

How Assisters Can Help Consumers Apply for Coverage through the Marketplace Call Center



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- 1. Basics about the Marketplace Call Center
- 2. When to report changes to the Marketplace or other entities



4 Ways to Get Marketplace Coverage



Online

Visit HealthCare.gov to apply and enroll on the web. This is the fastest way to get covered.



Over the phone

Call the Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**. A customer service representative can help you apply and enroll over the phone.

In-person help

Get help from people in your community trained to help you apply and enroll in the Marketplace. Visit Localhelp.HealthCare.gov, or call the Marketplace Call Center.



Paper application

Fill out and mail in a paper application. You'll get eligibility results in the mail within 2 weeks.





Health Insurance Marketplace

CMS Product No. 11751 Revised March 2017

Call Center Basics

- 1-800-318-2596 / TTY:
 1-855-889-4325
- Available 24 hours a day, 7 days a week
- Closed Thanksgiving, Christmas, Memorial Day, July 4th, and Labor Day



Consumers Use the Call Center to:

- Apply for and enroll in coverage.
- Compare plans.
- Report changes to the Marketplace.
- Access translation services and personal assistance in languages other than English.
- Help with password resets and unlocking accounts.
- Find out how to cancel a Marketplace plan.



Marketplace Assister Call Lines

- Similar to previous individual market Open Enrollment Periods, there will be a designated Call Center line for assisters with several enhancements to help streamline the call process and minimize wait time.
- Using the assister line will only allow assisters to bypass the regular Call Center line if they need to help consumers with password resets or accessing certain Special Enrollment Periods (SEPs) that aren't granted through the application.
- For all other issues, the wait time will be the same as the regular Call Center line.

Marketplace Assister Call Lines (Continued)

- Assisters should use the assister line when working with consumers not only for faster service but also so that the Call Center can better monitor and meet assisters' needs.
- Note there are two different assister lines one for Navigators and one for certified application counselors (CACs).

Assister line for Navigators: 1-855-868-4678

>Assister line for CACs: 1-**855-879-2683**

Marketplace Assister Call Lines (Continued)

- If you are having difficulty accessing the assister line and:
 - You are a Navigator in a Federally-facilitated Marketplace (FFM), reach out to your CMS Project Officer.
 - You are a CAC in an FFM, email CACInbox@cms.hhs.gov.
- CMS will verify that the code you're using matches our records.

Knowledge Check

The assister call line will allow assisters to bypass the regular Call Center line to help consumers enroll in coverage.

True or False

Knowledge Check Results

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Using the assister line will only allow assisters to bypass the regular Call Center line if they need to help consumers with password resets or accessing certain SEPs that aren't granted through the application.

Tips for Assisters Helping Consumers Apply and Enroll through the Marketplace Call Center

- Help consumers gather everything they need to apply online or with the Marketplace Call Center.
 - https://marketplace.cms.gov/outreach-andeducation/apply-for-or-renew-coverage.pdf
- Encourage consumers to apply and report changes online if they have a Marketplace Account.
- Use "See Plans and Prices" to help consumers compare their plan options.
 - https://www.healthcare.gov/see-plans/

Reportable Changes to the Marketplace

The following changes should be reported by consumers throughout the year by updating their applications at HealthCare.gov or by calling the Marketplace Call Center. Some of these changes may qualify a consumer for an SEP.

Type of Life Change/Change in Circumstance
Gain a dependent (e.g., birth, marriage, adoption, placement for adoption, foster care, or due to a court order)
Lose a dependent (e.g., divorce, death)
Relocate to a new zip code or county
Gain access to other coverage (e.g., employer coverage, Medicaid, CHIP, or Medicare)
Lose access to other coverage (e.g., employer coverage, Medicaid, or CHIP)
Experience a change in citizenship or immigration status
Become pregnant (note: the consumer will be assessed for Pregnancy Medicaid coverage)
Become incarcerated (note: the consumer will need to end his/her Marketplace coverage)
Release from incarceration
Experience a change in household income
Experience a change in tax filing status/tax household composition
Experience a change in status as an American Indian/Alaska Native
Experience a change in disability status
Need to correct name, date of birth (DOB), or Social Security number (SSN)
Want to change communication preferences (e.g., email address , phone number, language preference, add or remove phone text alert, mailing of paper notices)

SEPs Not Granted through the Application

- SEPs allow consumers to enroll in or change plans outside of Open Enrollment.
- Consumers who experience certain changes in circumstance or other qualifying life events may qualify for an SEP. While many qualifying life events can be reported at HealthCare.gov or by calling the Marketplace Call Center, some events can only be reported to the Marketplace Call Center and may need to be handled by a CMS caseworker.
- These events include but are not limited to:
 - Consumers in non-Medicaid expansion states who were in the coverage gap and become newly eligible for advanced payments of the premium tax credit.

SEPs Not Granted through the Application (Continued)

- Consumers should make sure they tell the Call Center representative if they think they qualify for an SEP.
- Learn more about SEPs and SEP Verification Issues (SVI):
 - https://www.healthcare.gov/sep-list/
 - <u>https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/</u>
 - <u>https://marketplace.cms.gov/technical-assistance-resources/sepv-session.pdf</u>
- You may also find more information under Technical Assistance resources: <u>https://marketplace.cms.gov/technical-assistance-resources/special-enrollment-periods-.html</u>

Knowledge Check

Which of the following changes <u>CANNOT</u> be reported by updating a consumer's applications at HealthCare.gov?

- A. When a consumer loses a dependent
- B. When a consumer experiences a change in citizenship or immigration status
- C. When a consumer is in a non-Medicaid expansion state and was in the coverage gap but becomes newly eligible for advanced payments of the premium tax credit
- D. When a consumer wants to change communication preferences (e.g., email address, phone number, language preference, add or remove phone text alert, mailing of paper notices)

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Resolving Data Matching Issues

 To resolve data matching issues, consumers should review their notice and submit requested documentation by uploading or mailing their information.



- After submitting documentation, consumers can call the Marketplace Call Center to see if their data matching issue is resolved or whether additional documentation may be required. Consumers will also get a resolution notice.
- The Call Center representative will ask the caller to provide information about themselves, like name, date of birth, and/or application ID, for verification purposes.

Call Center Language Access Services

- Consumers can call the Marketplace Call Center for assistance in over 150 languages.
 - Navigators should be providing direct language services for languages in the populations they serve.
 - CACs are not required to provide language assistance services.
- Consumers will first be given the language options of English or Spanish via automated prompt. Consumers who speak a language other than English or Spanish can request to connect to a representative for assistance at any time.

The representative will try to determine what language is being spoken by asking the consumer what language he or she speaks. Family members should be enlisted to provide language assistance only after the consumer has rejected an offer of free language assistance (e.g., a language line operator) and has indicated a preference to rely on help from a family member.



Can a Consumer Permit Someone to Speak to the Call Center on Their Behalf?

- Yes, consumers can give an assister permission to communicate with the Marketplace Call Center on their behalf. This would not be a formal designation of authority to represent the consumer in the consumer's absence.
- To do so, consumers can call the Marketplace Call Center and explain to a Call Center representative that they permit a specific assister to communicate with the Call Center.

Hearing impaired consumers who would like to grant an assister permission to speak on their behalf when working with the Call Center can contact the Call Center using a TTY to grant permission to a specific assister. After, the consumer may have that assister contact the Call Center and speak to the Call Center Representative on the consumer's behalf.



<u>Marketplace</u>: For eligibility or plan selection issues, consumers can call the Marketplace Call Center. For example:

- Password resets
- Walking consumers through applying and selecting a plan
- Status of a data matching issue

Note: If consumers don't have the contact information for their insurance company, the Marketplace Call Center will be able to provide that information to them.

Issuer: For certain **post-enrollment issues**, consumers should **call their insurance company**. For example:

- When premium payments are due and how to pay premiums
- Issues with claims or coverage
- Finding network providers or drug formularies

Note: Appeals must be filed using a Marketplace Eligibility Appeal Request form at or by writing a letter to:

Health Insurance Marketplace Attn: Appeals 465 Industrial Blvd. London, KY 40750-0061

Knowledge Check

If a consumer wants to know when a payment is due, who should consumers contact?

Marketplace or Issuer

Knowledge Check Results

If a consumer wants to know when a payment is due, who should consumers contact?

Marketplace or Issuer



Call Center Representatives

- Please remember that Call Center representatives are here to help.
- Sometimes there are HealthCare.gov issues and policy decisions that are beyond their control.
- Representatives are trained on the application and enrollment process and don't have expertise in other issues governed by CMS regulations or in Marketplace policy more generally and aren't tax professionals. Addressing policy with representatives may prolong the call and disrupt the overall consumer caller experience.

