

Optional Navigator Assistance

Updated 2019

Beginning with Navigator grants awarded in 2019, FFM Navigators may, but are no longer required to, provide the following services:¹

- Eligibility appeals assistance
- Premium tax credit reconciliation assistance
- Basic health coverage concepts and how to use coverage

Eligibility appeals assistance might include:

- Helping consumers understand that they have a right to appeal eligibility determinations made by an Exchange (including SHOP Exchanges) related to enrollment in a qualified health plan (QHP), Special Enrollment Periods (SEPs), participation as an employer in a SHOP, and related to any insurance affordability program, including eligibility determinations for Exchange financial assistance, Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Programs.
- Helping consumers identify and meet the deadline for appealing an Exchange eligibility determination.
- Helping consumers understand the process of appealing those eligibility determinations and what steps to take to complete an appeal.
- Helping consumers access relevant Exchange resources such as appeal request forms and mailing addresses and Exchange guidance on appeals.
- Providing consumers with information about the Exchange eligibility appeals process.
- Helping consumers collect supporting documentation for the appeal such as screenshots of relevant information from the online application.

¹ See 45 CFR 155.210(e)(9) for complete list of services.

Navigators should not, in their capacity as Navigators, cross the line into providing legal advice such as by recommending that consumers take specific action with respect to that right.

Example

Navigators may help consumers understand the difference between an appeal and an expedited appeal but should not help them decide which one is best suited to their circumstances.

Premium tax credit reconciliation assistance might include helping consumers with:

- The Exchange-related components of the premium tax credit reconciliation process.
- Accessing and understanding the general purpose of Internal Revenue Service (IRS) Form 1095A.
- Understanding how to report Form 1095A errors.
- Using any applicable Exchange tool to find second-lowest cost Silver plan premiums.
- Understanding the availability of IRS resources on this process, including the general purpose of and how to access IRS Form 8962 and the instructions for that form.

Where Navigators are also tax professionals, they may be in a position to assist consumers with Exchange-related and tax filing components of the premium tax credit reconciliation process. However, Navigators should keep these duties separate and not perform any tax assistance within their capacity as Navigators or using Navigator grant funds.

Example

As a part of Navigators' assistance with Form 1095A, they may explain to consumers why the consumers received the form, what the information on the form means, and why the consumers may have received more than one copy of the form. They may also help consumers find the form in their online accounts or get a copy of the form, explain what the consumers should do if they think the form may have gone to the wrong address, and help consumers if they think the information on their form is incorrect or does not include a dependent they added to their coverage.

Example

On the other hand, Navigators who are acting in their capacity as Navigators should not help consumers fill out IRS Form 8962, advise consumers about whether to file an amended tax return, or help them complete their tax return.

Helping consumers understand basic health coverage concepts and how to use it might include helping consumers understand:

- Key terms used in health coverage materials, such as “deductible” and “coinsurance,” and how they relate to the consumer’s health plan.
- The cost and care differences between a visit to the emergency department and a visit to a primary care provider under the coverage options available to the consumer.
- How to identify in-network providers and how to make and prepare for an appointment with a provider.
- How the consumer’s coverage addresses steps that often are taken after an appointment with a provider such as making a follow-up appointment and filling a prescription.
- The right to coverage of certain preventive health services without cost sharing.

