impairments) may need other accommodations. When assisting consumers with these needs, follow the requirements that apply to your assister type to ensure that you're providing information and services in a manner that is accessible.

Remember that you *must* obtain consumers' consent before accessing or discussing their personally identifiable information, or PII. Assessing consumers' health coverage needs or helping them with Marketplace applications will almost certainly involve accessing consumers' PII. At the end of each encounter, be sure to return or secure any PII and documents that consumers provide.

Before helping consumers with a Marketplace application, be sure to explain your duties and responsibilities to each consumer you assist, and let them know that you cannot provide tax or legal advice within your capacity as an assister.

You should let consumers know what types of information you might ask them to share with you and what you're permitted to do with the information.

You or your organization should maintain a record of each consumer's consent for at least six years, unless a different and longer retention period has already been provided under other applicable federal law.

In addition, consumers must be permitted to revoke their consent at any time. It's a good idea to give them a copy of the record of their consent, such as a completed consent form, for their records.

Here are some additional things you should consider when helping consumers. Although you cannot determine consumers' eligibility, it's important for you to tell them what happens at each point in the application and enrollment process.

All assisters should communicate with consumers in a manner that is culturally and linguistically appropriate, and some types of assisters are required to do so. The *Cultural Competence and Language Assistance* course in the Marketplace Learning Management System, or MLMS, addresses national standards and describes best practices for assisters.

You should show respect for consumers' cultural diversity and provide information that is relatable and easy to understand, using translated documents when needed.

The *Privacy, Security, and Fraud Prevention Standards* course in the MLMS provides more in-depth information about privacy and security practices.

Overview of the Account Creation Process

Once you've obtained consumers' consent, assessed their needs, and discussed the eligibility and enrollment process, it's time for consumers to create a Marketplace account at HealthCare.gov.

Consumers who only wish to preview QHP options do not need to create a Marketplace account but must provide a limited amount of information so the Marketplace can estimate which plans and prices a consumer could select from.

Consumers may be asked about their county and state of residence, age, household size, and household income as well as other optional details the Marketplace may need to provide a more accurate list of available plans and prices.

You should inform consumers that they can review and compare general health plan information at any time, but they must create a Marketplace account and complete an application to verify eligibility, plan availability, and prices, and enroll in coverage.

Many consumers you assist will want to proceed to submitting an application, selecting a QHP, and enrolling in coverage. In that case, they'll need to set up a Marketplace account.

PII Considerations When Creating an Account

When you assist consumers with account creation, it's important to reassure them that any information they share with you or an FFM through HealthCare.gov will be private and protected. You may only use PII as needed to carry out assister activities authorized by the FFMs, such as helping consumers complete the application and enrollment process.

Verifying Email Addresses

When creating a Marketplace account at HealthCare.gov, consumers must provide the following required information: first name, last name, email address, password, and answers to three security questions. The FFMs will then send a message to the email address provided to verify the new account. Consumers will need to open this message and select the verification link. Once the email address is verified, they can log into their Marketplace account using this email address as their username.

Assisting Consumers with Phone and Online Applications

Consumers who apply for coverage over the phone may need your assistance with continuing their application online. First, you should verify that they received an eligibility notice and Application ID. Consumers will receive the notice by mail, by phone, or in their Marketplace account, if they have one.

Assisting Consumers who Applied by Phone

To verify receipt of an eligibility notice, consumers who applied by phone and have a Marketplace account should log into their account, navigate to the "My Applications & Coverage" screen, and select their most recent application. Next, they should select **Eligibility & appeals** from the menu on the left, and select the **View Eligibility Notice (PDF)** button to download and review their eligibility notice.

Assisting Consumers who Applied by Phone and Received an Eligibility Notice

If consumers who applied by phone have not received an eligibility notice when you meet with them, you can advise them to contact the FFM Call Center to see if their eligibility results are ready. If they are, the Call Center can provide their Application ID number to continue the online process. Otherwise, you can help consumers to start a new application online.

Helping Consumers Locate an Existing Application Online

Once consumers have their Application ID, they will need to create a Marketplace account or log into their existing account with their username and password to continue their application online.

After logging in, consumers should:

- Navigate to the “My Applications & Coverage” screen;
- Select **Find my application** under the “Need to find your application?” section; and
- Enter their Application ID number, coverage year, and application state.

They will now have access to their application online where they can review, compare, and choose from the plans available to them before enrolling in coverage.

Helping with Identity Verification

When consumers log into HealthCare.gov for the first time, they’ll need to provide specific information before they can fill out an application. Identity (ID) proofing is an important part of this process. During ID proofing, the FFMs ask questions based on consumers’ personal and financial histories that only they are likely to know

To begin ID proofing, consumers should select **My Profile** and select the **Verify Now** link. When the "Verify Your Identity" screen appears, they should select the **Get Started** button.

Next, the FFMs ask consumers for contact information and then asks other questions about their personal history to verify their identities.

Consumers should complete the necessary fields and answer the identity verification questions on the screen.

Identity Verification with Experian

The FFMs will indicate whether they could verify consumers’ identities. If the FFMs cannot verify consumers’ identities, it means they couldn’t match all of the information consumers provided with the information Experian has in the consumers’ credit profile report.

Note: Experian is a contractor that helps the FFMs with ID proofing. The Experian Help Desk cannot help consumers with the same things that you and the FFM Call Center can help with. For example, the Experian Help Desk cannot help consumers provide supporting documents or resolve Marketplace account issues (such as account and password resets).

Identity Verification Failure

If an FFM still *cannot* verify consumers’ identities after two tries, consumers will see a message with instructions to call the Experian Help Desk as well as a reference code number to provide.

If Experian helps verify a consumer’s identity over the phone, the consumer can select the **Resubmit** button to complete ID proofing.

They will be directed to submit updated contact information and to upload documents that verify their identity by selecting the **Upload Documents** button.

If a consumer’s identity is not verified over the phone, select the **Resubmit** button to continue and then select the **Resubmit information** button.

Consumers only have to upload documents electronically if the system is unable to verify their identity right away. Consumers need to do this even if they verify their identity over the phone with Experian.

Consumers can also mail documents to the FFMs, but this takes more time to process. If consumers mail documents, they should mail copies and keep the original documents. They should include their name, date of birth, and Social Security Number on each page of their copies. They can mail their documents to the following address:

Health Insurance Marketplace®

465 Industrial Blvd

London, KY 40750-0001

Single Documents to Verify Identity

Consumers can upload or mail paper copies of any of these documents to verify their identities.

Multiple Documents to Verify Identity

If consumers cannot provide a copy of one of the documents we already mentioned, they can submit copies of two of these documents:

Identity Verification Failure

Information is typically processed within 7 to 10 business days once the FFMs receive documents, if not sooner. If a consumer's identity still isn't verified, the consumer may need to submit more information.

Upload Documents to Verify Identity

To upload documents, consumers should: Select the **Upload Documents** button. Select the type of document from the drop-down list and attach a copy of the document.

Earlier we listed single and multiple documents consumers can use to verify their identities. For example, if consumers submit a copy of a photo ID like a driver's license, they may only need to submit that one document. If they submit a document like a Social Security card that is not a photo ID, they may need to submit additional documents. Consumers can check the status of any documents they submit in their Marketplace account profile.

Who to Include On an Application?

Consumers only need to file one application for all members of their same tax household, meaning all applicants plus their spouses and anyone they claim as dependents on their federal income tax returns.

Consumers who are in separate tax households will need to submit separate eligibility applications.

Which Household Members Should Consumers Include on their Applications?

Which household members should consumers include on their applications?

If consumers are not applying for help paying for coverage, they should only include those household members who want coverage on their applications. If consumers *are* applying for help paying for

coverage, the FFM may need information about other individuals in the applicant's household, even if they are not applying for coverage.

The FFM may ask for information about:

- The consumer and any additional household members applying for coverage.
- Members of the applicant's tax household who are not applying for coverage, including their spouse if they're legally married and anyone included on an applicant's tax return as a tax dependent. This includes tax dependents who:
    - Don't live with the applicant.
    - Are not children of the applicants.
    - Have their own tax filing requirement.
- Anyone who claims an applicant as a tax filer. This includes tax filers who don't live with the applicant and tax filers who are not the applicant's parent.

In certain situations, the FFM may need to ask for additional information about other individuals who are not applying for coverage and are not on an applicant's tax return. This can include parents, children, or siblings who live with an applicant even if they aren't on the same tax return, and anyone under 21 who an applicant lives with and takes care of.

Marital Status, Tax Filing Status, and Eligibility for Financial Assistance

The FFM also asks applicants about their marital status. Generally, consumers who are married but who do not file a joint federal income tax return with their spouse are not eligible for premium tax credits. There are two exceptions:

Consumers who are legally married but considered unmarried for tax purposes and plan to use the Head of Household tax filing status should still indicate that they are married on their Marketplace application, and they will remain eligible for financial assistance through the Marketplace, if otherwise eligible.

Married victims of domestic violence or spousal abandonment who are applying for coverage separately from their spouse and filing taxes separately may indicate that they are not married on their Marketplace application, and they may be determined eligible for financial assistance through the Marketplace, if otherwise eligible.

Information Collected During the Application Process

Consumers need to provide the following information on each application they submit:

- Contact information,
- Who's applying,
- Whether they'd like to check their eligibility for financial assistance,
- Personal information for each applicant, and
- Citizenship or immigration status for each applicant.

If they are applying for help paying for coverage, they should also provide information on:

- How the household plans to file their federal income tax return,

- Household income, and
- Access to other coverage.

Application Inconsistencies

Earlier, we mentioned that inconsistencies called data matching issues, or DMIs, may occur when:

- A consumer's data does not match information from FFM's trusted data sources;
- A trusted data source may not have data for a consumer; or
- Information is missing or incorrect on the application.

Consumers may still enroll in coverage during temporary "inconsistency periods," but they'll receive a notice that asks them to provide the FFM with documents to support what they put on their application. If consumers do not provide appropriate information to resolve the inconsistency, they may lose that coverage and any financial assistance they were receiving.

Provide Supporting Documents

Consumers' eligibility notices tell them what additional supporting documents the FFMs need to resolve any DMIs and describe how long they have to submit these documents (either 90 or 95 days, depending on the type of DMI). If consumers don't submit documents in time, the FFMs may determine them ineligible for APTC and CSRs, adjust the amount of APTC and CSRs they're eligible to receive, or terminate their enrollment through the Marketplace.

If consumers choose to enroll and accept APTC during a DMI period, they must acknowledge that these payments are subject to reconciliation when they file federal income tax returns. You should help consumers understand this and help them gather the documents they need to resolve their DMIs.

Best Practices for Submitting Supporting Documents

If consumers encounter a DMI, they can find out what documents they need to submit by logging into their Marketplace account, selecting their application, and selecting application details from the menu on the left. Under qualified health plan eligibility, there will be a green verification button with information next to it describing any inconsistencies.

Selecting the **Verify** button gives the consumer the opportunity to upload and submit a requested document to an FFM. You should let consumers know that the FFMs will contact them before making any changes to their eligibility.

If you're helping consumers send requested documents through the mail, you should tell them that the Marketplace can process their documents faster if they include the barcode page from their eligibility notice along with their supporting documents.

You can offer to help them print the barcode page. If consumers don't have a barcode page, they should include their name and application ID number at the top of any documents they submit by mail.

Types of Income to Include on a Marketplace Application

It's important for consumers to report their household income as accurately as possible on their Marketplace application. Here's what should be included as household income on a Marketplace application.

Income Approximation

And here's what does NOT count as household income on a Marketplace application.

Taxable scholarships, awards, or fellowship grant amounts do count as income on MAGI calculations for the FFMs, and consumers should include them on Marketplace applications. However, the portion the recipient uses to pay for educational expenses and not living expenses does not count as household income on MAGI calculations for Medicaid and CHIP. The Marketplace application will ask consumers to indicate how much scholarship income is used for educational expenses.

Consumers with an Offer of Employer-Sponsored Coverage

Consumers who are eligible for employer-sponsored coverage, or ESC, may ask you whether they should apply for Marketplace coverage instead.

Consumers who are offered ESC that meets the minimum value standard are generally ineligible for the premium tax credit, or PTC, and CSRs through the FFMs.

To help consumers determine whether their offer of ESC is affordable and meets the minimum value standard, encourage them to ask their employers to fill out the Employer Coverage Tool worksheet.

Consumers can also use this tool themselves to collect the information the Marketplace needs to assess their offer of employer-sponsored coverage.

Consumers who will be enrolled in employer-sponsored coverage when their Marketplace plan will begin are also ineligible for the PTC and CSRs, regardless of whether the plan is affordable or meets the minimum value standard.

Minimum Value

An eligible employer-sponsored plan provides minimum value only if it pays at least 60 percent of the total allowed costs of benefits under that plan, and the benefits under the plan include substantial coverage of inpatient hospital services and physician services. Most employer-sponsored plans meet the minimum value standard.

Affordability is calculated by comparing an employee's share of the annual premium for self-only coverage to the employee's annual household income. To be considered affordable, for plans beginning in 2022, the yearly self-only premium for the lowest-cost self-only plan offered to the employee that meets the minimum value standard must not exceed 9.61 percent of the employee's household income for the tax year. The consumer should enter the self-only premium even if they could enroll in a family plan that has a different premium.

Consumers need to provide this premium even if they're not currently enrolled in the coverage offered by their employer so that the FFM can determine whether the offer of coverage is affordable.

This premium is the amount the employee would have to pay for coverage, not the plan's total premium.

Consumers With an Offer for COBRA Coverage

Consumers generally have a 60-day Special Enrollment Period, or SEP, after losing job-based coverage during which they can enroll in a Marketplace plan.

Consumers who lose ESC may be offered COBRA continuation coverage by their former employer.

Consumers who are already enrolled in COBRA continuation coverage may be able to change from COBRA continuation coverage to a Marketplace plan if it's still within 60 days of when they lost their non-COBRA job-based coverage if their COBRA is ending (other than because of a failure to pay premiums), or during Open Enrollment.

However, due to the COVID-19 National Emergency, these deadlines have been temporarily extended. Instead of employees being required to elect COBRA coverage within 60 days of losing group health coverage, plans are now required to "disregard" the period between March 1, 2020, and 60 days after the end of the COVID-19 National Emergency. Therefore, employees who have experienced a COBRA continuation coverage qualifying event have until the earlier of one year from the date they were first eligible for relief or 60 days after the announced end of the COVID-19 National Emergency.

Key Points

Here are some key points:

You should know how to guide consumers through each step of creating a Marketplace account and completing an application.

Consumers need to provide identifying information and answer questions about their eligibility status as part of the application process.

This includes their citizenship or immigration status for consumers who are applying for coverage, information about their household income if they're applying for help paying for coverage, and their current coverage status.

Conclusion

Congratulations on completing the *Creating and Submitting Applications* module of the Assister Readiness Webinar Series!

Please proceed to the next Week 1 module, *Application Assistance Simulation.*

Also, feel free to visit the Assister Readiness Webinar Series Resources listed here, including training materials for Navigators and other assisters and the assister webinars webpage.

Next:

Next Week 1 module: *Application Assistance Simulation*

Visit:

Assister Readiness Webinar Series Resources

For topical questions about this presentation:

Navigators please contact your Project Officer directly

CACs can email the CAC Inbox at CACquestions@cms.hhs.gov

Training materials for Navigators and other assisters:

https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html

We will host a LIVE webinar to recap the content presented in this week's modules and answer your questions. Check your email for information on the day and time of the event.

We hope you will join us then!