

# MARKETPLACE ASSISTER TOOLKIT

## *The Assister's Roadmap to Resources*





## The Assister's Roadmap to Resources

### **Welcome to the Assister's<sup>1</sup> Roadmap to Resources!**

*The Assister's Roadmap to Resources (the Roadmap) serves as your quick guide to the resources the Centers for Medicare & Medicaid Services (CMS) and our federal partners have developed to help assisters and consumers navigate the Health Insurance Marketplaces (Marketplaces).*

The Roadmap introduces important Marketplace<sup>2</sup> and other health coverage topics, provides links to helpful resources on those topics, and contains information that assisters “Need to Know” when helping consumers apply for and enroll in Marketplace and other health coverage.

*Disclaimer: The information provided in this document is only intended to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance upon which it is based. This document summarizes current policy and operations as of the date it was published. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them and consumers.*

### What's inside?

- I. How to get the latest information on Marketplace policies and operations from CMS
- II. What coverage options are available to consumers
- III. What you need to know about the Marketplace eligibility and enrollment process to help consumers get coverage
- IV. How to access Marketplace information and resources in other languages



<sup>1</sup> The term “assister” is used in this document to refer to Navigators, certified application counselors (CACs), and Non-Navigator assistance personnel in the Federally-facilitated Marketplaces, including State Partnership Marketplaces.

<sup>2</sup> The term “Marketplace” is used in this document to refer to the Federally-facilitated Marketplaces, including State Partnership Marketplaces.



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## Chapter I: Assister Resources and Communications

In this chapter you can learn about:

- How to get the latest information from CMS on Marketplace policies and operations
- Which agencies and organizations have resources on the Affordable Care Act
- How to get direct help with supporting consumers

### A. How do I get the latest information from CMS on Marketplace policies and operations?

You can stay up-to-date on Marketplace policies and operations, eligibility and enrollment activities, and special announcements from CMS using the resources described below.

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#### The Assister Newsletter

CMS e-mails this newsletter to assisters once every other week. The newsletter provides information about the Affordable Care Act and the Marketplaces. Subscribe to the newsletter by e-mailing the listserv (see listserv instructions below). Once subscribed, you will receive the latest information about Marketplace policies and operations, information from past Assister Webinars, answers to frequently asked questions (FAQs), invitations to upcoming webinars, and outreach resources and assister spotlights that highlight best practices from fellow assisters. Visit the link below to view an archive of past newsletters.

- ▶ See an archive of [past newsletters](#).

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#### The Assister Webinar Series

Whether you are a new or returning assister, we encourage you to participate in the Assister Webinar series for additional training opportunities. Webinars cover various Marketplace and health coverage topics to help you assist consumers in getting coverage. You can find the Assister Webinar schedule in the Weekly Assister Newsletter. Newsletter subscribers receive webinar invitations with log-in instructions.

- ▶ See an archive of [past webinar presentations and written transcripts](#).

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#### Listserv (ASSISTERLISTSERV@cms.hhs.gov)

You can subscribe to the Weekly Assister Newsletter and the Assister Webinar series by e-mailing [assisterlistserv@cms.hhs.gov](mailto:assisterlistserv@cms.hhs.gov). Include the phrase “add to listserv” in the subject line of your e-mail. Also, provide the e-mail address where you would like to receive the newsletter and webinar invitations in the body of your e-mail request.

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## B. Which agencies and organizations have resources on the Affordable Care Act?

Many different federal and state entities play a role in implementing the Marketplaces and other provisions of the Affordable Care Act. Non-governmental organizations also provide information and resources on the Affordable Care Act. This section provides information on some of these entities and organizations and links to resources they have made available.

### 1. CMS Resources

You can use the resources CMS has created while helping consumers complete eligibility and enrollment activities.

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#### **HealthCare.gov**

HealthCare.gov is the official website of the Federally-facilitated Marketplaces (FFMs) where consumers can apply for health coverage, browse plans, and enroll in coverage. HealthCare.gov is also the official website of the Small Business Health Options Program (SHOP), where small businesses can offer health coverage to their employees. The website also offers many resources for you and the consumers you help – it provides information about eligibility for health coverage, the Marketplace application, and how to complete enrollment.

- ▶ Go to [HealthCare.gov](https://www.healthcare.gov) for the Marketplace online application and helpful information about Marketplace eligibility and enrollment (also available in [Spanish](#)).
- ▶ See the [Quick Guide to the Marketplace](#) for an overview of Marketplace eligibility requirements and deadlines (also available in [Spanish](#)).

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#### **Marketplace.cms.gov**

Marketplace.cms.gov is the official Marketplace information source for assisters and outreach partners. This site provides technical resources, tools, and tips to explain Marketplace concepts and better prepare you to help consumers. On this site, you will find a number of fact sheets, FAQs, PowerPoint presentations, and more on Marketplace policy and operations, and education and outreach. You can also download forms and other documents consumers may need, such as appeal and exemption forms.

- ▶ Go to [Marketplace.cms.gov](https://www.marketplace.cms.gov).
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**Center for Consumer Information & Insurance Oversight**

The Center for Consumer Information & Insurance Oversight (CCIIO) is the center within CMS responsible for implementing many of the health coverage reform provisions under the Affordable Care Act, including the Marketplaces and Marketplace consumer assistance programs. Visit CCIIO's website for the latest guidance and fact sheets on providing in-person assistance to consumers, as well as a number of other policies related to the Affordable Care Act.

- ▶ Go to the [CCIIO](#) website.

**Registration for Technical Assistance Portal (REGTAP)**

REGTAP is an online hub and storage site for CMS sub-regulatory guidance related to the Marketplaces and general health reform under the Affordable Care Act. On REGTAP, you can access the latest sub-regulatory guidance on topics like qualified health plans (QHPs), enrollment and eligibility, issuer payments, and the SHOP Marketplaces.

- ▶ Register on the [REGTAP](#) website.

**CMS zONE**

CMS zONE is a social platform to connect and share information among communities. CMS hosts an Online Resource Library for Assisters on CMS zONE. Use this online community group to share materials and resources you have created, access materials other assisters have created, and publicize and learn about webinars and national conferences. You can request access to the Online Resource Library for Assisters through CMS zONE.

- ▶ See instructions on how to join the [Online Resource Library for Assisters](#).

*Disclaimer: CMS does not endorse the information and resources provided by the members of the Online Resource Library for Assisters. By administering this online community, CMS does not intend to suggest that it is endorsing the information or resources provided by these organizations over information or resources that might be provided by other organizations.*

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## 2. Key Federal Partners

Many different agencies within the Department of Health & Human Services (HHS) and across the federal government are involved in implementing the Affordable Care Act. Inter-departmental and cross-agency collaboration is necessary to ensure consumers get access to affordable, quality health care coverage. Use the links provided below to access resources produced by other agencies. You can use these resources when helping consumers with eligibility and enrollment activities related to Marketplace coverage, Medicaid, Medicare, and other health care coverage programs and initiatives.

### Department of Health & Human Services



HHS seeks to improve the health, safety, and well-being of Americans. HHS provides information on the Affordable Care Act and how it increases access to affordable, quality health care coverage for Americans. You can use the resources developed by HHS to support consumers and other stakeholders seeking to enroll in coverage and to help them transition from coverage to care.

- ▶ See [HHS resources related to the Affordable Care Act](#).

### CMS-Medicaid



Medicaid is a federal program administered by CMS, a federal agency within HHS. Medicaid.gov is a one-stop shop for federal policy and program information about Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program. On Medicaid.gov, you can find information about Medicaid and CHIP coverage, benefits, and application processes to share with consumers. For information about state Medicaid offices, please see the [State Resources section](#).

- ▶ Go to the [Medicaid](#) website.
- ▶ Medicaid and CHIP eligibility requirements vary by state. Find information about the [Medicaid and CHIP programs in each state](#).
- ▶ Find [information about how the Affordable Care Act affects Medicaid beneficiaries](#).

### CMS-Medicare



Medicare is a federal program administered by CMS, a federal agency within HHS. Medicare.gov provides Medicare beneficiaries, family members, and caregivers with the latest information on Medicare enrollment, policies, and benefits. You can refer beneficiaries to Medicare.gov for help with things like choosing a Medicare plan and finding providers.

- ▶ Go to the [Medicare](#) website.
- ▶ Find information about [how the Affordable Care Act affects Medicare beneficiaries](#).
- ▶ Find a list of [frequently asked questions about Medicare and the Marketplace](#).

**Health Resources  
and Services  
Administration**

The Health Resources and Services Administration (HRSA), a federal agency within HHS, is committed to improving access to health care by strengthening the health care workforce, building healthy communities, and achieving health equity. HRSA's programs, such as federally-qualified health centers, rural health clinics, and Ryan White HIV/AIDS programs, aim to increase access to health care coverage and services for consumers who are geographically isolated, or economically or medically vulnerable. You can use these resources to learn about HRSA's programs.

- ▶ Go to the [HRSA](#) website.
- ▶ Find information about [how the Affordable Care Act impacts rural and vulnerable populations](#).
- ▶ Find information on some of the [HRSA-funded programs](#).

**HHS Office of  
Minority Health**

The Office of Minority Health (OMH), a federal agency within HHS, works to improve the health of racial and ethnic minority populations through the development of health policies and programs that aim to eliminate health disparities. OMH connects minority consumers and communities of color with information about affordable health coverage options.

- ▶ Go to the [OMH](#) website.

**HHS Office of Civil  
Rights**

The Office for Civil Rights (OCR), a federal agency within HHS, protects fundamental nondiscrimination and health information privacy rights by teaching health and social service workers about civil rights, health information privacy, and patient safety confidentiality laws; educating communities about civil rights and health information privacy rights; and investigating civil rights, health information privacy, and patient safety confidentiality complaints to identify discrimination or violation of the law and taking action to correct problems.

- ▶ Go to the [OCR](#) website.
- ▶ Find information on how to [file a civil rights or health information privacy complaint](#) with OCR.

**The Indian Health Service**

The Indian Health Service (IHS), a federal agency within HHS, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives who belong to [566 federally recognized tribes](#) in 35 states.

- ▶ Go to the [IHS](#) website for more information about the health care services they provide.
- ▶ See the IHS's [Fact Sheets](#) containing general information on the IHS and on specific health care topics concerning American Indian and Alaska Native people.

**Internal Revenue Service**

The Internal Revenue Service (IRS) is the federal agency responsible for tax collection and tax law enforcement. It provides information about provisions of the Affordable Care Act that impact consumers' federal taxes. The IRS publishes tax bulletins with detailed information on tax law and forms related to Affordable Care Act provisions, such as the Form 8962, Premium Tax Credit, and Form 8965, Health Coverage Exemptions.

- ▶ Go to the [IRS](#) website.
- ▶ Find information about [tax provisions of the Affordable Care Act](#), such as the premium tax credit, exemptions, and fee (also known as the penalty, fine, individual shared responsibility payment, or individual mandate) for not having health coverage.

**Department of Labor**

The Department of Labor (DOL) provides information about the Affordable Care Act provisions and other consumer protections (e.g., Consolidated Omnibus Budget Reconciliation Act [COBRA] coverage) related to employment-based group health plans for consumers and their families. You can use these resources to help employers, employees, and their families learn more about employment-based health coverage.

- ▶ Go to the [DOL](#) website.
- ▶ Find information about [provisions of the Affordable Care Act related to employers and employees](#).

**Veterans Affairs**

The Department of Veterans Affairs (VA) provides information about health coverage options available to veterans and their families, and the provisions of the Affordable Care Act that are relevant to this population. Refer consumers to these resources for more information about how the Affordable Care Act impacts veterans.

- ▶ Go to the [VA](#) website.
  - ▶ Find information about [provisions of the Affordable Care Act related to veterans and their dependents](#).
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**Small Business Administration**

The Small Business Administration (SBA) is an independent agency of the federal government formed to aid, counsel, assist, and protect the interests of small business concerns. The SBA provides information about the Affordable Care Act, the Marketplaces, and regulations that impact self-employed individuals and small businesses. Refer to these resources to help self-employed consumers and/or small business owners explore their health coverage options.

- ▶ Go to the [SBA](#) website.
  - ▶ Find information about [provisions of the Affordable Care Act related to small businesses or self-employed individuals](#).
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### 3. State Resources

You can also consult state resources to learn about state-specific assister policies and regulations. Becoming familiar with these resources will help you provide consumers with relevant, state-specific information related to their health care coverage.

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#### **State Medicaid Agencies**

Each state has a unique Medicaid program. You can visit the state's Medicaid website for accurate and up-to-date information on eligibility for Medicaid and CHIP in a particular state.

- ▶ Locate your state's [Medicaid profile](#).

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#### **State-specific Assister Information and Resources**

States may have their own assister certification and training requirements. State Departments of Insurance (DOIs) and/or other state agencies may establish these requirements for assisters, and regulate many other aspects of health coverage within a state. Check with your state's DOI (and/or other applicable agency) to see what requirements you must meet to help consumers get health coverage.

- ▶ Find information about your [state's DOI](#).

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#### **State Health Insurance Assistance Programs**



State Health Insurance Assistance Programs (SHIPs) provide free, in-depth, one-on-one coverage counseling to Medicare beneficiaries, their families, friends, and caregivers. SHIPs operate in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. SHIPs are grant-funded projects of HHS' Administration for Community Living (ACL). You can work with consumers to contact their state's SHIP office if they have questions or concerns about Medicare and other Medicare-related health coverage plans and programs.

- ▶ Click here to find information about [SHIP](#).
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#### 4. Non-governmental Resources

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**FamiliesUSA**

- ▶ The [FamiliesUSA Enrollment Assister Resource Center](#) website contains webinars, presentations, and other resources.

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**In the Loop**

- ▶ The [In the Loop](#) website provides access to an online community of assisters.

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**Enroll America**

- ▶ The [Enroll America](#) website contains resources on consumer outreach and enrollment.

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**The Henry J. Kaiser Family Foundation**

- ▶ The [Kaiser Family Foundation](#) website contains surveys, state health facts, and studies on national and international health care, as well as explanatory tools and resources on health reform.

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**Center on Budget and Policy Priorities**

- ▶ The [Center on Budget and Policy Priorities](#) health reform website contains research in health policy and resources on Marketplace eligibility and enrollment activities.

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**The Center for Children and Families of the Georgetown University Health Policy Institute**

- ▶ The [Center for Children and Families of the Georgetown University Health Policy Institute](#) website contains information about the Affordable Care Act and other health policy topics.

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**The Refugee Health Technical Assistance Center**

- ▶ The [Refugee Health Technical Assistance Center](#) contains information about health coverage options for refugees and other immigrants.
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*Disclaimer: While CMS does not endorse the information and resources provided by the outside entities listed above, these entities have created websites with information intended for people helping consumers access coverage through the Marketplaces. Other organizations not listed here may also provide information intended for the same audience. By providing these links, CMS does not intend to suggest that it endorses the information provided by these organizations over information provided by other organizations.*



## C. How can I get direct help?

This section describes support to help you answer specific questions or address issues that may arise when helping consumers with Marketplace eligibility and enrollment activities.

### 1. Marketplace Call Center

The Marketplace Call Center helps consumers enroll in health coverage and provides frontline support for consumers experiencing Marketplace eligibility or plan selection issues. For example, call center representatives can help consumers reset their HealthCare.gov passwords, walk them through how to select plans, and help triage and properly assign consumer cases dealing with more complex enrollment issues, if appropriate. You should refer consumers to the Marketplace Call Center if they are experiencing problems using HealthCare.gov or need additional help with eligibility and enrollment. Consumers should also call the Call Center if they believe they were enrolled without their consent or if they believe they were victims of ID theft or fraud.



- ▶ [Contact the Marketplace Call Center](#) (contact information in [Spanish](#)).

## Things You Should Know

- **Use** this [checklist](#) to help consumers gather the information they need to enroll before contacting the Marketplace Call Center for enrollment assistance.
- **Instruct** consumers who need to call the Marketplace Call Center with enrollment issues to gather as much information about their application as possible before contacting the Marketplace Call Center. Consumers should have their application ID available when they call.



## 2. CMS Navigator Program Project Officers (Navigators only)

If you receive federal Navigator grant funds, you will be assigned a CMS Project Officer (PO). Your PO is the primary point of contact for Navigator program activities and issues, and is responsible for defining programmatic objectives and providing oversight of the Navigator grantee's programmatic performance. In general, your PO can help you by:

1. Providing programmatic assistance.
2. Directing you to helpful resources.
3. Updating you on Marketplace policy and operations.
4. Helping you stay in compliance with grant requirements.

### Things You Should Know

**Contact** your PO for assistance with:

- Consumer issues and troubleshooting
- Questions about how to conduct outreach and education
- Questions about how to work with other organizations in your community
- Questions about the Navigator grant requirements

## 3. Regional Office Liaisons

CMS has 10 Regional Offices (ROs) located throughout the United States. The CMS ROs are CMS' local presence in your community. ROs are available to serve as a resource for consumers seeking assistance with Medicare, Medicaid, and the Marketplaces. They are also available to serve as a resource for you as an assister.

RO's provide Marketplace technical assistance to you via trainings, seminars, and answering your questions. They can also help you set up your own outreach and education events. The RO is particularly interested in learning where and when your outreach and enrollment events are being held, and how they can help support your marketing. ROs can also help you connect with other organizations in your local community, such as state policymakers, advocacy organizations, state Medicaid offices, SHIP offices, and tribal communities. In some cases, ROs may speak at or attend your community events, or ask you to participate in a CMS-sponsored event to provide outreach or enrollment assistance.

You can access ROs directly through the contact list provided in this section or be connected through your assigned PO. The PO and RO for your state often work together and routinely meet with you to provide you with support on outreach and education-related events and planning. Your PO and RO will contact you directly about these meetings and the details of your participation.

- ▶ Find [information on the Regional Offices](#).
- ▶ See a [map of each RO by state](#).
- ▶ Find more information about the [ways ROs service your community](#).

## 4. Certified Application Counselor (CAC) Mailbox (CACs only)

If you are a CAC in a state with an FFM (including states with a State Partnership Marketplace [SPM]), you should direct inquiries regarding the CAC program; consumer issues and troubleshooting; and other assister-related issues; to the CAC mailbox. E-mail the CAC mailbox at [CACQuestions@cms.hhs.gov](mailto:CACQuestions@cms.hhs.gov).

- ▶ Click here for a number of [resources for CACs in an FFM or SPM](#), including model authorization and CAC certification forms, and the CAC Standard Operating Procedures Manual.



## Chapter II: Coverage Options Available to Consumers

There are a number of health care coverage options available to consumers, including:

- Marketplace coverage for individuals
- Medicaid and CHIP coverage
- SHOP Marketplace coverage for small employers and their employees
- Medicare
- Other coverage options such as employer-sponsored coverage, VA benefits, and private health coverage purchased outside the Marketplaces

Learn about each coverage option in the sections below.

### A. Marketplace Coverage

Most consumers are eligible to buy health coverage through the Marketplaces. To be eligible for health coverage through a Marketplace, a consumer:

1. Must be a resident of the state served by the Marketplace;
2. Must be a U.S. citizen, U.S. national, or be lawfully present, and reasonably expect to be for the entire time they will be enrolled; and
3. Cannot be incarcerated (other than incarceration pending disposition of charges).

Note: Generally, if consumers have Medicare coverage, issuers cannot sell individual Marketplace coverage to them with the knowledge that it duplicates their Medicare coverage. Go to the [Chapter II, Section C on Medicare](#) for more information about the relationship between Medicare and the Marketplaces.

#### 1. When can consumers enroll in coverage through the Marketplaces?

Consumers generally can enroll in a QHP through the Marketplaces only during the annual **Open Enrollment period**. After the Open Enrollment period ends, you can help consumers who experience certain life changes find out if they qualify for a **special enrollment period** to get coverage through the Marketplaces. In most cases, consumers qualify for a special enrollment period in the Marketplaces for a 60-day period from the date following certain life events that involve a change in family status (e.g., marriage or birth of a child). In the case of the SHOP Marketplaces, most special enrollment periods last for a 30-day period from the date of the life event. If consumers are already enrolled in coverage through a Marketplace when they experience a certain life event, you can help them find out if they are eligible to change Marketplace

#### Things You Should Know

- **Help** consumers report changes to the Marketplaces during and after open enrollment online at HealthCare.gov and through the Marketplace Call Center.
- **Remember** that for some special enrollment periods, consumers can enroll online at HealthCare.gov or over the phone with the Marketplace Call Center, but other special enrollment periods are offered only through the Marketplace Call Center.



plans or add household members to their existing plan. See Chapter III, Section D, [How can I help consumers report life changes to the Marketplace?](#) for more information on reporting life changes to the Marketplaces.

**Learn the Basics and Find More Information:**

- ▶ See a [list of life events](#) that may qualify consumers for a special enrollment period (also available in [Spanish](#)).
- ▶ Go to the [Special Enrollment Period Screener Tool](#), (also available in [Spanish](#)), an easy-to-use tool you can use to help consumers determine whether they may be eligible for a special enrollment period to enroll in coverage through the Marketplaces outside the Open Enrollment period. You can also use this tool to help consumers determine if they may be eligible to enroll in Medicaid or CHIP. Remember, this tool is not an application for a special enrollment period; it is just a tool to help consumers understand what they may be eligible for. Note that individuals in these five SEP categories will need to provide documents to the Marketplaces to prove their eligibility for the SEP: 1) loss of Minimum Essential Coverage (MEC); 2) change in primary place of living (i.e. Permanent Move); 3) marriage, 4) birth of a child; and 5) gaining a dependent through adoption, a foster care placement or a child support or other type of court order.
- ▶ Find more detailed information on [different special enrollment periods](#).
- ▶ Consumers who qualify for a special enrollment period and sign up for coverage will have different coverage effective dates based on the type of special enrollment period for which they qualify.

*QHP Effective Dates for Special Enrollment Period Events*

Special Enrollment Period Event	QHP Effective Date
Loss of Minimum Essential Coverage	<ul style="list-style-type: none"> <li>• Plan selection after the loss of coverage: first of the month following QHP selection.</li> <li>• Plan selection in advance of the loss of coverage: first of the month following the loss of coverage.</li> </ul>
Marriage	<ul style="list-style-type: none"> <li>• First of the next month following plan selection.</li> </ul>
Denial of Medicaid or CHIP	<ul style="list-style-type: none"> <li>• First of the next month following plan selection.</li> </ul>
Birth, Adoption, Foster Care	<ul style="list-style-type: none"> <li>• Date of birth, adoption, placement for adoption, or placement in foster care.</li> </ul>
Gaining Lawfully Present Status <i>* Note: This special enrollment period does not apply in the SHOP Marketplaces.</i>	<ul style="list-style-type: none"> <li>• Plan selection on or before 15<sup>th</sup> of the month: first of the next month.</li> <li>• Plan selection on or after 16<sup>th</sup> of the month: first of the month after next.</li> </ul>
Current Enrollee Newly Eligible or Ineligible for Premium Tax Credits; Change in Cost-sharing Reductions (CSR) <i>* Note: This special enrollment period does not apply in the SHOP Marketplaces.</i>	<ul style="list-style-type: none"> <li>• Plan selection on or before 15<sup>th</sup> of the month: first of the next month.</li> <li>• Plan selection on or after 16<sup>th</sup> of the month: first of the month after next.</li> </ul>
Moving and Incarceration Release	<ul style="list-style-type: none"> <li>• Plan selection on or before 15<sup>th</sup> of the month: first of the next month.</li> <li>• Plan selection on or after 16<sup>th</sup> of the month: first of the month after next.</li> </ul>
American Indian or Alaska Native Status	<ul style="list-style-type: none"> <li>• Plan selection on or before 15<sup>th</sup> of the month: first of the next month.</li> <li>• Plan selection on or after 16<sup>th</sup> of the month: first of the month after next.</li> </ul>



## 2. What plans are available through the Marketplaces?

You should let consumers know that all Marketplace plans have been certified by the Marketplaces as QHPs. Other than Marketplace plans providing only dental benefits, all QHPs provide essential health benefits (EHB) (where a dental-only plan is available, some QHPs may omit pediatric dental benefits); follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts); and meet other requirements. A QHP is certified by each Marketplace in which it is sold.

### *Learn the Basics and Find More Information:*

- ▶ Use the [See Plans and Prices Tool](#), (also available in [Spanish](#)), to help consumers estimate the costs of their health plan premiums and explore potential health plans before completing an eligibility application.
- ▶ See a list of the [10 EHB](#), (also available in [Spanish](#)), that must be covered by all QHPs offered through the Marketplaces.

## 10 Essential Health Benefits



Pediatric Services



Hospitalization



Maternity and Newborn Care



Laboratory Services



Ambulatory Patient Services



Prescription Drugs



Emergency Services



Rehabilitative & Habilitative Services & Devices



Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment



Preventive & Wellness Services & Chronic Disease Management

- ▶ All Marketplace plans (other than dental-only plans) and many other plans must cover certain preventive services without charging consumers cost-sharing, including a copayment or coinsurance. This is true even if consumers haven't met their yearly deductible. See lists of preventative services for [adults](#) (also available in [Spanish](#)), [women](#) (also available in [Spanish](#)) and [children](#) (also available in [Spanish](#)) that are available at no additional cost to consumers enrolled in QHPs.



- ▶ There are five categories of Marketplace health coverage: Bronze, Silver, Gold, Platinum, and Catastrophic. Categories differ based on how consumers and insurers can expect to share in the costs of care; they do not indicate differences in quality of care. Find more information about the different [categories of Marketplace coverage](#) (also available in [Spanish](#)).
- ▶ One of the categories of Marketplace plans—Catastrophic plans—may be available through the Marketplaces for consumers who are younger than 30 when they enroll or for consumers who received a hardship or affordability exemption. Find more information about [Catastrophic coverage](#) (also available in [Spanish](#)).
- ▶ There are different types of plans sold through the Marketplaces that often vary in network size and other plan features that may be important to consumers. See a [description of the different plan types](#) consumers might find through the Marketplaces (also available in [Spanish](#)).
- ▶ Consumers may need help understanding commonly used health coverage terms. See a [glossary of terms](#) (also available in [Spanish](#)) to help explain coverage concepts to consumers. This glossary is also included in plan materials and consumers can refer to it when choosing a plan and later when using their coverage.
- ▶ Find information about [how to choose Marketplace coverage](#) (also available in [Spanish](#)).
- ▶ Find information about [using Marketplace coverage](#) (also available in [Spanish](#)).

### Things You Should Know

- **Direct** consumers to a plan's Summary of Benefits of Coverage (SBC), available on HealthCare.gov. A plan's SBC is an easy-to-read summary that lets consumers make apples-to-apples comparisons of costs and coverage among health plans. SBCs help consumers compare options based on costs, benefits, and other features that may be important to them.
- **Ask** consumers whether they see a provider they would like to continue seeing or take certain prescription drugs they want to continue taking. If yes, help consumers compare plan provider networks and drug formularies.

## B. Medicaid and CHIP Coverage

Medicaid and CHIP provide free or low-cost health coverage to millions of Americans, including some low-income individuals; families and children; pregnant women; the elderly; and people with disabilities. Both programs are run jointly by federal and state governments and details vary between states.

The Affordable Care Act provides states with additional federal funding to expand their Medicaid programs to cover certain adults younger than 65 with income up to 133% of the federal poverty level (FPL). (Because of the way this threshold is calculated, it's effectively 138% FPL.) This means that in states that have opted to expand Medicaid, free or low-cost health coverage is available to individuals with incomes below a certain level regardless of disability; family status; financial resources; and other factors that are usually taken into account in Medicaid eligibility decisions. However, not all states have expanded their Medicaid program yet. It is important to note that children (18 and younger) are eligible for this public program up to 133% FPL income level or higher in all states.

Consumers can use the Marketplace application to find out if they may qualify for Medicaid and CHIP. In certain states, known as "assessment states," the state's Marketplace makes a preliminary assessment of a consumer's



Medicaid or CHIP eligibility, transfers the consumer's account to the state Medicaid or CHIP agency, and the Medicaid or CHIP agency makes a final determination of the consumer's Medicaid or CHIP eligibility. In other states, known as "determination states," the state's Marketplace may make a final determination of a consumer's Medicaid or CHIP eligibility.

*Learn the Basics and Find More Information:*

- ▶ Find information about [Medicaid expansion under the Affordable Care Act](#) (also available in [Spanish](#)) and if the state you work in has expanded its Medicaid program.
- ▶ Find more information about state [Medicaid and CHIP programs](#), including eligibility categories and income limits for consumers in each state.
- ▶ See for a [breakdown of which states are assessment versus determination states](#).
- ▶ Immigrants who are qualified non-citizens and have met the five-year bar are generally eligible for Medicaid or CHIP, if they meet their state's income eligibility rules. Find more information about [coverage for lawfully present immigrants](#) (also available in [Spanish](#)).
- ▶ Some states elected to expand coverage of Medicaid and CHIP to lawfully present children and/or pregnant women, regardless of whether they hold "qualified non-citizen" immigration statuses or have met the five-year waiting period, if otherwise eligible for Medicaid or CHIP in the state. For more information about state Medicaid and CHIP programs that cover lawfully present children and/or pregnant women, please see [Medicaid and CHIP Coverage of Lawfully Residing Children and Pregnant Women](#).
- ▶ To qualify for financial assistance through the Marketplaces, consumers who have recently been denied Medicaid or CHIP due to immigration status will need to answer the Medicaid block question and indicate they were recently found ineligible for Medicaid or CHIP when they return to the Marketplaces and submit an application. Find more information [applying for coverage after receiving a Medicaid or CHIP denial](#).
- ▶ Find more information about [Medicaid and CHIP coverage](#) (also available in [Spanish](#)).

### Things You Should Know

- **Inform** consumers they can apply for and enroll in Medicaid or CHIP any time of year. If they qualify, their coverage can begin immediately. Medicaid coverage may start retroactively for up to three months prior to the month of application, if consumers would have been eligible during the retroactive period.
- **Help** consumers cancel their enrollment through the Marketplaces with financial assistance if they are determined eligible for Medicaid or CHIP. Marketplace coverage does not end automatically if a consumer is found eligible for Medicaid or CHIP. Explain to consumers that if they don't cancel their enrollment with financial assistance through a Marketplace, they may have to pay back the advance payments of the premium tax credit they received through a Marketplace for the months they were eligible for Medicaid or CHIP coverage.



## Things You Should Know

- **Be aware** that some limited types of Medicaid coverage pay only for family planning, emergency treatment (Emergency Medicaid), tuberculosis services or outpatient hospital services. Consumers who are only eligible for this type of Medicaid coverage can apply for more comprehensive coverage through the Marketplaces and may also qualify for financial assistance paying for their Marketplace coverage. If you are helping consumers with limited Medicaid coverage fill out a Marketplace application, and they are asked whether they have coverage now, they should not check the box saying they have Medicaid.
- **Know** that some consumers who applied for coverage through the Marketplaces during open enrollment (or during a special enrollment period) and were assessed as Medicaid eligible by a Marketplace, may later have been denied Medicaid coverage by the state after open enrollment ended (or after the 60-day window to enroll during a special enrollment period expired). When consumers in this situation return to a Marketplace to purchase a QHP, they have the option of selecting coverage effective retroactively to the date they first applied for coverage. If they choose retroactive coverage, they will be responsible for premium payments for the preceding months.

## C. Small Business Health Options Program (SHOP) Marketplaces

The Federally-facilitated SHOP Marketplaces help eligible small employers (generally, employers with 1 to 50 full-time and full-time equivalent [FTE] employees, or in some states, employers with 1 to 100 full-time and FTE employees, who meet all SHOP eligibility requirements) provide health coverage to their employees. You can help small employers and persons offered coverage by eligible small employers apply for and enroll in health coverage through the SHOP Marketplaces online at HealthCare.gov. You can help participating employers choose which coverage to offer, and how much they will pay toward premiums. Small employers who purchase coverage through a SHOP Marketplace may qualify for the Small Business Health Care Tax Credit, which can be worth up to 50 percent of the employer's contribution toward enrollee premium costs.

### *Learn the Basics and Find More Information:*

- ▶ See an [overview of the SHOP Marketplace](#) (also available in [Spanish](#)) from HealthCare.gov.
- ▶ Listen to a recording of the CMS webinar, [Getting Small Business Health Coverage through the SHOP Marketplace](#).

### *Resources for you and the employers you help:*

- ▶ Find an introduction to health and dental coverage in the [SHOP Marketplace](#) (also available in [Spanish](#)) for employers who are interested in enrolling.
- ▶ See the [Assisters Guide to Helping Employers Enroll in SHOP Marketplace Coverage](#), an infographic that outlines the five steps employers have to take to enroll in SHOP Marketplace coverage and explains how you can help them with these steps.
- ▶ See the [SHOP Marketplace Employer Enrollment User Guide](#), which will help you explain the enrollment process to employers interested in offering their employees coverage through the SHOP Marketplaces.



- ▶ Find the [FTE Employee Calculator](#) (also available in [Spanish](#)), which you can share with small business owners to help them count the number of full time employees and FTEs they have to see if they may qualify for coverage through the SHOP Marketplaces.
- ▶ Find information about the [Small Business Health Care Tax Credit](#) (also available in [Spanish](#)) and use the [Small Business Health Care Tax Credit Estimator](#) (also available in [Spanish](#)) to see whether the employers you work with may qualify for this tax credit. Find more detailed information on the [Small Business Health Care Tax Credit from the IRS](#).



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*Assisters' Guide to Helping Employers Enroll in SHOP Marketplace Coverage*

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**Resources for you and the employees you help:**

- ▶ See an [overview of the SHOP Marketplace for employees](#) (also available in [Spanish](#)) and others who receive an offer of coverage through a SHOP Marketplace from an employer.
- ▶ Find a general overview of [how employees and other persons offered coverage enroll through the SHOP Marketplace](#) (also available in [Spanish](#)).
- ▶ See the [SHOP Marketplace Employee Enrollment User Guide](#) for a more comprehensive manual on how to help employees and others who receive an offer of coverage from an employer through a SHOP Marketplace.



- ▶ Follow the [SHOP Marketplace on LinkedIn](#) and stay up to date on the latest news and resources the SHOP Marketplaces have to offer.
- ▶ Check out the [SHOP Marketplace YouTube channel](#) to find step-by-step enrollment videos, testimonials from small employers who are happily enrolled in SHOP Marketplace coverage and other informational videos. The videos are great resources for you, and the small business employers you assist.

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*Assisters' Guide to Helping Employees and Other Persons Offered Coverage Enroll in SHOP Marketplace coverage*

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- Create a Marketplace account, or if consumers already have an individual or family Marketplace account, log into the same account for SHOP
- Enter applicant information including name, e-mail address, preferred password, and answers to a few security questions
- Verify e-mail address



- Log into HealthCare.gov
- Select the employee application
- Enter participation codes and Social Security numbers (SSNs) or tax ID numbers, or direct consumers to contact their employer—not the SHOP Marketplaces—to get participation codes
- Select VERIFY and add employers to employees' accounts



- Review employer's coverage offer to determine whether to accept or waive offer
- If accepting coverage, enter employee details, such as mailing address and other contact information, add dependents (if dependent coverage is offered)
- If waiving coverage offer, select the reason from the drop down menu, and verify the decision
- Tell employees they can change their response to accept or waive the coverage offer any time before submitting the application



- If accepting coverage, select one health plan and, if desired, one dental plan (if offered a choice of plans)



- If accepting coverage, review plan selection(s) and cost
- Read the summary of health and dental plan (if offered)
- Confirm plan choice(s)
- Submit the plan selection, get a confirmation, and view enrollment



## Things You Should Know

- **Remember** that you, as an FFM assister, are required to help persons offered coverage by an employer through a SHOP (unless you are in a state that has a state-based SHOP-only Marketplace and an individual market FFM). Navigators and non-Navigator assistance personnel are also expected to help all small employers that come to them for assistance, but are not expected to seek out small employers to help, unless that is the community they intend to target. For additional assistance, consumers can contact the SHOP Call Center at 1-800-706-7893 (TTY: 1-800-706-7915), Monday through Friday, 9:00 a.m. to 7:00 p.m. ET.
- **Explain** to small employers that they can complete a new group enrollment through the SHOP any time of year; there is no restricted enrollment period for new group enrollments. However, employees who have an offer of coverage through a SHOP Marketplace will have an Open Enrollment period set by their employer.
- **Inform** small employers that, even though they can complete a new group enrollment in SHOP any time throughout the year, after their group begins participating, they can only change what plans they offer to their employees and change their employer contribution amounts when renewing their participation at the end of the group's plan year or by terminating their coverage and starting a new enrollment.
- **Refer** employers to a listing of agents or brokers if they are interested in that type of assistance. Learn more about when and how you can collaborate with and refer consumers to [agents and brokers](#).
- **Remind** persons offered coverage through the SHOP they cannot qualify for financial assistance through an individual Marketplace if they receive an offer of coverage through a SHOP Marketplace (or an offer of employer-sponsored coverage outside of a SHOP Marketplace) that is affordable and meets the minimum value standard.

## D. Medicare

Medicare is a federal health coverage program for people who are entitled to Social Security or Railroad Retirement benefits and are 65 or older or disabled. It also covers consumers of any age who have end-stage renal disease. Medicare Parts A, B, and D cover different services, while Medicare Part C, also called Medicare Advantage, provides Medicare eligible individuals the option of receiving benefits under Parts A, B, and D, or just under Parts A and B, through private insurance companies that have contracted to offer Medicare Advantage plans. Individuals who do not enroll in a Medicare Advantage plan who wish to receive Part D benefits must enroll in a Part D plan offered by a private health plan.

### *Learn the Basics and Find More Information:*

- ▶ Get an [overview of the different parts of the Medicare program](#) and the specific services they cover.
- ▶ Consumers who have Medicare Part A (either on its own or as part of a Medicare Advantage plan) are considered to have minimum essential coverage (MEC) which is required by the Affordable Care Act. However, having Medicare Part B alone does not meet this requirement. Learn more about how Medicare can [satisfy the requirement to have health coverage](#).



- ▶ Some consumers get Medicare Parts A and Part B automatically when they start receiving Social Security or Railroad Retirement benefits and some consumers need to sign up. See [when and how to sign up for Medicare Parts A and B](#) to help consumers determine whether they will need to actively sign up for this Medicare coverage.
- ▶ If a consumer is approaching age 65, they are likely approaching their initial enrollment period to sign up for Medicare Part B (and Part A if they have to buy it). For most consumers, this initial enrollment period is seven months long – it starts three months before the month of their 65<sup>th</sup> birthday, includes the month of their 65<sup>th</sup> birthday, and ends three months after the month of their 65<sup>th</sup> birthday. Help consumers who are enrolled in a Marketplace plan and who are approaching Medicare eligibility or are newly eligible for Medicare learn about [changing from the Marketplace to Medicare](#) (also available in [Spanish](#)).

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*Medicare Initial Enrollment Period*

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- ▶ If consumers do not sign up for Medicare Parts B or D during their initial enrollment period, they may have to pay a late enrollment penalty for as long as they have Medicare. Those who have to buy Part A (because they are not eligible for free Part A) may also have to pay a late enrollment penalty. Learn more about how late enrollment penalties could impact consumers' monthly premium costs for [Part A](#), [Part B](#), and [Part D](#).
- ▶ Every state has a Medicare Savings Program that offers financial assistance to help pay Medicare premiums for those who are eligible for such assistance, and in some cases, the program will pay Medicare Part A and Medicare Part B deductibles, coinsurance, and copayments. Find information about the [Medicare Savings Program](#).
- ▶ Consumers who meet certain income and resource limits may qualify for help paying prescription drug costs (Part D) under Medicare. Find information about [getting help paying for Medicare prescription drug coverage](#).
- ▶ Some consumers who are eligible for Medicare are also eligible for Medicaid; this is called being a dual eligible. Consumers who have Medicare and full Medicaid coverage will likely have most of their health care costs covered. See the standards for [dual eligibility](#).
- ▶ Some consumers may be interested in purchasing a Medicare Supplement Insurance (Medigap) policy to help pay for additional health care costs and possibly other services original Medicare does not cover. Medigap insurance cannot be purchased through the Marketplaces. The best time to buy a Medigap policy is during consumers' six-month Medigap open enrollment period, which begins the first month consumers are both age 65 and enrolled in Medicare Part B. After this enrollment period, they may not be able to buy a Medigap policy, or if they are able to buy one, it may cost more. However, there are several situations, beyond the open enrollment period, during which consumers may have a guaranteed right to buy a Medigap policy. Find more information about on [Medigap plans and the best time to sign up for a Medigap plan](#).



- ▶ Consumers who need help understanding their Medicare enrollment options can get help from their local SHIP. SHIP is a state program that gets funding from the federal government to provide free local health coverage counseling to people with Medicare or who are becoming eligible for Medicare. The name of the program varies in each state. Find contact information for [SHIP in your state](#).
- ▶ See a list of [frequently asked questions about Medicare and the Marketplace](#).
- ▶ See a short YouTube video about [Medicare and the Marketplace](#).

## Things You Should Know

- **Explain** to consumers that they may keep their Marketplace plans and their financial assistance until their Medicare coverage begins. Once their Medicare Part A coverage starts, they are no longer eligible to receive financial assistance for their Marketplace plans and may have to pay back the advance payments of the premium tax credit they received through a Marketplace for the months they were eligible for Medicare.
- **Tell** consumers that if they wish to keep their Marketplace coverage after their Medicare Part A coverage starts, they should return to their state's Marketplace to report they now have access to other MEC. If consumers no longer want to keep their Marketplace coverage once their Medicare Part A coverage starts, they need to return to the Marketplace to terminate their coverage.
- **Inform** consumers who are enrolled in Medicare Part A they cannot purchase health coverage or dental-only plans that duplicate Medicare coverage through a Marketplace after their Medicare coverage starts; in fact, it is against the law for someone who knows a consumer has Medicare to sell them a Marketplace plan that duplicates Medicare benefits.
- **Caution** consumers that if they do not enroll in Medicare Part B (or Part A if they have to buy it) during their initial enrollment period, they will only be able to enroll during the Medicare general enrollment period from January 1 to March 31, and their coverage would not start until July of the year they enroll. This may create a gap in coverage and may subject them to a late enrollment penalty premium for as long as they have Medicare. Refer consumers to their state's SHIP office to be sure they get all the information they need to prepare for Medicare enrollment as they approach their 65th birthday.

## E. Other Health Coverage Options

As an assister, you should know that consumers may have options for health coverage other than QHPs purchased through the Marketplaces. Some options include employer-sponsored coverage, VA benefits, and commercial health plans purchased outside the Marketplaces.

### *Learn the Basics and Find More Information:*

- ▶ To avoid owing the fee for not having coverage, tell consumers they must have insurance that qualifies as MEC for each month during the year. Many of the options outside the Marketplaces, such as employer-sponsored coverage, Medicare Parts A and C, most Medicaid coverage, and CHIP, among others, qualify as MEC.



*Types of Health Coverage that Qualify as MEC*

Coverage Type	Does it Qualify as MEC?
Any Marketplace plan, or any individual insurance plan you already have	Yes
Any job-based plan, including retiree plans and COBRA coverage	Yes
Medicare Part A	Yes
Medicare Part C	Yes
Most Medicaid coverage	Yes
Most CHIP coverage	Yes
Most individual health plans bought outside the Marketplaces, including grandfathered plans (not all plans sold outside the Marketplaces qualify as MEC)	Yes
Coverage under a parent's plan (that qualifies as MEC) for consumers younger than 26	Yes
Self-funded health coverage offered to students by universities for plan or policy years that started on or before December 31, 2014 (check with the university to see if the plan qualifies as MEC)	Yes
Health coverage for Peace Corps volunteers	Yes
Certain types of veterans' health coverage through the VA	Yes
Most TRICARE plans	Yes
Department of Defense Non-appropriated Fund Health Benefits Program	Yes
Refugee Medical Assistance	Yes
State high-risk pools for plan or policy years that started on or before December 31, 2014 (check with the high-risk pool plan to see if it qualifies as MEC)	Yes
Coverage only for vision care or dental care	No
Workers' compensation	No
Coverage only for a specific disease or condition	No
Plans that offer only discounts on medical services	No

\*See a more detailed list of [coverage that qualifies as MEC](#).



- ▶ If consumers are eligible for employer-sponsored coverage, they will not be eligible for financial assistance through a Marketplace unless their employer's offer of coverage does not meet the minimum value standard or is unaffordable. Find information about [employer-sponsored coverage](#) (also available in [Spanish](#)) and learn how to determine whether an employer's offer of coverage meets the [minimum value standard and is affordable](#) (also available in [Spanish](#)).
- ▶ COBRA gives some employees and their families the option to continue receiving health coverage through their employer's plan for a limited time after their employment ends, but COBRA can be costly. Consumers may want to consider buying a plan through the Marketplaces instead. Learn more about [COBRA coverage and the Marketplace](#) (also available in [Spanish](#)).
- ▶ Find information about [health coverage options for veterans](#) (also available in [Spanish](#)), including Marketplace plans and veterans' health programs that satisfy the MEC requirement.
- ▶ If you work with consumers younger than 26, inform them they may have multiple options for health coverage, including coverage under a parent's plan, a student health plan for college students, private health coverage through the Marketplaces, catastrophic health coverage, or Medicaid coverage. See HealthCare.gov's page on [health coverage for young adults](#) (also available in [Spanish](#)) for more information options for young adults.
- ▶ If you work with consumers with physical, developmental, or intellectual disabilities, tell them they may be eligible for coverage through Medicare or Medicaid. Find information about [health coverage options for consumers with physical, developmental, or intellectual disabilities](#) (also available in [Spanish](#)).

### Things You Should Know

- **Inform** consumers who are enrolled in retiree coverage they can buy coverage through the Marketplaces, but they will not qualify for financial assistance through the Marketplaces. If consumers are eligible for, but not enrolled in retiree coverage, they may qualify for financial assistance through the Marketplaces if otherwise eligible.
- **Tell** consumers who are considering enrolling in COBRA coverage that if they are eligible for COBRA, but not yet enrolled in COBRA, they may still qualify for financial assistance through the Marketplaces if they are otherwise eligible. If consumers are enrolled in COBRA, they are not eligible for financial assistance through the Marketplaces until they exhaust their COBRA coverage or they voluntarily drop their COBRA coverage during the Marketplace Open Enrollment period, at which time they may be determined eligible for financial assistance through the Marketplaces.
- **Note** that even if consumers have access to a student health plan, they may be able to buy coverage through the Marketplaces instead and may even qualify for financial assistance through the Marketplaces. If these consumers would like to apply for Marketplace coverage, they should choose "No" on their Marketplace application when answering whether they currently have health coverage, even if they have a student plan now and plan to drop it to enroll in a Marketplace plan. View additional coverage option information for college students in the factsheet [What do I need to know about the Marketplace?](#)



- ▶ Assisters working with consumers with physical, developmental, or intellectual disabilities should be aware of the accommodations that may be required for effective communication to ensure consumers with disabilities understand their health coverage options and are able to enroll in a plan that best fits their needs and budgets. See a fact sheet on [helping consumers with physical, developmental, or intellectual disabilities](#).



## Chapter III: The Marketplace Application and Enrollment Process

*If consumers decide that Marketplace coverage is right for them, you can help them:*

- *Apply for and enroll in Marketplace coverage*
- *Renew their Marketplace coverage each year*
- *Learn about how to file a Marketplace eligibility appeal*
- *Report life changes to a Marketplace*
- *Learn about the federal income tax implications of enrollment decisions*
- *Use their Marketplace coverage*

### A. How can I help consumers apply for and enroll in Marketplace coverage?

You can help consumers use the Marketplaces to find and enroll in coverage that fits their needs and budget.

#### 1. Application Process

Consumers can use the Marketplaces to apply for coverage, compare plans, and enroll in coverage. Consumers can also use the Marketplaces to find out if they can get help paying premiums and cost-sharing amounts to reduce their Marketplace coverage costs. They can also apply for free or low-cost coverage through Medicaid and CHIP through the Marketplace application.

When consumers apply for or renew their coverage and want help paying for their coverage, they will need to provide some information about their household, including income, any health coverage they currently have, and some additional information. Help them gather the information they need before they begin their applications. Consumers can apply for health coverage through HealthCare.gov or the Marketplace Call Center on their own, with your in-person help, or with a certified agent or broker. As a trained assister, you can help consumers apply for health coverage online, by phone, or with a paper application.

#### Things You Should Know

- **Inform** consumers that once they enroll in an individual market Marketplace plan, they must pay their first premium directly to the insurance company—not to the Marketplace. Insurance companies handle payments differently. Consumers should follow the instructions from their insurer about how and when to make their premium payments.
- **Tell** consumers they can terminate a Marketplace plan without replacing it at any time. There are important things to consider before they do this: if they terminate their health coverage without replacing it, they may have a gap in coverage and may have to [pay a fee](#) (also available in [Spanish](#)) for the months they're not covered.



*Learn the Basics and Find More Information:*

- ▶ Find out what information you should share with consumers about [how to apply and enroll in coverage](#) (also available in [Spanish](#)).
- ▶ See information about the [four ways to apply for Marketplace coverage](#) (also available in [Spanish](#)).

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*Four Ways to Apply for Marketplace Coverage*

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	<p><b>HealthCare.gov (Online)</b></p>	<ul style="list-style-type: none"> <li>• Visit the <a href="#">Get Coverage</a> page (also available in <a href="#">Spanish</a>) on HealthCare.gov.</li> <li>• Select state of residence</li> <li>• Create a HealthCare.gov account if consumers live in an FFM state</li> <li>• After creating an account, consumers can start a Marketplace application and see their eligibility results online</li> </ul>
	<p><b>Call Center (Phone)</b></p>	<ul style="list-style-type: none"> <li>• Call 1-800-318-2596 (TTY: 1-855-889-4325), 24 hours a day, seven days a week. The Call Center is closed on certain holidays</li> <li>• Customer representatives are available to help consumers complete an application, review eligibility results, or answer questions about eligibility or enrollment</li> </ul>
	<p><b>In-Person Help</b></p>	<ul style="list-style-type: none"> <li>• Use the <a href="#">Find Local Help</a> (also available in <a href="#">Spanish</a>) tool to find assisters who can help consumers in-person</li> <li>• Consumers can meet with a Navigator, non-Navigator assistance personnel, or certified application counselors. These assisters can sit with consumers and help them apply online or using a paper application</li> </ul>
	<p><b>Paper Application (Mail)</b></p>	<ul style="list-style-type: none"> <li>• Fill out a paper application</li> <li>• Send the application to the Marketplaces at: <b>Health Insurance Marketplace, Dept. of Health and Human Services 465 Industrial Blvd., London, KY 40750-0001</b></li> <li>• Consumers will receive their eligibility results in the mail. They should contact the Call Center or create an online account to enroll in a QHP</li> </ul>

- ▶ See information from Marketplace.cms.gov about the [application process](#), including training and consumer-facing outreach materials.
- ▶ See a step-by-step [guide to applying for coverage](#).



## Marketplace Application Checklist

To make the application process quicker and easier, it's helpful for consumers to gather certain information about themselves and their household before they start their Marketplace applications or renew their Marketplace coverage. This includes:

- Information about the consumer's household
- Home and/or mailing addresses for everyone applying for coverage
- Information about everyone applying for coverage
- SSNs for everyone on the consumer's application (required for all applicants and the tax filer, if they have one)
- Immigration document information for legal immigrants
- Information on how consumers file their taxes
- Employer and income information for everyone in the consumer's household
- A best estimate of the consumer's household income for the year they will be covered
- Policy numbers for everyone in the consumer's household who currently has a health insurance plan
- Employer information for each member of the consumer's household
- A completed employer coverage tool, if applicable
- Notices from the consumer's current Marketplace plan that contain the plan ID, if applicable

**Help** consumers understand exactly what information they need to gather using the information in this [checklist](#)

## 2. Application Troubleshooting

### a. IT issues (e.g., browser settings, cookies)

When helping consumers apply online for Marketplace coverage, some web browsers offer a smoother experience than others. You and the consumers you are helping should have browsers set to accept cookies.

#### *Learn the Basics and Find More Information:*

- ▶ Learn more about [browser compatibility](#) (also available in [Spanish](#)), including the types of browsers that work best with HealthCare.gov.
- ▶ Find [tips on troubleshooting technical issues](#) (also available in [Spanish](#)) consumers may encounter when applying for and enrolling in Marketplace coverage through HealthCare.gov.



## b. Retrieving Username and Resetting Password

If consumers are having trouble logging into their Marketplace accounts, ask them to reset their passwords. If they don't get a password reset e-mail from the Marketplaces, they may be using the wrong username. Ask them if they may have used any other usernames to create their account. Consumers should not try to create a new Marketplace account.

### *Learn the Basics and Find More Information:*

- ▶ Find [tips for resetting passwords and unlocking accounts](#) (also available in [Spanish](#)).
- ▶ Find [troubleshooting tips and requirements for Marketplace accounts](#) (also available in [Spanish](#)).

## c. Verification of Consumer Information

When consumers apply for coverage, the Marketplaces need to verify their identities and certain information about them. Verification of consumer information is important to protect consumers' privacy and [prevent fraud](#). You should explain to them this verification will also allow a Marketplace to accurately determine their eligibility for enrollment in a QHP and see whether they qualify for financial assistance.

If consumers create a HealthCare.gov account, they will go through identity (ID) proofing. Once consumers complete Marketplace applications, the Marketplaces will check their application information against data sources. If their application information cannot be verified, it creates data matching issues (also known as "inconsistencies") in consumers' applications.

### Things You Should Know

- **Prepare** consumers to complete ID proofing. They might need to answer questions on topics such as: addresses of current and past places they lived; names of current and past employers; and information about mortgages, credit cards, and/or loans they have.
- **Tell** consumers CMS uses credit reporting agencies like Experian and Equifax to verify their identity and application information, so they may see an inquiry from CMS when checking their credit reports. This CMS inquiry does not affect consumers' credit scores.
- **Tell** consumers whose identities couldn't be verified through HealthCare.gov to resolve their ID proofing issues:
  - Call the Experian Help Desk at 1-866-587-5409 and provide the reference code as shown on the Marketplace application screen.
  - If the Experian Help Desk cannot verify a consumer's identity, the consumer can upload documents showing his/her identity to his/her Marketplace account on HealthCare.gov or mail documents to the Marketplaces.
  - If consumers are still having trouble with ID proofing, consumers should contact the Marketplace Call Center and complete the online application with a Marketplace Call Center representative.

**a. ID Proofing**

ID proofing verifies a consumer's identity and must be completed for consumers to create and submit an online application for coverage. It is one of the first steps in creating a HealthCare.gov account. Make sure consumers know what ID proofing is for, and prepare them to complete ID proofing. Let them know they will need to enter information about their personal and financial history such as their current and past employers and addresses of where they lived and details on any loans they may have. The Marketplaces attempt to match this information with information from a credit reporting agency.

***Learn the Basics and Find More Information:***

- ▶ Find more information about [identity proofing and information inconsistencies](#), including why it is important and what to do if consumers have issues (also available in [Spanish](#)).
- ▶ See [FAQs about ID proofing](#).
- ▶ Consumers who want to learn more about why they need to submit personally identifiable information (PII) and how the Marketplaces use this information should review [How We Use Your Data](#) (also available in [Spanish](#)) and the [Privacy Act Statement](#) (also available in [Spanish](#)) on HealthCare.gov.

**b. Data Matching**

A data matching issue occurs when particular information consumers enter in their application does not match the data the Marketplaces check in trusted resources, such as Social Security records or IRS databases. Consumers who have data matching issues can still apply for and enroll in coverage, if they are otherwise eligible. However, the Marketplaces will ask these consumers to submit documentation to resolve their data matching issues. If they fail to resolve their data-matching issues, they could lose eligibility for Marketplace coverage or experience changes to the amount of financial assistance they receive through a Marketplace. Consumers have 90 days from the date of their eligibility notice to submit documentation to resolve their data matching issues; for citizenship and immigration status, consumers have 95 days to resolve their data matching issues. As the deadline approaches, consumers will get warning notices by mail and a reminder phone call approximately 14 days before their deadline.

Consumers with outstanding citizenship/immigration data matching issues risk having their enrollment through a Marketplace terminated if they do not resolve their data matching issues. If these consumers ultimately submit documentation to a Marketplace and resolve their data matching issues, they can regain their enrollment in coverage through the Marketplace through a special enrollment period. Consumers have 60 days from the date they receive the special enrollment period to select a plan and enroll in coverage.

Consumers enrolling in coverage through this special enrollment period can either request: a retroactive effective date of enrollment through a Marketplace dating back to the day following termination to prevent a gap in the coverage they get through their Marketplace plan; or they can request a prospective effective date.



##### *Learn the Basics and Find More Information:*

- ▶ Consumers can have data matching issues for: citizenship, immigration status, SSN, annual household income, incarceration status, an offer of or enrollment in employer-sponsored MEC that is affordable and meets minimum value standards, access to non-employer-sponsored MEC, and unverified American Indian/Alaska Native status. Find instructions on [how to resolve a data-matching issue](#) (also available in [Spanish](#)).
- ▶ Consumers with data matching issues need to submit more information to the Marketplaces. You can help them by providing instructions for how to submit their documents. Find information about [how to upload documents](#) (also available in [Spanish](#)) as well as [tips for submitting supporting documents](#) to the Marketplaces.
- ▶ See the [Five Things Assisters Should Know about Data Matching Terminations](#), a quick guide to helping consumers with data matching issues.
- ▶ See a presentation that provides [tips to resolve outstanding data matching issues](#).



### Data Matching Checklists

Use the checklists below to help consumers **prevent** data matching issues, **confirm** whether they have a data matching issue, and, if they do, **resolve** their data matching issue.

## Data Matching Checklists



### **Help consumers prevent data-matching issues.**

- Double check to make sure there are no errors or typos in the application.
- Confirm all members of the household applying for coverage have provided accurate SSNs, *if they have one*. Remember: non-applicants (other than the tax filer) are not required to provide their SSNs, but are strongly encouraged to do so if possible.
- Review projected income to make sure it is as accurate as possible and remind consumers to report any changes in income or other application information within 30 days of the change.
- Make sure document types/document numbers/ID numbers are included with immigration documents, as applicable.

### **Think a consumer may have a data-matching issue? Help them confirm they do.**

- Read the full eligibility notice from a Marketplace. If a consumer has a data matching issue, the notice will say, "Send the Marketplace more information." It is important to identify which members of the household have data matching issues that need to be resolved.
- Consumers can also determine whether they have an unresolved data matching issue by checking the *Application Details* sections of their Marketplace accounts for a list of all unresolved inconsistencies.

### **Confirmed a consumer has a data-matching issue? Help them resolve the issue.**

- It may be necessary for the consumer to submit multiple documents to resolve one data matching issue. For example, consumers who submit birth certificates to prove citizenship will also need to submit an additional document (that has a photograph **or** other information, like their name, age, race, height, weight, eye color or address): Find out [which documents consumers should submit](#) (also available in [Spanish](#)).
- Remember not every document consumers may want to upload is included in the drop-down menu of *Document Types*, viewable after clicking *Verify* in the *Application Details* section of consumers' *My Account*. If consumers need to upload a document that is not listed, they should choose "Other" from the drop-down menu.
- Encourage consumers to upload their documents instead of mailing them. If the document is uploaded successfully, it should show up as *submitted* under *Application Details* right away.
- Ensure the documents consumers submit electronically are in one of the following formats: .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp, and are no larger than 10 megabytes.
- Double-check that the file name(s) on consumers' electronic document(s) DOES NOT INCLUDE any of the following: a colon, semicolon, asterisk, or any other special character. Here are a few examples of special characters that cannot be in the file name: / \ : \* ? " < > | .
- If consumers do mail in documents, tell them to send copies, not their originals, and to include the following on any documentation they are submitting: the barcode from their notice; and their name, state, and application ID.
- 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.



### c. Providing a Social Security Number (SSN)

Consumers applying for health coverage through the Marketplaces must provide an SSN if they have one. Non-applicants are not required to provide their SSNs unless all of the following are true: (1) they have a spouse or tax dependent seeking financial assistance through a Marketplace; (2) the non-applicant is a tax filer; (3) the non-applicant has an SSN; and (4) the non-applicant filed a federal tax return in the previous tax year. You should encourage all applicants to include all of the information they have, including their SSN. Working with consumers to provide as much information as possible increases the chance the Marketplaces will verify their citizenship or immigration status, and other information more quickly, and reduces the likelihood that consumers will have to provide additional information later.

- ▶ Refer concerned consumers to [The Facts about the Affordable Care Act and Immigration Enforcement](#) (also available in [Spanish](#)).

### ci. Immigration Status and the Marketplaces

Many immigrants are eligible for health coverage through the Marketplaces, or through Medicaid or CHIP. A consumer does not have to be a U.S. citizen or U.S. national to qualify for Medicaid or CHIP, or to enroll in a QHP through a Marketplace. If you are helping consumers who are immigrants enroll in health coverage, you must be aware of federal and state rules that affect these consumers' eligibility for different health care and coverage options.

#### Things You Should Know

- **Direct** consumers who want help applying for an SSN to visit [SocialSecurity.gov](http://SocialSecurity.gov) or call 1-800-772-1213 (TTY: 1-800-325-0778). The Marketplaces cannot use Individual Taxpayer Identification Numbers (ITINs) to electronically verify income information and should not be entered in place of an SSN on the Marketplace application. Note, however, that an SSN is not required to complete a Marketplace application if you do not have one. SSNs are not required to be provided for household members who are not applying for coverage and who are not the tax filer for the household or who do not have an SSN. However, providing SSNs even when not required can help match annual household income information with our data sources and avoid data matching issues
- **Reassure** consumers the immigration information they provide the Marketplaces will not be used to pursue immigration enforcement action.



Immigration Statuses Eligible for Marketplace Coverage

Lawfully Present Immigration Statuses

Statuses eligible for enrollment in a QHP through a Marketplace<sup>+</sup>

- Individual with valid nonimmigrant status (includes worker visas [such as H1, H-2A, H-2B], student visas, U-visa, T-visa, and other visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Aliens whose visa petitions have been approved and who have a pending application for adjustment of status
- Individuals granted employment authorization (*Exception*: Deferred Action for Childhood Arrivals (DACA) (as described in June 2012 Department of Homeland Security [DHS] policy) are not considered lawfully present)
- Temporary Protected Status (TPS)
- Paroled into the U.S.
- Deferred Action Status (*Exception*: DACA [as described in June 2012 DHS policy] are not considered lawfully present)
- Deferred Enforced Departure (DED)
- A child who has a pending application for Special Immigrant Juvenile status
- Granted relief under the Convention Against Torture (CAT)
- Lawful Temporary Resident
- Family Unity beneficiaries
- **All of the Medicaid-eligible statuses listed below**

Medicaid/CHIP-eligible statuses (if 5-year bar is met)\*

- Lawful Permanent Resident (LPR/Green Card holder) paroled into the U.S. for 1 year or more
- Battered Spouse, Child, or Parent who has a pending or approved petition with DHS
- Applicants for Victim of Trafficking Visa
- Conditional Entrant (granted before 1980)

Medicaid/CHIP-eligible statuses (5-year bar does not apply)\*\*

- Lawful Permanent Residents who adjusted from a status exempt from the 5-year bar
- Veterans or active duty military, and their spouses or unmarried dependents who also have a “qualified non-citizen” status
- Refugee
- Asylee
- Cuban/Haitian Entrants
- Granted Withholding of Deportation or Withholding of Removal
- Trafficking Survivors and their spouses, children, siblings, or parents
- Member of a federally recognized Indian tribe or American Indian Born in Canada
- Amerasian Immigrants
- Iraqi and Afghani Special Immigrants

For more lawfully present immigration statuses, visit: <https://www.healthcare.gov/immigrants/immigration-status/>

<sup>+</sup>Children and/or pregnant women with listed statuses may be eligible for Medicaid or CHIP in certain states. For more information, visit: <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/lawfully-residing.html>.

\* Indicates lawfully present immigration statuses that are considered qualified non-citizen statuses for purposes of Medicaid and CHIP eligibility.

\*\* Indicates lawfully present immigration statuses that are considered qualified non-citizen statuses for purposes of Medicaid and CHIP eligibility and that are NOT subject to the Medicaid 5-year bar

This chart represents a summary of complex federal statutes relating to immigration status. As a summary, it does not include all relevant detail. This publication is not a legal document and does not grant rights or impose obligations. It is not intended to take the place of either the written law or regulations.

**Learn the Basics and Find More Information:**

- ▶ Find [more lawfully present immigration statuses](#) (also available in [Spanish](#)) on HealthCare.gov.
- ▶ See an overview of [coverage options for lawfully present immigrants](#) (also available in [Spanish](#)).
- ▶ Find a complete [list of immigration document types](#) (also available in [Spanish](#)), including pictures of what they look like, that consumers can use to verify their immigration status.
- ▶ See a fact sheet on [helping consumers with different immigration statuses](#) navigate their health coverage options.
- ▶ See this [complete guide to the immigration status section of the application](#) for step-by-step instructions and screenshots that illustrate how to help immigrants navigate the Marketplace eligibility and enrollment process
- ▶ Assisters are prohibited from discriminating against consumers based on race, color, national origin, disability, age, sex, gender identity, or sexual orientation.<sup>3</sup> See the [Dos and Don'ts for providing non-discriminatory, culturally, and linguistically appropriate services](#).

**Things You Should Know**

- **Explain** to immigrant applicants that information provided by applicants or beneficiaries will not be used for immigration enforcement purposes.
- **Recognize** that many immigrant families are of mixed status, with members having different immigration and citizenship statuses. Different family members could be eligible for different health coverage options, and you may need to help family members apply for different health coverage.
- **Encourage** applicants to fill out as many of the fields in the application as possible, such as their SSN and all information related to their immigration documentation, if they have it, to expedite the application process.
- **Remind** immigrant applicants that enrolling in Medicaid or CHIP, or getting financial assistance through the Marketplaces, does not make them a public charge. This means it will not affect their chances of becoming a lawful permanent resident or U.S. citizen.
- **Remember** that consumers with income less than 100% FPL who are lawfully present but ineligible for Medicaid due to immigration status may be eligible for financial assistance through the Marketplaces, if otherwise eligible.

<sup>3</sup> With a limited exception for certain certified application counselor designated organizations that receive Federal funds to provide services to a defined population under the terms of Federal legal authorities, all assisters are prohibited from discriminating based on race, color, national origin, disability, age, sex, gender identity, or sexual orientation. See 45 CFR 155.120(c). Assisters must also comply with any other local, state, and federal nondiscrimination and civil rights laws, if applicable, such as section 1557 of the Affordable Care Act and its implementing regulations.



## 5. Health Coverage for American Indians and Alaska Natives

There are a number of provisions in the Affordable Care Act aimed at helping make health coverage more affordable and accessible for American Indians and Alaska Natives that you should be familiar with in your consumer assistance role.

American Indians and Alaska Natives receive special Marketplace protections and benefits. Here are few:

- **Special cost-sharing rules:** American Indians and Alaska Natives who purchase health coverage through the Marketplace and who have incomes between 100% - 300% FPL can enroll in a zero-cost sharing plan. If they have household incomes that are below 100% FPL or higher than 300% FPL, they can enroll in a limited cost-sharing plan.
- **Special enrollment rules:** American Indians and Alaska Natives can enroll in a Marketplace plan at any time, not just during open enrollment. They can also change Marketplace plans up to once a month.
- **An exemption from the requirement to have MEC:** American Indians and Alaska Natives (as defined by §45A(c)(6) of the Internal Revenue Code) and those eligible for Indian health care services do not have to pay the fee for not having health coverage if they apply for an exemption. While services through the Indian Health Service tribal programs or urban Indian programs are not considered MEC for purposes of fulfilling the Affordable Care Act's requirement to have health insurance, American Indians and Alaska Natives, and other consumers eligible for services through these programs don't have to pay the fee for not having health coverage if they apply for the Indian health coverage exemption from the individual shared responsibility payment.

### *Learn the Basics and Find More Information:*

- ▶ Learn more about these [Marketplace special protections and benefits for American Indians and Alaska Natives](#) (also available in [Spanish](#)).
- ▶ American Indians, Alaska Natives and consumers eligible for Indian health care services can apply for the Indian health coverage exemption in two ways:

**1**

Filling out a [Marketplace Exemption Application](#) and mailing it to the Marketplaces

*or***2**

Claiming it on [IRS Form 8965](#) when they file their federal income tax return

- ▶ Learn more about the [two ways these consumers can file the Indian health coverage exemption](#) (also available in [Spanish](#)).
- ▶ Learn tips to keep in mind when [working with American Indians and Alaska Natives](#).



## Things You Should Know

- **Review** tribal provisions and available health coverage options for consumers who are American Indians or Alaska Natives. Remember that receiving medical care from an Indian health care provider does not satisfy the requirement to have MEC. Therefore, American Indians and Alaska Natives must either:



## 6. Financial Assistance through the Marketplaces

Consumers applying for coverage through the Marketplaces may be eligible for financial assistance in the form of advanced payments of the premium tax credit (APTC) to help save on their monthly premiums, and cost-sharing reductions (CSR) to help save on out-of-pocket health care costs. Eligibility for these savings depends on a consumer's household income, family size, and whether they already have access to or are enrolled in certain other forms of MEC. Some consumers seeking financial assistance may also be assessed or determined as Medicaid- or CHIP-eligible by the Marketplaces.

### *Learn the Basics and Find More Information:*

- ▶ Consumers who are eligible for MEC outside of the Marketplaces (other than individual market coverage available outside of the Marketplaces) are generally not eligible for financial assistance through the Marketplaces. See [information on MEC](#) (also available in [Spanish](#)) for a list of coverage that counts as MEC. See a more [detailed list](#) of coverage that qualifies as MEC.
- ▶ Consumers who are eligible for, but not enrolled in COBRA or retiree coverage may still qualify for financial assistance through the Marketplaces, if otherwise eligible. Find more information about [COBRA and the Marketplace](#) (also available in [Spanish](#)), and learn about [retiree coverage and the Marketplace](#) (also available in [Spanish](#)).
- ▶ Find information that you can share with consumers about how they may be able to [save on monthly premiums by receiving APTC](#) (also available in [Spanish](#)).
- ▶ Find information you can share with consumers about how they may be able to [save on out-of-pocket costs through CSR](#) (also available in [Spanish](#)). If consumers are eligible for CSR, most can only receive them if they enroll in a Silver-level plan.
- ▶ Learn about what is included when [calculating household income](#) (also available in [Spanish](#)), including gross versus net income and how to provide information about modified adjusted gross income (MAGI) when helping consumers who are applying for premium tax credits.



- ▶ Click here for information about how to help consumers with income levels that [qualify for lower costs](#) (also available in [Spanish](#)).
- ▶ Marketplace enrollees must report changes in eligibility information, including income, family size, address, and eligibility for other coverage as soon as possible, within 30 days of the change. These changes may affect their eligibility for financial assistance through the Marketplaces. Find information about how to help consumers who are [reporting life changes to the Marketplaces](#) (also available in [Spanish](#)). See Chapter III, Section D, [How can I help consumers report life changes to the Marketplace?](#) for more information on reporting life changes to the Marketplaces.

### Things You Should Know

- **Explain** to consumers who are found eligible for CSR that those CSR are only available if they enroll in Silver-level coverage. **(This does not apply to American Indians or Alaska Natives.)**
- **Remind** consumers who are married they must file a joint tax return to be eligible for financial assistance through the Marketplaces, unless they are a victim of domestic abuse or spousal abandonment.
- **Tell** married consumers who are victims of domestic abuse or spousal abandonment who want to file a separate tax return they should indicate they are not married on their Marketplace applications. This will allow consumers to obtain an eligibility determination that may find them eligible for financial assistance through the Marketplaces if they are otherwise eligible. Note these consumers will not be penalized for representing they are not married on the application.
- **Explain** to consumers who receive APTC through the Marketplaces that they must file a federal income tax return, even if their income level would not otherwise require them to file a return. Advise consumers if they don't file a tax return in this instance, their financial assistance will be discontinued in future years. The Marketplaces will send consumers a Form 1095-A with information they will need to file their tax return
- **Explain** to consumers that checking the box at the end of the application allows the Marketplaces to request updated income information from the IRS. This information helps the Marketplaces accurately redetermine eligibility for financial assistance.



## B. How can I help consumers with the annual Marketplace coverage renewal and redetermination process?

The Marketplaces annually redetermine consumers' eligibility for enrollment in QHPs and for financial assistance through the Marketplaces. Coverage through the Marketplaces is generally available starting on January 1<sup>st</sup> of a calendar year (unless, for example, consumers enrolled later in the year through a special enrollment period) and ending on December 31<sup>st</sup> of that same year. Marketplace issuers must renew coverage for most consumers as long as they continue to pay their premiums. In general, the Marketplaces will re-enroll eligible enrollees who don't select a QHP by the last day on which a plan selection may be made for coverage effective January 1<sup>st</sup>.

**Learn the Basics and Find More Information:**

- ▶ Find more information about the [2016 FFM redetermination and re-enrollment process](#).
- ▶ See the [2016 Redetermination and Re-enrollment Basics for Assisters](#) guide.

### Things You Should Know

- **Encourage** consumers to return to the Marketplace during the Open Enrollment period to update and confirm the information on their application is still accurate. Work with consumers to help them provide updated eligibility information, get an updated eligibility determination, and browse available plans to find the best options for their families.

## C. How can I help consumers learn how to appeal a Marketplace eligibility decision?

Consumers who have applied for coverage through a Marketplace will get an eligibility notice explaining what they qualify for. For example, the notice may say they are not eligible to enroll in Marketplace coverage, or they do not qualify for coverage through Medicaid or CHIP. If they disagree with the determination in the notice, you should let them know they may be able to appeal that determination. Consumers have 90 days from the date they receive their eligibility notice to start an appeal. As an assister, you can help them understand this process.

Walk consumers through the following steps for filing a Marketplace Appeal:

*Steps for Filing a Marketplace Appeal*



Review eligibility notice

Don't agree? Consumers have 90 days to start an appeal.



Mail or fax appeal request form or letter

Get the [Form](#).



Resolve appeals informally

The Marketplace Appeals Center will contact consumers.



Request a hearing

Request a hearing if consumers can't resolve their appeals informally.

**Learn the Basics and Find More Information:**

- ▶ See [what Marketplace decisions can be appealed](#) (also available in [Spanish](#)).
- ▶ Consumers can submit an appeal request by mailing an appeal request form, mailing an appeal request letter, or faxing the form or letter. See the [different ways in which consumers can send in an appeal request](#) (also available in [Spanish](#)).
- ▶ Find [Appeal Request Forms](#) that apply for the consumer's state (also available in [Spanish](#)).
- ▶ Consumers can file a request for an expedited appeal if the time needed for the standard appeal process would jeopardize the consumer's life, health, or their ability to attain, maintain, or regain maximum function. Find out [how to file an expedited appeal for urgent appeals](#) (also available in [Spanish](#)).
- ▶ If a consumer wants an [authorized representative](#) (also available in [Spanish](#)) to be able to ask for the appeal on behalf of the consumer and/or to speak for them in the appeal, they should be sure to complete, sign, and send the [Designation of Authorized Representative form](#) to their state's Marketplace with their appeal request. See a fact sheet about [Marketplace appeals and health plan appeals](#).
- ▶ Find information about [appealing SHOP Marketplace decisions](#).

**Getting Help with Appeals:**

- ▶ Visit the [HealthCare.gov page on appeals](#) (also available in [Spanish](#)).
- ▶ Call the Marketplace Appeals Center at 1-855-231-1751. TTY users should call 711.
- ▶ Get [help filing a Marketplace eligibility appeal](#) (also available in [Spanish](#)).

**Things You Should Know**

- **Help** consumers review their eligibility notices to see if they should file an appeal through a Marketplace or with their state Medicaid or CHIP agency, which depends on their state and eligibility result.
- **Encourage** consumers to include a copy of their eligibility notice when they file an appeal.
- **Help** consumers learn how to request an urgent appeal if the time needed for the standard appeal process would jeopardize the consumer's life, health, or ability to attain, maintain, or regain maximum function.

**D. How can I help consumers report life changes to the Marketplaces?**

Once consumers have Marketplace coverage, they must report changes to their eligibility information, including income, family size, address, and health coverage eligibility within 30 days. You can help consumers report these changes and advise them that any updates they make may change the coverage or savings for which they are eligible. The updates they make may qualify them for a special enrollment period to change plans or add new members to their current plan.



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*Three Ways to Report a Life Change to the Marketplaces*

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**To report changes on the phone, consumers should:**

1. Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)
2. Talk to a customer representative and detail the particular life change

**To report change online, consumers should:**

1. Log in to their Marketplace account and select their current application
2. Go to the menu on the left and select the “Report Life Change” button
3. Update their application with changes to income, household members, and other information and complete all the steps to complete the updating process

**To report a change in-person, consumers should:**

1. Use the Find Local Help tool to find assisters in their area
2. Contact the assister or assister organization to set up an appointment or simply walk-in for an appointment
3. Update their application with changes to income, household members, and other information and complete all the steps to complete the updating process, or call the Marketplace Call Center to report the life change

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*Note: Consumers should not report changes via mail.*

**Learn the Basics and Find More Information:**

- ▶ See a [list of changes that should be reported](#) to the Marketplaces (also available in [Spanish](#)).
- ▶ Find instructions about [how to report changes to the Marketplaces](#) (also available in [Spanish](#)).
- ▶ Certain life changes may qualify consumers for a special enrollment period that allows them to enroll in a plan, change plans, or add new members to their plan outside the Open Enrollment period. See Chapter II, Section A, [When Can Consumers Enroll in Coverage through the Marketplace](#) for more information on special enrollment periods.
- ▶ See a detailed presentation about [helping consumers report a life event or change in circumstance after the Open Enrollment period](#), which explains the types of changes that may qualify consumers for a special enrollment period.
- ▶ When consumers experience certain life changes and report the change to a Marketplace, they may have different coverage options. Find more information about consumers’ [options to select different Marketplace coverage, cancel or terminate Marketplace coverage, and report changes to the Marketplace](#) (also available in [Spanish](#)).
- ▶ Learn the steps to help consumers [cancel their Marketplace coverage](#) (also available in [Spanish](#)).



## Things You Should Know

- **Instruct** consumers not to mail written requests for reporting life changes to the Marketplaces. Consumers should report life changes either online or through the Marketplace Call Center. If consumers have already mailed a written life change request, you should instruct them to contact the Marketplace Call Center or go online to their account to report the change.
- **Remind** consumers they usually have 60 days from the date of the qualifying event to enroll in a plan or change their plan during a special enrollment period, if they qualify for one.
- **Remember** that consumers can terminate their Marketplace plans at any time if they get health coverage outside the Marketplaces—like from a job-based plan or a program such as Medicare, Medicaid or CHIP.

## E. How can I help consumers learn about the tax implications of enrollment decisions?

The Affordable Care Act includes several new tax rules that may affect consumers enrolling themselves or members of their family in Marketplace coverage. Some consumers who don't otherwise need to file a federal tax return are required to do so to comply with these rules. To help consumers comply, the Marketplaces will send them Tax Forms to Report Having Health Coverage or Report an Exemption from Health Coverage

Consumers or anyone in their households enrolled in Marketplace coverage will receive one or more Forms 1095-A from the Marketplace; these contain important information about their health coverage consumers will use when filing their federal tax returns. Consumers may also have to complete one or two new tax forms, including [IRS Form 8962](#) (Premium Tax Credit) or [IRS Form 8965](#) (Health Coverage Exemptions). Your role as an assister is to help consumers understand what they will receive and why, and to tell consumers where to go for more information and support from a Marketplace or the IRS.

### 1. Requirement to Reconcile Advance Payments of the Premium Tax Credit

Consumers who enrolled themselves or anyone in their household in Marketplace coverage with APTC must file a federal income tax return to reconcile (compare) the APTC they received with the premium tax credit they can actually claim for the year. The Form 1095-A provided by the Marketplaces will indicate how much APTC was received and other information consumers need to file a return. Consumers who enrolled in Marketplace coverage but did not receive APTC may also claim the tax credit when they file a return, if eligible. Either way, consumers will complete Form 8962 (Premium Tax Credit). Consumers may also need to use the second lowest cost Silver plan and lowest cost Bronze plan tax tools on HealthCare.gov to reconcile any APTC received, or report an exemption to complete their federal tax returns.

#### *Learn the Basics and Find More Information:*

- ▶ Consumers enrolled in coverage through the Marketplaces will receive Form 1095-A from the Marketplaces. This form includes important information consumers will use when filing their tax returns. Find [information about Form 1095-A](#). (also available in [Spanish](#)).
- ▶ Find the [instructions for using Form 1095-A](#) (also available in [Spanish](#)).



- ▶ Be prepared to answer [Questions and Answers about Health Care Information Forms for Individuals \(Forms 1095-A, 1095-B, and 1095-C\)](#) (also available in [Spanish](#)).
- ▶ Go to the [HealthCare.gov page about taxes](#) or contact the Marketplace Call Center for additional information on Form 1095-A and how provisions of the Affordable Care Act affects consumers' taxes.
- ▶ Consumers may need information about either the premium for the lowest cost Bronze plan, or the second lowest cost Silver plan in their area when filing their tax return. Direct consumers to the [two tax tools](#) on HealthCare.gov (also available in [Spanish](#)) that can help them calculate these amounts. This information is used to determine eligibility for the affordability exemption and eligibility for financial assistance from the Marketplaces.
- ▶ There are numerous resources for you and other assisters to help consumers understand the impacts of health coverage on their taxes. See the [Online Catalog of Tax Resources for Assisters](#).

### Things You Should Know

- Consumers should report changes in eligibility information, including income, family size, address, and eligibility for other coverage to the Marketplaces within 30 days as these changes may affect their eligibility for financial assistance from a Marketplace, such as APTC, which may affect their tax returns.
- Consumers enrolled in Marketplace coverage should wait to receive Form(s) 1095-A from the Marketplaces before filing their tax returns.
- Consumers who received financial assistance in the form of APTC through a Marketplace should file Form 8962 and attach it to their tax return even if their income would not otherwise require them to file a tax return.
- Consumers who don't enroll in coverage may owe the Shared Responsibility Payment for not having coverage unless they qualify for an exemption. If consumers obtained health coverage outside a Marketplace, they must still report whether they had coverage or were eligible for an exemption when filing their tax returns.
- If consumers have questions specifically about IRS tax forms or filing their federal income tax returns, you should direct them to either the IRS or a tax professional for assistance.



## 2. Applying for an Exemption from the Requirement to Have Coverage

Under the Individual Shared Responsibility Provision, consumers must have qualifying health coverage (also known as MEC) for each month, obtain an exemption, or pay a Shared Responsibility Payment. Consumers who were enrolled in MEC for the entire tax year can report that on their federal income tax returns. If consumers qualify for an exemption, they don't have to pay the Shared Responsibility Payment for each month they qualify for an exemption. There are different kinds of exemptions. How consumers get an exemption depends on the type of exemption. While consumers can obtain some exemptions only from the Marketplaces, they may claim others when they file their tax returns. Both types of exemptions are reported on IRS Form 8965 when filing a tax return. If a consumer qualifies for an exemption, the notice will include the consumer's unique Exemption Certificate Number (ECN). Consumers use their ECN to complete IRS Form 8965 - Health Coverage Exemptions.

*Categories of Health Coverage Exemptions*

				
Income-related exemptions	Health coverage-related exemptions	Group membership exemptions	Hardship exemptions	Other exemptions
<i>Examples include having an income below the tax filing threshold or not having access to affordable coverage</i>	<i>Examples include being uninsured for less than three consecutive months or living in a state that didn't expand Medicaid and the consumer had household income below 138% of FPL</i>	<i>Examples include being a member of a federally recognized tribe, or member of a health care sharing ministry</i>	<i>Examples include facing an eviction or foreclosure, the death of a close family member, filing for bankruptcy, or experiencing domestic violence</i>	<i>Examples include being incarcerated or living abroad</i>

**Learn the Basics and Find More Information:**

- ▶ Understanding how health coverage affects taxes can be difficult. See a simple [IRS chart that illustrates how health coverage affects taxes](#) in various scenarios, and an [IRS publication detailing how health coverage affects taxes](#).
- ▶ When filing their federal income tax returns, consumers must now report whether they were enrolled in minimum essential coverage or were eligible for an exemption. Consumers may have to complete additional tax forms, such as IRS Form 8962, to reconcile APTC received from the Marketplaces, or 8965 to report an exemption. Find information to share with consumers about [how health coverage affects tax returns](#) (also available in [Spanish](#)).



- ▶ Go to the [IRS page on the Affordable Care Act](#) for IRS tax forms, including Forms [8962](#) and [8965](#), and answers to tax-related questions, tax filing assistance, and information about the Shared Responsibility Payment for not having coverage. Note: the IRS tax forms and their instructions may be updated in advance of a tax filing season, be sure you are accessing the correct forms and instructions for the correct tax year.
- ▶ Find a useful fact sheet, [No Coverage? What That Means for Your Taxes](#) (also available in [Spanish](#)).
- ▶ Use the [Exemptions Screener Tool](#) (also available in [Spanish](#)) to help determine what exemptions a consumer might be eligible for.
- ▶ Make clear to consumers if they were not enrolled in health coverage during the year, they may owe the Shared Responsibility Payment for not having coverage for any month they or their dependents do not qualify for an exemption. See a [full list of all types of](#) available [exemptions](#), and whether they must be: a) granted by a Marketplace, b) claimed on a consumer's tax return, or c) either granted by a Marketplace or claimed on a tax return. If a Marketplace is responsible for granting a coverage exemption, it will send consumers notices with their exemption eligibility results.

### Things You Should Know

- **Be aware** that [hardship exemptions](#) usually cover the month before the hardship, the month(s) of the hardship, and the month after the hardship. In some cases, a Marketplace may provide an exemption for additional months, including up to a full calendar year.
- **Inform** consumers who qualify for a hardship exemption that they can (but don't have to) buy a Catastrophic plan no matter how old they are or what their household income is. To buy Catastrophic coverage with a hardship, consumers need to provide their ECNs to the insurance company selling the plan.
- **Tell** consumers who don't agree with a decision about their exemption that they can appeal that decision.
- **Inform** consumers that if they do not apply for an exemption but are without coverage for part of the year, 1/12 of the yearly fee applies to each month the consumer is uninsured, unless the consumer is uninsured for less than three consecutive months of the year.

## F. How can I help consumers use their coverage?

Once consumers have coverage, it is important they know how to use it. As an assister, you can help. HHS has an initiative called Coverage to Care (C2C), which helps consumers understand their coverage and connect to the care they need. By educating consumers about their coverage, empowering them with the tools they need to be able to use it, and making the health care system easier to navigate, the C2C initiative aims to reduce health care costs and improve health outcomes. Consumers can also learn more about their rights when they enroll in a Marketplace health plan by reviewing [The Health Insurance Marketplace: Know your Rights](#).

**Learn the Basics and Find More Information:**

- ▶ See the [C2C materials](#) available at [Marketplace.cms.gov](https://Marketplace.cms.gov).
- ▶ See the [Roadmap to Better Care and a Healthier You](#) (available in multiple languages), which lays out a path for newly covered consumers to get care and explains the basics of health coverage and how to select a provider.

## Using Coverage Checklist



### Selecting a Provider and Scheduling an Appointment

Many consumers who are newly covered may be insured for the first time and might not know how to find a provider in their service area or make an appointment. To help consumers find a provider and schedule an appointment:

- Review the plan's Provider Directory.
- Identify available providers based on geography or patient preferences.
- Help consumers get ready to call providers to schedule an appointment. Consumers may have to provide information from their insurance card (company, product, ID or group number) when they call a provider. See pages 24-25 of the [C2C Roadmap](#) for more details about what information consumers may need when scheduling an appointment.
- Remind patients to ask their plan if they need prior authorization before they visit their provider. If patients need but don't get preauthorization, they may be charged for services their health plan would have paid for otherwise.
- Remind patients to ask about the costs of their appointment (i.e., copayments or coinsurance) and the types of payments that are accepted.
- Once an appointment has been scheduled, remind the patient to bring their health insurance card and appropriate identification to the appointment.

If any problems should arise, consumers should contact their health insurance company directly.

- ▶ See the [Enrollment Toolkit](#), which is available to help you educate consumers about why they need to sign up for coverage, what they should know before enrolling and choosing a plan, and what they should do after they receive coverage. The Enrollment Toolkit also has helpful tips about how you can help specific populations, such as immigrants, and American Indians and Alaska Natives.
- ▶ Find a [guide to discussions with consumers](#) that offers ways you can personalize your conversations with consumers, as well as suggested questions you can ask them, and other helpful tips for interacting with consumers in the Marketplaces.
- ▶ Watch a [training video](#) that will walk you through the discussions that you should have with consumers during eligibility and enrollment activities.



### Things You Should Know

- **Order** free C2C materials and have them shipped directly to you at no cost, so you can refer to them and share them with consumers. Find more information about [ordering C2C materials](#).
- **Remember** that C2C materials and resources are available in additional languages, including Spanish, Arabic, Chinese, Haitian Creole, Korean, Russian, Vietnamese, as well as tribal versions.



## Chapter IV: Information in Other Languages

The Marketplaces provide numerous resources in other languages to assist non-English speaking individuals. This chapter describes which resources are available and where they can be accessed.

### A. How do I access information and materials in other languages?

There are a number of ways to access information and materials in other languages:

- Get [help from the Marketplaces](#) in other languages.
- Go to [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov) for the Spanish version of HealthCare.gov.
- Use Find Local Help to [find support in non-English languages](#).
- Find resources in other languages in the Online Resource Library for Assisters.

The sections below provide details about accessing information and materials in other languages from each of these sources.

### Things You Should Know

- **Understand [your assister duties related to language access](#).** As Navigators and non-Navigator assistance personnel, you must provide services that are culturally and linguistically appropriate to the consumers you are helping, including consumers with limited English proficiency. CACs are not required, but are encouraged, to provide translation and other language access services. If a CAC cannot assist a consumer with limited English proficiency, the CAC should refer the consumer to a local Navigator, non-Navigator assistance personnel or the Marketplace Call Center.

#### 1. CMS-Developed Resources in Other Languages

CMS has produced resources in multiple languages to ensure all consumers, including non-English speaking consumers, have access to information about the Marketplaces, Medicare, and Medicaid. CMS' Office of Minority Health has compiled an index of these resources.

*Learn the Basics and Find More Information:*

- ▶ Use this Index of [CMS Resources by Language](#) to find resources in English and non-English languages.

#### 2. Marketplace Call Center (Hotline and Interpreter Information)

If consumers speak languages other than English and would like to get personal assistance in another language free of charge, they can contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). The Marketplace Call Center is available 24 hours a day, seven days a week.



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*Steps to Connect to a Marketplace Call Center Interpreter*

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**Step 1**

When consumers contact the Marketplace Call Center, they will initially 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.

**Step 2**

The representative will first try to determine what language is being spoken by asking the consumer what language he or she speaks, or by seeking assistance from another member of the consumer's household.

**Step 3**

Once the representative identifies the consumer's language, the consumer will be connected to the language line for assistance from an interpreter.

**Step 4**

On subsequent calls, the system will recognize the language preference set on the initial call, so if the consumer contacts the Marketplace Call Center again, the call will automatically be connected to a representative who will initiate a language line conference by connecting the consumer to an interpreter/language line operator.

### 3. CuidadoDeSalud.gov

Consumers can be directed to the Spanish version of the Marketplace website, CuidadoDeSalud.gov, for the Spanish version of the application, as well as information about the Marketplaces in Spanish.

- ▶ Go to [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov).

### 4. Find Local Help

A search result of assisters on Find Local Help may include assisters who provide application and enrollment assistance in languages other than English. Select the Show Details section to see if an assister provides non-English speaking assistance and has indicated it on Find Local Help.

- ▶ Search [Find Local Help](#) (also available in [Spanish](#)).

### 5. The Online Resource Library for Assisters

CMS hosts an Online Resource Library for Assisters on CMS zONE. You can use this online community group to share materials and resources you have created or to access materials other assisters have created, both in English and [in other languages](#).

- ▶ Find out how to join the [Online Resource Library for Assisters](#).

*Disclaimer: CMS does not endorse the information and resources provided by the members of the Online Resource Library for Assisters. By administering this online community, CMS does not intend to suggest that it is endorsing the*



*information or resources provided by these organizations over information or resources that might be provided by other organizations.*



## Appendix: Links Referenced in *The Assister's Roadmap to Resources*

### CHAPTER I. ASSISTER RESOURCES AND COMMUNICATIONS

#### A. How do I get the latest information from CMS on Marketplace policies and operations?

1. Weekly Assister Newsletter
  - Archive of past Weekly Assister Newsletters: <https://marketplace.cms.gov/technical-assistance-resources/assister-newsletters.html>
2. Weekly Assister Webinar
  - Archive of past Assister Webinars: <https://marketplace.cms.gov/technical-assistance-resources/assister-webinars.html>
3. Listserv (ASSISTERLISTSERV@cms.hhs.gov)
  - Assister listserv: [ASSISTERLISTSERV@cms.hhs.gov](mailto:ASSISTERLISTSERV@cms.hhs.gov)  
*Note:* Write “Add to listserv” in the subject line, and include the e-mail address that you would like to add in the body of your e-mail.

#### B. Which agencies and organizations have resources on the Affordable Care Act?

1. CMS
  - HealthCare.gov: <https://www.healthcare.gov/>
  - HealthCare.gov (Spanish version): <https://www.cuidadodesalud.gov/es/>
  - Quick Guide to the Marketplaces: <https://www.healthcare.gov/quick-guide/>
  - Quick Guide to the Marketplaces (Spanish version): <https://www.cuidadodesalud.gov/es/quick-guide/>
  - Marketplace.cms.gov: <https://marketplace.cms.gov/>
  - CCIIO website: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html>
  - REGTAP: <https://www.regtap.info/>
  - CMS zONE Online Resource Library for Assisters: <https://marketplace.cms.gov/technical-assistance-resources/join-resource-library.PDF>

*Disclaimer: CMS does not endorse the information and resources provided by the members of the Online Resource Library for Assisters. By administering this online community, CMS does not intend to suggest that it is endorsing the information or resources provided by these organizations over information or resources that might be provided by other organizations.*



## 2. Key Federal Partners

- HHS resources related to the Affordable Care Act: <http://www.HHS.gov/healthcare/>
- Medicaid website: <http://www.medicaid.gov/>
- Medicaid and CHIP programs by state: <https://www.medicaid.gov/medicaid/by-state/by-state.html>
- How the Affordable Care Act Affects Medicaid Beneficiaries: <https://www.medicaid.gov/affordablecareact/affordable-care-act.html>
- Medicare website: <http://medicare.gov/>
- How the Affordable Care Act Affects Medicare Beneficiaries: <http://www.medicare.gov/about-us/affordable-care-act/affordable-care-act.html>
- HRSA website: <http://www.hrsa.gov/>
- How the Affordable Care Act Impacts Rural and Vulnerable Populations: <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/what-aca-means-for-rural-america/index.html>
- HRSA-funded programs: <http://www.hrsa.gov/about/organization/bureaus/index.html>
- OMH website: <http://minorityhealth.hhs.gov/>
- OCR website: <http://www.hhs.gov/ocr/>
- IHS Tribal Directory: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- IHS website: <http://www.ihs.gov/aboutihs/>
- IHS fact sheets: <http://www.ihs.gov/newsroom/factsheets/>
- IRS website: <http://www.irs.gov/>
- IRS Affordable Care Act: <http://www.irs.gov/Affordable-Care-Act>
- IRS Affordable Care Act (Spanish version): <http://www.irs.gov/Spanish/Disposiciones-Tributarias-de-la-Ley-de-Cuidado-de-Salud-a-Bajo-Precio>
- DOL website: <http://www.dol.gov/>
- DOL Affordable Care Act: <http://www.dol.gov/ebsa/healthreform/consumer.html>
- VA website: <http://www.va.gov/>
- VA Affordable Care Act: <http://www.va.gov/health/aca/>
- SBA website: <https://www.sba.gov/>
- SBA Affordable Care Act: <https://www.sba.gov/healthcare>

## 3. States

- State Medicaid profiles: <https://www.medicaid.gov/medicaid/by-state/by-state.html>
- State DOIs: [http://www.naic.org/state\\_web\\_map.htm](http://www.naic.org/state_web_map.htm)
- SHIP centers: <https://www.shiptacenter.org/>

## 4. Non-governmental Organizations

- Families USA Assisters: <http://familiesusa.org/issues/navigators-assisters%3e>
- Families USA Enrollment Assister Resource Center: <http://familiesusa.org/initiatives/enrollment-assister-resource-center>
- In the Loop: <http://enrollmentloop.org/>
- Enroll America: <http://www.enrollamerica.org/>
- The Kaiser Family Foundation Affordable Care Act: <http://kff.org/health-reform/>
- The Center on Budget and Policy Priorities Affordable Care Act: <http://www.cbpp.org/topics/health-reform>



## Appendix: Links Referenced in The Assister's Roadmap to Resources

- The Center for Children and Families Affordable Care Act: <http://ccf.georgetown.edu/aca/>
- Refugee Health Technical Assistance Center: <http://refugeehealthta.org/access-to-care/affordable-care-act/>

*Disclaimer: While CMS does not endorse the information and resources provided by the outside entities listed above, these entities have created websites with information intended for people helping consumers access coverage through the Marketplaces. Other organizations not listed here may also provide information intended for the same audience. By providing these links, CMS does not intend to suggest that it endorses the information provided by these organizations over information provided by other organizations.*

**C. How can I get direct help?****1. Marketplace Call Center**

- Contact the Marketplace Call Center: <https://www.healthcare.gov/contact-us/>
- Contact the Marketplace Call Center (Spanish version): <https://www.cuidadodesalud.gov/es/contact-us/>
- Checklist: Get Ready to Apply for or Renew Your Health Insurance Marketplace Coverage: <https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>

**2. CMS Navigator Program Project Officers (Navigator Only)**

- N/A.

**3. Regional Office Liaisons**

- RO information: <https://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>
- Map of ROs by state: <http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/RegionalMap.html>
- Ways ROs Service Your Community: <http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html>

**4. Certified Application Counselor (CAC) Mailbox (CACs only)**

- CAC mailbox: [CACQuestions@cms.hhs.gov](mailto:CACQuestions@cms.hhs.gov)
- Resources for CACs: <https://marketplace.cms.gov/technical-assistance-resources/assister-programs/general-information-assister-programs.html>

**CHAPTER II. COVERAGE OPTIONS AVAILABLE TO CONSUMERS****A. Marketplace Coverage for Individuals****1. When Can Consumers Enroll in Coverage through the Marketplaces?**

- List of life events that may qualify for a special enrollment period: <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>
- List of life events that may qualify for a special enrollment period (Spanish version): <https://www.cuidadodesalud.gov/es/coverage-outside-open-enrollment/special-enrollment-period/>
- Special Enrollment Period Screener Tool: <https://www.healthcare.gov/screener/>
- Special Enrollment Period Screener Tool (Spanish version): <https://www.cuidadodesalud.gov/es/screener/>



## Appendix: Links Referenced in The Assister's Roadmap to Resources

- Detailed special enrollment period resources: <https://marketplace.cms.gov/technical-assistance-resources/special-enrollment-periods-.html>

**2. What coverage is available through the Marketplaces?**

- See plans and prices tool: <https://www.healthcare.gov/see-plans/>
- See plans and prices tool (Spanish version): <https://www.cuidadodesalud.gov/see-plans/>
- List of the 10 EHB: <https://www.healthcare.gov/blog/10-health-care-benefits-covered-in-the-health-insurance-marketplace/>
- List of the 10 EHB (Spanish version): <https://www.cuidadodesalud.gov/es/blog/10-health-care-benefits-covered-in-the-health-insurance-marketplace/>
- List of preventive services for adults: <https://www.healthcare.gov/preventive-care-benefits/>
- List of preventive services for adults (Spanish version): <https://www.cuidadodesalud.gov/es/preventive-care-benefits/>
- List of preventive services for women: <https://www.healthcare.gov/preventive-care-women/>
- List of preventive services for women (Spanish version): <https://www.cuidadodesalud.gov/es/preventive-care-women/>
- List of preventive services for children: <https://www.healthcare.gov/preventive-care-children/>
- List of preventive services for children (Spanish version): <https://www.cuidadodesalud.gov/es/preventive-care-children/>
- Categories of Marketplace coverage: <https://www.healthcare.gov/choose-a-plan/plans-categories/>
- Categories of Marketplace coverage (Spanish version): <https://www.cuidadodesalud.gov/es/choose-a-plan/plans-categories/>
- Catastrophic coverage: <https://www.healthcare.gov/choose-a-plan/catastrophic-plans>
- Catastrophic coverage (Spanish version): <https://www.cuidadodesalud.gov/es/choose-a-plan/catastrophic-plans/>
- Description of the different coverage types: <https://www.healthcare.gov/choose-a-plan/plan-types/>
- Description of the different coverage types (Spanish version): <https://www.cuidadodesalud.gov/es/choose-a-plan/plan-types/>
- Glossary of commonly used health coverage terms: <http://www.cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf>
- How to choose Marketplace coverage: <https://www.healthcare.gov/choose-a-plan/benefits/>
- How to choose Marketplace coverage (Spanish version): <https://www.cuidadodesalud.gov/es/choose-a-plan/benefits/>
- How to use Marketplace coverage: <https://www.healthcare.gov/using-marketplace-coverage/>
- How to use Marketplace coverage (Spanish version): <https://www.cuidadodesalud.gov/es/using-marketplace-coverage/>

**B. Medicaid and CHIP Coverage**

- Medicaid expansion under the Affordable Care Act: <https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/>
- Medicaid expansion under the Affordable Care Act (Spanish version): <https://www.cuidadodesalud.gov/es/medicaid-chip/medicaid-expansion-and-you/>
- State Medicaid and CHIP programs: <https://www.medicare.gov/medicaid/by-state/by-state.html>



## Appendix: Links Referenced in The Assister's Roadmap to Resources

- Assessment versus determination states: <http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-and-the-marketplace/medicaid-chip-marketplace-interactions.html>
- Coverage for lawfully present immigrants: <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>
- Coverage for lawfully present immigrants (Spanish version): <https://www.cuidadodesalud.gov/es/immigrants/lawfully-present-immigrants/>
- Eligibility for lawfully residing children and pregnant women in Medicaid and CHIP, by state: <https://www.medicaid.gov/medicaid/outreach-and-enrollment/lawfully-residing/index.html>
- Applying for coverage after receiving a Medicaid/CHIP denial: <https://marketplace.cms.gov/outreach-and-education/applying-for-coverage.pdf>
- More information about Medicaid and CHIP coverage: <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip>
- More information about Medicaid and CHIP coverage (Spanish version): <https://www.cuidadodesalud.gov/es/medicaid-chip/>

**C. SHOP Marketplace Coverage**

- Overview of the SHOP Marketplaces: <https://www.healthcare.gov/small-businesses/provide-shop-coverage/shop-marketplace-overview/>
- Overview of the SHOP Marketplaces (Spanish version): <https://www.cuidadodesalud.gov/es/small-businesses/provide-shop-coverage/shop-marketplace-overview/>
- Getting Small Business Health Coverage through the SHOP Marketplaces: <https://marketplace.cms.gov/technical-assistance-resources/2016-shop-coverage-overview.pdf>
- Overview of the SHOP Marketplaces: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/shop-overview.pdf>
- Overview of the SHOP Marketplaces (Spanish version): <https://marketplace.cms.gov/technical-assistance-resources/training-materials/shop-overview-spanish.pdf>
- Assisters Guide to Helping Employers Enroll in SHOP Marketplace Coverage: <https://marketplace.cms.gov/technical-assistance-resources/logo-and-infographics/assisters-guide-help-employers-enroll-shop-2016.pdf>
- Employer Enrollment User Guide: <https://marketplace.cms.gov/outreach-and-education/shop-employer-enrollment-user-guide-2016.pdf>
- FTE Employee Calculator: <https://www.healthcare.gov/shop-calculators-fte/>
- FTE Employee Calculator (Spanish version): <https://www.cuidadodesalud.gov/es/shop-calculators-fte/>
- Small Business Health Care Tax Credit: <https://www.healthcare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits/>
- Small Business Health Care Tax Credit (Spanish version): <https://www.cuidadodesalud.gov/es/small-businesses/provide-shop-coverage/small-business-tax-credits/>
- Small Business Health Care Tax Credit from the IRS: <http://www.irs.gov/Affordable-Care-Act/Employers/Small-Business-Health-Care-Tax-Credit-and-the-SHOP-Marketplace>
- SHOP Tax Credit Estimator: <https://www.healthcare.gov/shop-calculators-taxcredit/>
- SHOP Tax Credit Estimator (Spanish version): <https://www.cuidadodesalud.gov/es/shop-calculators-taxcredit/>



## Appendix: Links Referenced in The Assister's Roadmap to Resources

- Overview of the SHOP Marketplaces for Employees: <https://www.healthcare.gov/small-businesses/employees-shop/overview/>
- Overview of the SHOP Marketplaces for Employees (Spanish version): <https://www.cuidadodesalud.gov/es/small-businesses/employees-shop/overview/>
- How Employees can Enroll in a SHOP Marketplace: <https://marketplace.cms.gov/outreach-and-education/enroll-in-shop-employees-2016.pdf>
- How Employees can Enroll in a SHOP Marketplace (Spanish version): <https://marketplace.cms.gov/outreach-and-education/enroll-in-shop-employees-2016-spanish.pdf>
- Employee Enrollment User Guide: <https://marketplace.cms.gov/outreach-and-education/shop-employee-enrollment-user-guide.pdf>
- Guidance for Assisters on Agents and Brokers: <https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF>
- SHOP Marketplaces on LinkedIn: [https://www.linkedin.com/company/10629308?trk=tyah&trkInfo=clickedVertical%3Ashowcase%2C\\_clickedEntityId%3A10629308%2Cidx%3A3-1-3%2CtarId%3A1478549019546%2Ctas%3ASHOP%20Marketpl](https://www.linkedin.com/company/10629308?trk=tyah&trkInfo=clickedVertical%3Ashowcase%2C_clickedEntityId%3A10629308%2Cidx%3A3-1-3%2CtarId%3A1478549019546%2Ctas%3ASHOP%20Marketpl)
- SHOP Marketplaces YouTube channel: <https://www.youtube.com/playlist?list=PLUslxKz-YuChNTtMYNZfSWBwr2B-pg10t>

**D. Medicare Coverage**

- Overview of the Medicare program: <https://www.medicare.gov/sign-up-change-plans/decide-how-to-get-medicare/whats-medicare/what-is-medicare.html>
- How Medicare satisfies the requirement to have health coverage: <https://www.medicare.gov/about-us/affordable-care-act/medicare-and-the-marketplace.html>
- When and How to Sign-up for Medicare Parts A and B: <https://www.medicare.gov/sign-up-change-plans/get-parts-a-and-b/when-how-to-sign-up-for-part-a-and-part-b.html>
- Changing from the Marketplaces to Medicare: <https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare/>
- Changing from the Marketplaces to Medicare (Spanish version): <https://www.cuidadodesalud.gov/es/medicare/changing-from-marketplace-to-medicare/>
- Part A Late enrollment penalty: <https://www.medicare.gov/your-medicare-costs/part-a-costs/penalty/part-a-late-enrollment-penalty.html>
- Part B Late enrollment penalty: <https://www.medicare.gov/your-medicare-costs/part-b-costs/penalty/part-b-late-enrollment-penalty.html>
- Part D enrollment penalty: <https://www.medicare.gov/part-d/costs/penalty/part-d-late-enrollment-penalty.html>
- Medicare savings program: <http://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html>
- Standards for dual eligibility: <https://www.medicare.gov/medicaid/eligibility/medicaid-enrollees/index.html>
- Medigap plans: <https://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>
- SHIP in your state: <https://www.shiptacenter.org/>
- Frequently asked questions about Medicare and the Marketplaces:



<https://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Overview1.html>

- Medicare and the Marketplaces video: <https://www.youtube.com/watch?v=4bYQrWK3wr0>

### E. Other Coverage Options

- Employer-sponsored coverage: <https://www.healthcare.gov/have-job-based-coverage/>
- Employer-sponsored coverage (Spanish version): <https://www.cuidadodesalud.gov/es/have-job-based-coverage/>
- Minimum value standard and affordability: <https://www.healthcare.gov/have-job-based-coverage/change-to-marketplace-plan/>
- Minimum value standard and affordability (Spanish version): <https://www.cuidadodesalud.gov/es/have-job-based-coverage/change-to-marketplace-plan/>
- COBRA coverage and the Marketplaces: <https://www.healthcare.gov/unemployed/cobra-coverage/>
- COBRA coverage and the Marketplaces (Spanish version): <https://www.cuidadodesalud.gov/es/unemployed/cobra-coverage/>
- Health coverage options for veterans: <https://www.healthcare.gov/veterans/>
- Health coverage options for veterans (Spanish version): <https://www.cuidadodesalud.gov/es/veterans/>
- Health coverage options for college students: <https://marketplace.cms.gov/outreach-and-education/what-do-i-need-to-know.pdf>
- Health coverage for young adults: <https://www.healthcare.gov/young-adults/>
- Health coverage for young adults (Spanish version): <https://www.cuidadodesalud.gov/es/young-adults/>
- Health coverage for people with disabilities: <https://www.healthcare.gov/people-with-disabilities/>
- Health coverage for people with disabilities (Spanish version): <https://www.cuidadodesalud.gov/es/people-with-disabilities/>
- Helping consumers with disabilities fact sheet: <https://marketplace.cms.gov/technical-assistance-resources/consumers-with-disabilities.pdf>

## CHAPTER III. THE MARKETPLACE APPLICATION AND ENROLLMENT PROCESS

### A. How can I help consumers apply for and enroll in Marketplace coverage?

#### 1. Application Process

- Fee for not being covered: <https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/>
- Fee for not being covered (Spanish version): <https://www.cuidadodesalud.gov/es/fees-exemptions/fee-for-not-being-covered/>
- How to Apply and Enroll in Coverage: <https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/>
- How to Apply and Enroll in Coverage (Spanish version): <https://www.cuidadodesalud.gov/es/apply-and-enroll/get-ready-to-apply/>
- Four Ways to Apply for Coverage: <https://www.healthcare.gov/apply-and-enroll/how-to-apply/>



## Appendix: Links Referenced in The Assister's Roadmap to Resources

- Four Ways to Apply for Coverage (Spanish version): <https://www.cuidadodesalud.gov/es/apply-and-enroll/how-to-apply/>
  - Get coverage: <https://www.healthcare.gov/get-coverage/>
  - Get coverage (Spanish version): <https://www.cuidadodesalud.gov/es/get-coverage/>
  - Find Local Help: <https://localhelp.healthcare.gov/>
  - Find Local Help (Spanish version): <https://ayudalocal.cuidadodesalud.gov/es/>
  - Application process: <https://marketplace.cms.gov/technical-assistance-resources/application-process-assistance.html>
  - Guide to applying for coverage: <https://marketplace.cms.gov/technical-assistance-resources/assister-sop-manual.pdf>
  - How to help consumers fill out paper applications: <https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family-instructions.pdf>
  - Checklist to get Ready to apply for or renew your Marketplace coverage: <https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>
- 2. Application Troubleshooting**
- HealthCare.gov browser compatibility: <https://www.healthcare.gov/browser-compatibility/>
  - HealthCare.gov browser compatibility (Spanish version): <https://www.cuidadodesalud.gov/es/browser-compatibility/>
  - Tips on Troubleshooting Technical Issues: <https://www.healthcare.gov/tips-and-troubleshooting/>
  - Tips on Troubleshooting Technical Issues (Spanish version): <https://www.cuidadodesalud.gov/es/tips-and-troubleshooting/>
  - Tips for Resetting Marketplace Passwords and Unlocking Marketplace Accounts: <https://www.healthcare.gov/blog/tips-for-resetting-your-password-and-unlocking-your-account/>
  - Tips for Resetting Marketplace Passwords and Unlocking Marketplace Accounts (Spanish version): <https://www.cuidadodesalud.gov/es/blog/tips-for-resetting-your-password-and-unlocking-your-account/>
  - Troubleshooting Tips and Requirements for Marketplace Accounts: <https://www.healthcare.gov/help/i-am-having-trouble-logging-in-to-my-marketplace-account/>
  - Troubleshooting Tips and Requirements for Marketplace Accounts (Spanish version): <https://www.cuidadodesalud.gov/es/help/i-am-having-trouble-logging-in-to-my-marketplace-account/>
- 3. Authentication Process**
- Identity Proofing and Information Inconsistencies: <https://marketplace.cms.gov/outreach-and-education/your-marketplace-application.pdf>
  - Identity Proofing and Information Inconsistencies (Spanish version): <https://marketplace.cms.gov/technical-assistance-resources/id-proofing-spanish.pdf>
  - Frequently Asked Questions about ID Proofing: <https://marketplace.cms.gov/technical-assistance-resources/remote-identity-proofing-faqs.pdf>
  - How We Use Your Data: <https://www.healthcare.gov/how-we-use-your-data/>
  - How We Use Your Data (Spanish version): <https://www.cuidadodesalud.gov/es/how-we-use-your-data/>
  - Privacy Act statement: <https://www.healthcare.gov/individual-privacy-act-statement/>



## Appendix: Links Referenced in The Assister's Roadmap to Resources

- Privacy Act statement (Spanish version): <https://www.cuidadodesalud.gov/es/individual-privacy-act-statement/>
- How to Resolve a Data-Matching Issue: <https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/>
- How to Resolve a Data-Matching Issue (Spanish version): <https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/>
- How to Upload Documents: <https://www.healthcare.gov/help/how-to-upload-documents/>
- How to Upload Documents (Spanish version): <https://www.cuidadodesalud.gov/es/help/how-to-upload-documents/>
- Tips for Submitting Supporting Documents: <https://marketplace.cms.gov/technical-assistance-resources/submitting-supporting-documents.pdf>
- Five Things Assisters Should Know about Data Matching Terminations: <https://marketplace.cms.gov/technical-assistance-resources/data-matching-terminations.pdf>
- Tips to Resolve Outstanding Data Matching Issues: <https://marketplace.cms.gov/technical-assistance-resources/resolve-data-match-issues.pdf>
- Documents that consumers can submit to resolve data matching issues: <https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/>
- Documents that consumers can submit to resolve data matching issues (Spanish version): <https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/>
- The Facts about the Affordable Care Act and Immigration Enforcement: <https://www.whitehouse.gov/blog/2014/12/03/facts-about-affordable-care-act-and-immigration-enforcement>
- Facts about the Affordable Care Act and Immigration Enforcement (Spanish version): <https://www.whitehouse.gov/blog/2014/12/03/informaci-n-sobre-la-ley-de-cuidado-de-salud-bajo-precio-y-el-control-de-inmigraci-n>

**4. Immigration Status and the Marketplaces**

- Lawfully present immigration statuses: <https://www.healthcare.gov/immigrants/immigration-status/>
- Lawfully present immigration statuses (Spanish version): <https://www.cuidadodesalud.gov/es/immigrants/immigration-status/>
- Coverage options for lawfully present immigrants: <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>
- Coverage options for lawfully present immigrants (Spanish version): <https://www.cuidadodesalud.gov/es/immigrants/lawfully-present-immigrants/>
- List of immigration document types: <https://www.healthcare.gov/help/immigration-document-types/>
- List of immigration document types (Spanish version): <https://www.cuidadodesalud.gov/es/help/immigration-document-types/>
- Helping Consumers With Different Immigration Statuses: <https://marketplace.cms.gov/technical-assistance-resources/immigration-fast-facts.pdf>
- Dos And Don'ts For Providing Non-Discriminatory, Culturally And Linguistically Appropriate Services: <https://marketplace.cms.gov/technical-assistance-resources/dos-and-donts-clas.pdf>

**5. Health Coverage for American Indians and Alaska Natives**

- Marketplace Special Protections and Benefits for American Indians and Alaska Natives: <https://www.healthcare.gov/american-indians-alaska-natives/>
- Marketplace Special Protections and Benefits for American Indians and Alaska Natives (Spanish version): <https://www.cuidadodesalud.gov/es/american-indians-alaska-natives/>
- Two Ways Consumers Can File the Indian Health Coverage Exemption: <https://www.healthcare.gov/american-indians-alaska-natives/exemptions/>
- Two Ways Consumers Can File the Indian Health Coverage Exemption (Spanish version): <https://www.cuidadodesalud.gov/es/american-indians-alaska-natives/exemptions/>
- Tips for Working with American Indians and Alaska Natives: <https://marketplace.cms.gov/technical-assistance-resources/working-with-aian.pdf>

**6. Financial Assistance through the Marketplaces**

- Information about MEC: <https://www.healthcare.gov/glossary/minimum-essential-coverage/>
- Information about MEC (Spanish version): <https://www.cuidadodesalud.gov/es/glossary/minimum-essential-coverage/>
- Detailed list of MEC: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage>
- Information about COBRA and the Marketplaces: <https://www.healthcare.gov/unemployed/cobra-coverage/>
- Information about COBRA and the Marketplaces (Spanish version): <https://www.cuidadodesalud.gov/es/unemployed/cobra-coverage/>
- Retiree coverage and the Marketplaces: <https://www.healthcare.gov/retirees/>
- Retiree coverage and the Marketplaces (Spanish version): <https://www.cuidadodesalud.gov/es/retirees/>
- How to Save on Monthly Premiums by Receiving APTC: <https://www.healthcare.gov/lower-costs/save-on-monthly-premiums/>
- How to Save on Monthly Premiums by Receiving APTC (Spanish version): <https://www.cuidadodesalud.gov/es/lower-costs/save-on-monthly-premiums/>
- How to Save on Out-of-Pocket Costs Through CSRs: <https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/>
- How to Save on Out-of-Pocket Costs Through CSRs (Spanish version): <https://www.cuidadodesalud.gov/es/lower-costs/save-on-out-of-pocket-costs/>
- Calculating household income: <https://www.healthcare.gov/income-and-household-information/income/>
- Calculating household income (Spanish version): <https://www.cuidadodesalud.gov/es/income-and-household-information/income/>
- Qualifying for Lower Costs: <https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs/>
- Qualifying for Lower Costs (Spanish version): <https://www.cuidadodesalud.gov/es/lower-costs/qualifying-for-lower-costs/>
- Reporting Life Changes to the Marketplaces: <https://www.healthcare.gov/reporting-changes/>
- Reporting Life Changes to the Marketplaces (Spanish version): <https://www.cuidadodesalud.gov/es/reporting-changes/>

**B. How can I Help Consumers with the Annual Marketplace Coverage Renewal and Redetermination Process?**

- 2016 FFM Redetermination and Re-Enrollment Process: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/annual-redeterminations-for-coverage-42215.pdf>
- 2016 Redetermination and Re-Enrollment Basics for Assisters Guide: <https://marketplace.cms.gov/technical-assistance-resources/2016-redetermination-and-reenrollment.pdf>

**C. How can I Help Consumers Appeal a Marketplace Eligibility Decision?**

- What Marketplace Decisions can be Appealed: <https://www.healthcare.gov/marketplace-appeals/what-you-can-appeal/>
- What Marketplace Decisions can be Appealed (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/what-you-can-appeal/>
- Three Ways in Which Consumers can File an Appeal Request: <https://www.healthcare.gov/marketplace-appeals/ways-to-appeal/>
- Three Ways in Which Consumers can File an Appeal Request (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/ways-to-appeal/>
- Marketplace appeal request form: <https://www.healthcare.gov/marketplace-appeals/appeal-forms/>
- Marketplace appeal request form (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/appeal-forms/>
- How to file an expedited appeal: <https://www.healthcare.gov/marketplace-appeals/expedited-appeal/>
- How to file an expedited appeal (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/expedited-appeal/>
- Designation of Authorized Representative: <https://www.healthcare.gov/marketplace-appeals/getting-help/>
- Designation of Authorized Representative (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/getting-help/>
- Designation of Authorized Representative form: <https://www.healthcare.gov/downloads/marketplace-authorize-appeal-representative-form.pdf>
- Marketplace Appeals and Health Plan Appeals Fact Sheet: <https://marketplace.cms.gov/outreach-and-education/appeals-eligibility-and-health-plan-decisions.pdf>
- Appealing SHOP Marketplace Decisions: <https://www.healthcare.gov/small-businesses/choose-and-enroll/appeal-a-shop-decision/>
- Healthcare.gov page on appeals: <https://www.healthcare.gov/marketplace-appeals/>
- Healthcare.gov page on appeals (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/>
- Get help with Marketplace applications or eligibility appeals: <https://www.healthcare.gov/marketplace-appeals/getting-help/>
- Get help with Marketplace applications or eligibility appeals (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/getting-help/>

**D. How can I Help Consumers Report Life Changes to the Marketplaces?**

- List of changes that should be reported to the Marketplaces: <https://www.healthcare.gov/reporting-changes/which-changes-to-report/>
- List of changes that should be reported to the Marketplaces (Spanish version): <https://www.cuidadodesalud.gov/es/reporting-changes/which-changes-to-report/>
- How to Report Changes to the Marketplaces: <https://www.healthcare.gov/reporting-changes/how-to-report-changes/>
- How to Report Changes to the Marketplaces (Spanish version): <https://www.cuidadodesalud.gov/es/reporting-changes/how-to-report-changes/>
- Helping Consumers Report a Life Event or Change in Circumstance After the Open Enrollment Period: <https://marketplace.cms.gov/technical-assistance-resources/report-life-event.pdf>
- Options to Select Different Marketplace Coverage, Cancel or Terminate Marketplace Coverage, and Report Changes to the Marketplaces: <https://www.healthcare.gov/keep-or-change-plan/>
- Options to Select Different Marketplace Coverage, Cancel or Terminate Marketplace Coverage, and Report Changes to the Marketplaces (Spanish version): <https://www.cuidadodesalud.gov/es/keep-or-change-plan/>
- How to Cancel Marketplace Coverage: <https://www.healthcare.gov/reporting-changes/cancel-plan/>
- How to Cancel Marketplace Coverage (Spanish version): <https://www.cuidadodesalud.gov/es/reporting-changes/cancel-plan/>

**E. How can I Help Consumers Prepare for Tax-Filing Season?****1. Preparing Tax Forms to Report Having Health Coverage**

- How Health Coverage Affects Tax Returns: <https://www.healthcare.gov/taxes/>
- How Health Coverage Affects Tax Returns (Spanish version): <https://www.cuidadodesalud.gov/es/taxes/>
- IRS page on the Affordable Care Act: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage>
- Information about Form 8962: [http://www.irs.gov/file\\_source/pub/irs-pdf/f8962.pdf](http://www.irs.gov/file_source/pub/irs-pdf/f8962.pdf)
- Information about Form 8965: [http://www.irs.gov/file\\_source/pub/irs-pdf/f8965.pdf](http://www.irs.gov/file_source/pub/irs-pdf/f8965.pdf)
- Information about Form 1095-A: <https://www.healthcare.gov/taxes/marketplace-health-plan/>
- Information about Form 1095-A (Spanish version): <https://www.cuidadodesalud.gov/es/taxes/marketplace-health-plan/>
- Cover page of Form 1095-A: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/1095a-cover-page.pdf>
- Cover page of Form 1095-A (Spanish version): <https://marketplace.cms.gov/technical-assistance-resources/training-materials/1095a-cover-page-spanish.pdf>
- Instructions for using Form 1095-A: <http://www.irs.gov/instructions/i1095a/ar01.html>
- Instructions for using Form 1095-A (Spanish version): <https://marketplace.cms.gov/technical-assistance-resources/spanish-form-1095-a-and-instructions.pdf>
- Questions and Answers about Health Care Information Forms for Individuals (Forms 1095-A, 1095-B, and 1095-C): <https://www.irs.gov/affordable-care-act/questions-and-answers-about-health-care-information-forms-for-individuals>



## Appendix: Links Referenced in The Assister's Roadmap to Resources

- Questions and Answers about Health Care Information Forms for Individuals (Forms 1095-A, 1095-B, and 1095-C) (Spanish Version): <https://www.irs.gov/affordable-care-act/individuals-and-families/preguntas-y-respuestas-acerca-de-los-formularios-de-informacion-de-cuidado-medico-para-individuos>
  - No Coverage? What That Means for Your Taxes: <https://marketplace.cms.gov/outreach-and-education/no-coverage-and-your-taxes.pdf>
  - No Coverage? What That Means for Your Taxes (Spanish version): <https://marketplace.cms.gov/outreach-and-education/no-health-coverage-and-taxes-article-spanish.pdf>
  - Tax Tools to Claim the Affordability Exemption and to Calculate Premium Tax Credit: <https://www.healthcare.gov/taxes/tools/>
  - Tax Tools to Claim the Affordability Exemption and to Calculate Premium Tax Credit (Spanish version): <https://www.cuidadodesalud.gov/es/taxes/tools/>
  - How Health Coverage Affects Taxes (chart): <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Health-Care-Law-and-Your-Tax-Return>
  - How Health Coverage Affects Taxes (publication): <http://www.irs.gov/pub/irs-pdf/p5187.pdf>
  - Online Catalog of Tax Resources for Assisters: <https://marketplace.cms.gov/technical-assistance-resources/tax-information.html>
2. Applying for an Exemption from the Requirement to Have Coverage
- Exemptions screener tool: <https://www.healthcare.gov/exemptions-tool/#/>
  - Exemptions screener tool (Spanish version): <https://www.cuidadodesalud.gov/es/exemptions-tool/#/>
  - Full list of types of exemptions: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Exemptions>
  - IRS Form 8965 – Health Coverage Exemptions: <http://www.irs.gov/pub/irs-pdf/f8965.pdf>

**F. How can I Help Consumers Use Their Coverage?**

- Consumer rights when they enroll in a Marketplace plan: <https://marketplace.cms.gov/outreach-and-education/know-your-rights.pdf>
- C2C materials: <https://marketplace.cms.gov/c2c>
- Roadmap to Better Care and a Healthier You: <https://marketplace.cms.gov/technical-assistance-resources/c2c-roadmap.pdf>
- Enrollment Toolkit: <https://marketplace.cms.gov/technical-assistance-resources/c2c-enrollment-toolkit.pdf>
- Guide to Discussions with Consumers: <https://marketplace.cms.gov/outreach-and-education/downloads/c2c-discussion-guide.pdf>
- Training Guide video: <http://www.youtube.com/watch?v=rsxLMrWvIAU&feature=youtu.be>
- Ordering C2C materials: <https://marketplace.cms.gov/outreach-and-education/order-coverage-to-care-materials.html>

**CHAPTER IV. INFORMATION IN OTHER LANGUAGES****A. How do I access information and materials in other languages?**

1. **CMS-Developed Resources in Other Languages**
  - CMS resources by language: [http://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH\\_Dwnld-IndexByLanguage\\_rev060115\\_v070715.pdf](http://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Dwnld-IndexByLanguage_rev060115_v070715.pdf)
2. **Marketplace Call Center (hotline and interpreter information)**
  - Marketplace Call Center: 1- 800-318-2596 (TTY: 1-855-889-4325)
3. **CuidadoDeSalud.gov**
  - CuidadoDeSalud.gov (Spanish version of HealthCare.gov): <https://cuidadodesalud.gov/es/>
4. **Find Local Help**
  - Find Local Help: <https://localhelp.healthcare.gov/>
  - Find Local Help (Spanish version): <https://ayudalocal.cuidadodesalud.gov/es/>
5. **The Online Resource Library**
  - Online Resource Library for Assisters: <https://marketplace.cms.gov/technical-assistance-resources/join-resource-library.PDF>

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