

Application Walkthrough: Helping Consumers Enroll in Marketplace Coverage



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Let's Get Started

After consumers submit a Marketplace application and receive an eligibility determination notice, they can choose a marketplace plan to enroll in, if they are eligible. The "Enroll To-do List" in a Marketplace application includes six steps consumers should complete:

Step 1: Choose how much premium tax credit to apply to their monthly premiums in advance. For more information on assisting consumers with understanding Marketplace financial assistance, review [Standard Operating Procedures \(SOP\) 7 – Lower Costs of Coverage](#).

Step 2: Report tobacco use.

Step 3: Determine if qualified health plans (QHPs) cover their doctors, hospitals, and prescription drugs.

Step 4: Choose a QHP.

Step 5: If desired, compare and select dental coverage.

Step 6: Review and confirm health and dental coverage choices before signing the application.

In this module, you'll help a consumer complete the key steps from the "Enroll To-do List" on a Marketplace application to complete the enrollment process.

What You Need to Know

Before you get started, let's review some important reminders when helping consumers enroll in Marketplace coverage.

Some consumers you help may be new to health insurance and other types of health coverage. Each consumer will have different levels of understanding and comfort with health insurance, its terminology, and the types of health insurance available. Basic information about health insurance and other types of health coverage will help you develop your skills to support consumers using the FFMs. You can learn more about health insurance in the [Health Coverage Basics course](#).

Consumers who are eligible for advance payments of the premium tax credit (APTC) have the option to use all, some, or none of the amount to reduce their monthly premiums. The amount of APTC they apply to their monthly premiums could affect the amount of taxes they owe to the Internal Revenue Service (IRS) or the refund amount they get back when they file federal income tax returns for the year.

- Consumers who use all of their APTC will pay less in monthly premiums rather than getting a premium tax credit when they file their federal income tax return.
- Consumers who use some of their APTC will pay less in monthly premiums and may also get some amount of a premium tax credit when they file their federal income tax return.
- Consumers who use none of their APTC will pay their full monthly premiums, but they may get a tax credit when they file their federal income tax return.

When you help consumers compare QHPs, remember to show them all of the QHP options they're eligible for. You should never provide recommendations about which plan or plans consumers should

select. Consumers can refer to a QHP's Summary of Benefits and Coverage (SBC) for more detailed information. You can learn more about the SBC in the [Coverage to Care Assistance course](#).

For more information on helping consumers enroll in coverage, review [SOP 8 – Compare, Save, & Select Health Plans](#).

What You Need to Do

You will help Lori Gomez enroll herself and her husband John in Marketplace coverage.

Lori and her husband John submitted a Marketplace application and completed the financial assistance portion. They reviewed their eligibility results, and they were found eligible to enroll in a QHP and for financial assistance in the form of APTC and cost-sharing reductions (CSRs).

The first thing Lori needs to decide is how much APTC she and John want to use to lower their monthly premium costs, if any. Lori indicates that she would like to use some of her APTC. When indicating how much of the monthly tax credit to use, she selects the “Some” option.

Next, Lori enters the exact amount of the available APTC she wants to use in the text box and selects the “Use This Amount” button. The amount she selects will be reflected in the monthly premium prices displayed when she reviews available QHPs. Lori enters \$500 to use each month. Lori shares that neither she nor John use tobacco. If their tobacco use changes later, they can update their Marketplace account to reflect the change.

Now it's time to help Lori select a plan. The side-by-side comparison tool is a great way to help consumers review and learn about their available QHP options. Many consumers may be eligible for multiple types of QHPs and need your help understanding different health plan categories. Each category may include several types of plans and provider networks, like Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs).

TIP: You should ask questions to help determine what aspects of health coverage are most important to consumers based on their needs.

Lori and John are worried about getting the coverage they need at a cost they can afford. They both have doctors they like and want to continue visiting them. Lori also has a few medications that can be expensive, and she wants to know how to find out whether certain QHPs will cover them. Lori selects the boxes for both **Doctors & facilities** and **Prescription drugs**.

Consumers can enter their doctors' names and medical facilities, like their local hospital, to check whether they are in a plan's network. Consumers can also enter any medications they use and find out whether they are covered by a QHP's “formulary,” or drug list. Consumers can also optionally get an estimate of their total yearly costs.

Consumers can choose the level of care they will need in the coming year to estimate their costs under each available QHP. This optional feature can't guarantee what a consumer's costs will be, but it will help them estimate how much their costs might be with different QHPs.

At this point, the estimated total yearly costs shown for each plan will reflect:

- Any APTC consumers have applied, and

- The level of care they expect to use during the year (i.e., low, medium, or high).

In most cases, members of the same household will be in the same enrollment group. An enrollment group consists of household members who can enroll in the same QHP together. Sometimes, based on factors like familial relationships or age, members of the same household will be defaulted into separate enrollment groups to select separate QHPs.

Note: Consumers who wish to enroll in separate QHPs should separate themselves into multiple enrollment groups.

In this scenario, Lori and John are in the same enrollment group. Since they want to enroll in the same QHP together, they can select the View Plans button to continue. On the “Pick a health plan” screen, consumers can review a list of available QHPs. They can select the **Plan Details** button to review details for each QHP, including cost-sharing amounts, provider directories, and covered prescription drugs. They can also filter the QHPs based on their preferences.

There are many ways for consumers to view the available plans. For example, they can sort them by:

- Deductible amounts
- Premium amounts
- Health plan types
- Metal levels

They’ll select the **Apply Filters** button to filter results based on what they input on this screen.

Lori and John indicated on this screen that they would like to view Silver plans with a maximum monthly premium of \$700 and a maximum yearly deductible of \$700.

Tips for filtering and sorting available QHPs:

- Consumers who are eligible for CSRs based on income should consider enrolling in a Silver metal level QHP to take advantage of these additional savings.
- Consumers can choose a range of how much they’d be willing to pay for monthly premiums and their yearly deductible.
- Consumers can choose any health insurance companies or specific health plan types they want to review, such as HMOs or PPOs.
- Consumers can choose whether they only want to view plans where they can use a Health Savings Account (HSA).
- Consumers can enter a specific QHP’s plan ID to search for it in the list of available plans.

Now Lori and John have their filtered results! Consumers can compare up to three specific QHPs at a time by selecting the box next to **Compare** next to each QHP. For example, if they select two plans to compare, select the **Compare 2 plans** button at the top of the page next to the **Filter Plans** button. Lori can compare details for the two plans she chose to compare. When she’s done, she can select the **Enroll** button if she wants to enroll in either of the plans she’s comparing, or she can select **Back to plans** to continue browsing plans.

Consumers can call any preferred provider or insurance company whose QHP they're considering to confirm a QHP's in-network information. Now that Lori has used the side-by-side comparison tool and considered the costs, coverage, and other factors, she's ready to choose a QHP! Lori would like to choose a Silver plan to use her CSRs and use some of her APTC to offset some of the monthly premium cost. Let's review the next few steps so you can help her enroll in the Silver plan she wants.

First, Lori reviews the plan details for her chosen QHP. If she decides she doesn't want this plan, she can select the Back to Plans button at the top of the screen to return to the list of plans. Lori would like to enroll in Preferred Silver plan. To enroll in this plan, Lori should select the **Select this plan** button. If she wishes to review additional plans instead, she could select the **Go back to browse plans** button.

Now it's time for Lori to decide whether she wants a dental plan. Before we review Lori's dental coverage options, here's a quick reminder about QHPs and dental coverage.

Dental Coverage for Minors

- Under the Affordable Care Act (ACA), dental coverage is an essential health benefit for children.
- If a consumer is getting health coverage for someone 18 or younger, dental coverage must be available for the consumer's child either as part of a health plan or as a stand-alone plan.
- While dental coverage for children must be available to consumers, they don't have to buy it.

Dental Coverage for Adults

- Under the ACA, dental coverage isn't an essential health benefit for adults, so issuers don't have to offer it.
- If consumers enroll in a QHP that includes both medical and dental coverage, they will pay a single premium that covers their medical and dental benefits.
- If consumers enroll in separate medical and dental plans, they will pay separate premiums for each.

Lori can select **Yes, continue to dental plan selection** or **No, complete health plan enrollment** to indicate whether she wants a separate dental plan. Since she and her husband John would like to enroll in dental coverage, she will select **Yes, continue to dental plan selection**.

Next, Lori will select the box next to each of their names to indicate they want a dental plan. Consumers will also answer a question about how they want to group any individuals who want a dental plan. Right now, Lori and John are in separate groups. If they want separate dental plans, they can select the **View Plans** button next to each of their names to review plans for each of them. Since they want to enroll in the same dental plan, select the **Change Groups** button to put Lori and John into the same group.

Lori needs to add herself to John's group (Group 1). To do that she will select the drop-down menu below her name, then select **Group 1** from the menu options. Finally, select the **Save & continue** button. Lori and John are now both in the same group. Lori can browse the dental plans that they can enroll in together by selecting the **View Plans** button.

Just like with QHPs, consumers can sort, filter, and compare dental plans before picking the one they want. Lori indicated that she thinks the second dental plan will meet their needs. Now Lori will select the

Select this plan button to proceed. If she decides she doesn't want this plan, she can select the **Go back to browse plans** button to return to the list of available plans.

On the next page, Lori will review the QHP and dental plan she selected. Lori is almost finished! Let's review all of her coverage choices. If she wants to make any changes, she can select the **Change** button next to the plan she'd like to change. Everything looks good to Lori, and she agrees with the plan summary.

Now, Lori must read and agree with this statement on eligibility for the premium tax credit. She selects **I agree with the above statement**. Lori reads and agrees to these statements. Lori is all finished with the QHP selection process at HealthCare.gov! However, her enrollment isn't complete until she pays her first month's premium payment in full by the due date.

This is *very* important. Remember, if an issuer doesn't receive an enrollee's first month's premium payment before the due date, their enrollment may be canceled.

When consumers are ready to make their first month's premium payment, you should help them access and view their chosen QHP's Summary of Benefits and Coverage, plan brochure, provider directory, and list of covered drugs. Help them decide if they want to make their premium payments electronically, by mail, or by phone, if applicable. Help them through the steps necessary to complete payment with their selected payment method, but do not enter their payment information for them.

Consumers enrolling in individual market QHPs can use a paper check; cashier's check; money order; EFT, or electronic funds transfer; or prepaid debit card. Some health insurance companies may allow consumers to pay premiums through other methods as well. If consumers have an Individual Coverage Health Reimbursement Arrangement or a Qualified Small Employer Health Reimbursement Arrangement, monthly premium payments may be made on behalf of consumers or directly by consumers as long as the payments are made using a method that the issuer is already required to accept.

Consumers can contact their issuer directly for any questions about premium payments. You should remind consumers that their effective date of coverage generally depends on when they select a plan.

Consumers who enroll during Open Enrollment will generally begin coverage on January 1st (if they select a plan by December 15th) or February 1st (if they select a plan between December 16th and January 15th). Remember, Open Enrollment for 2024 individual market coverage starts November 1, 2023, and ends January 15, 2024.

For many SEPs, coverage may start the first of the month after plan selection. For some SEPs, coverage may start either retroactive to the date of the qualifying event or the first of the month after plan selection, at the election of the consumer.

Now that Lori has finished enrolling in a QHP, she can schedule a doctor's appointment as soon as her new coverage begins. She can find her effective date of coverage in her health plan information available in her HealthCare.gov account. Let's review how she can find this information. Lori logs into her account and selects her most recent application under the "Your existing applications" section. Lori then selects **My Plans & Programs**. She can review her effective date of coverage and other important information listed on this screen.

Now that Lori has located her health plan information, she should also be aware of where she can find some important tax forms on her Marketplace account. Since she and John have a Marketplace plan, they should receive Form 1095-A to file with their taxes. This form explains the amount of APTC they received during the year to lower their monthly premium costs.

They should receive Form 1095-A by mail no later than mid-February. It will also be available in their HealthCare.gov account by February 1, and often as early as mid-January. Let's guide Lori and John through the process to find it. When they're preparing to file taxes for the current tax year, Lori will log into her account. and select her most recent application under the "Your existing applications" section. She'll select **Tax Forms** from the menu on the left. She can now download her 1095-A form(s) from this page.

Wrap Up

Congratulations! You have completed *Helping Consumers Enroll*.

Here are some key points from this module:

You can help consumers compare QHPs at any point during the process of applying for health coverage. Depending on where consumers are in the process, they may be able to view more or less detailed information.

Consumers' effective date of coverage, which may depend on their plan selection date, is generally the earliest date their coverage can start. This does not necessarily refer to the date when consumers first use their coverage.

QHP coverage is only effectuated once issuers receive consumers' first premium payment.

After consumers enroll, you can help them find information about their chosen QHP online in their Marketplace account. In addition, you can show consumers where to access online copies of Form 1095-A if they received APTC during the coverage year.

You may find these resources helpful:

- [SOP 7 – Lower Costs of Coverage](#)
- [SOP 8 – Compare, Save, & Select Health Plans](#)
- Resources on [CMS' Coverage to Care Initiative](#)

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