

# Training Overview



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# Course Introduction

## Welcome



**Hi! Welcome to the Training Overview course!**

I'm Romain, and I'll be helping you learn the answers to these questions and more throughout the course. Let's cover a few important things before we get started.

- Do you know which training courses your assister type must take?
- Are there differences among various consumer assistance entities?
- Do you know some of the most important questions to ask when helping consumers?

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- Are there differences among various consumer assistance entities?
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Before we begin, you need to be aware of these training disclaimers. Select each menu item below to read each disclaimer.

## Disclaimers

✓ Assister Training Content

✓ Coronavirus

✓ Remote Application Assistance

✓ FFM Navigator Duties

### FFM Navigator Duties:

Beginning with Navigator grants awarded in 2022, including non-competing continuation awards, Navigators are required to provide information on and assistance with all of the following topics:

- Understanding the process of filing Marketplace eligibility appeals;
- Understanding and applying for hardship and affordability exemptions granted through the Marketplace for consumers age 30 and older seeking to enroll in a Catastrophic plan;
- Marketplace-related components of the premium tax credit reconciliation process and understanding the availability of IRS resources on this process;
- Understanding basic concepts and rights related to health coverage and how to use it; and
- Referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process and premium tax credit reconciliations.

CMS will continue to provide all assisters with additional information related to these assistance activities through webinars, job aids, and other technical assistance resources.

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The Affordable Care Act (ACA) and associated regulations refer to Health Insurance Marketplaces as American Health Benefit Exchanges, Health Insurance Exchanges, or Exchanges. Throughout this training, you'll see the term Marketplace used interchangeably with Exchange.

### Assister Training Content:

The information provided in this training course is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This course summarizes current policy and operations as of the date it was uploaded to the Marketplace Learning Management System. Links to certain source documents have been provided for your reference. We encourage persons taking the course to refer to the applicable statutes, regulations, CMS assister webinars, and other interpretive materials for complete and current information.

This course includes references and links to nongovernmental third-party websites. CMS offers these links for informational purposes only, and inclusion of these websites should not be construed as an endorsement of any third-party organization's programs or activities.

### Coronavirus (COVID-19):

This training does not address COVID-19-related guidance or related requirements for assisters. CMS will communicate applicable information to assisters and assister organizations through separate channels.

- To learn more about how we're responding to coronavirus, visit [HealthCare.gov/coronavirus/](https://www.healthcare.gov/coronavirus/).
- For preventive practices and applicable state/local guidance, visit [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus).

### Remote Application Assistance:

Navigators in Federally-facilitated Marketplaces (FFMs) are not required to maintain a physical presence in their Marketplace service area. In some cases, Navigators may provide remote application assistance (e.g., online or by phone) provided that such assistance is permissible under their organization's contract, grant terms and conditions, or agreement with CMS and/or their organization.

Certified application counselors in FFMs may also provide remote application assistance if such assistance is permissible with their certified application counselor designated organization (CDO).

For additional guidance on obtaining consumers' consent remotely over the phone, visit: [Marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf).

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CMS will continue to provide all assisters with additional information related to these assistance activities through webinars, job aids, and other technical assistance resources.

## You and Assister

In this course, the terms "you" and "assister" refer to the following types of assisters:



### **Navigators**

in Federally-facilitated Marketplaces



### **Certified application counselors**

in Federally-facilitated Marketplaces

Note: In some cases, "you" is also used to refer to a consumer but it should be clear when this is the intended meaning.

In this course, the terms "you" and "assister" refer to the following types of assisters:

**Navigators** in Federally-facilitated Marketplaces

**Certified application counselors** in Federally-facilitated Marketplaces

Note: In some cases, "you" is also used to refer to a consumer but it should be clear when this is the intended meaning.

Among other duties, you're responsible for providing fair, accurate, and impartial information that helps consumers identify and compare their coverage options and select the coverage that best fits their budgets and specific needs.

The Federally-facilitated Marketplace (FFM) assister curriculum consists of courses that prepare you to be an assister, including courses that prepare you to help consumers who are interested in finding out about their health coverage options through the FFMs. You must successfully complete all the training courses and exams identified as required to be certified. You must be trained and certified before you can begin functioning as an assister, including performing any education or outreach activities.



## Goal:

This course will familiarize you with the format and features of the certification training courses and introduce the types of consumer assistance entities as well as how these entities can provide fair, accurate, and impartial information.



## Topics:

This course includes information on:

- Navigation, format, and features of training courses
- Certification requirements for consumer assistance entities
- Available learning resources
- Key terminology used in this training
- Consumer assistance entity roles and responsibilities
- Consumer support options
- How to describe the FFMs
- Tips for working effectively with consumers
- How to help consumers find the coverage they need
- Consumer referrals

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- How to help consumers find the coverage they need

- Consumer referrals

This course introduces the FFM training and certification program for Navigators and certified application counselors (CACs) in FFMs.



### Course Features

Describe the navigation, format, and features of the courses in this training program



### Certification Requirements

State the certification requirements for consumer assistance entities



### Available Resources

Describe resources available for self-directed learning and obtaining information about your state

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State the certification requirements for consumer assistance entities

### **Available Resources**

Describe resources available for self-directed learning and obtaining information about your state



# Federally-facilitated Marketplace Assister Training Overview

## Introduction



This training is applicable to and is addressed to Navigators and CACs in the FFMs. These two assister types are referred to throughout this training as "assisters," "you," or "consumer assistance entities."

Some of the information discussed may also be relevant to Navigators and CACs in State-based Marketplaces, but this training is addressed only to assisters in FFMs.

The terms "Federally-facilitated Marketplace" and "FFM," as used in these training courses, include FFMs where the state performs plan management functions. Generally, unless otherwise indicated, the term "Marketplace" is also used in this course to refer to the individual market FFMs but does not include State-based Marketplaces that may use the HealthCare.gov platform.

[Are you a Navigator in an FFM?](#)

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Are you a Navigator in an FFM?










### **Note for Navigators in FFMs:**

For this training to count toward your Navigator certification, you must input your Navigator ID number when you log into this training. Your Navigator ID number is provided to you by your organization.

# How to Navigate This Training



Before you begin, take a moment to review the course navigation features.

    	<p><b>Back</b> (top-right corner): Move to the previous page. Use the Back button at the top right of the page—not the back arrow in your browser window—to go to the previous page.</p> <p><b>Next</b> (top-right corner): Move to the next page. On some pages the Next button may not appear until all links, Knowledge Checks, Key tips, etc. on a page have been selected.</p> <p><b>Options Menu:</b> Use the "hamburger icon" (three horizontal lines) to access the menu, help, glossary, map, and resources.</p> <p><b>Menu</b> (within the Options drop-down menu): Use this feature to access the table of contents and navigate to any completed module.</p> <p><b>Help</b> (within the Options drop-down menu): Review these navigation features at any time.</p>	 GLOSSARY  MAP  RESOURCES  Text Only	<p><b>Glossary</b> (within the Options drop-down menu): Access a collection of important terms or acronyms.</p> <p><b>Map</b> (within the Options drop-down menu): Opens a map with state-specific information about Marketplace type, Medicaid expansion status, whether the Marketplace can make a final Medicaid eligibility determination, and links to state Departments of Insurance and Marketplaces.</p> <p><b>Resources</b> (within the Options drop-down menu): Opens a new window containing the training resources referenced throughout this training.</p> <p><b>Exit Course:</b> Close the course by closing the browser window. Note: When you exit the course, the last screen you viewed is bookmarked so that you can continue where you left off when you return to the training.</p> <p><b>Text Version</b> (top-right corner): Switches the course presentation from graphical mode to Section 508-accessible (compliant) mode and back.</p>
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**Options Menu:** Use the "hamburger icon" (three horizontal lines) to access the menu, help, glossary, map, and resources.

**Menu** (within the Options drop-down menu): Use this feature to access the table of contents and navigate to any completed module.

**Help** (within the Options drop-down menu): Review these navigation features at any time.

**Glossary** (within the Options drop-down menu): Access a collection of important terms or acronyms.

**Map** (within the Options drop-down menu): Opens a map with state-specific information about Marketplace type, Medicaid expansion status, whether the Marketplace can make a final Medicaid eligibility determination, and links to state Departments of Insurance and Marketplaces.

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# Training Format



Each course in this training program includes several modules. Information about the courses and modules is covered on the following pages. This particular module introduces you to this training and certification program. Take a moment to review the course navigation features.



This training is web-based and self-directed. You can take this training at your own pace, and you can access the material at any time of the day. You can take the training all at once, or you can take a few hours of training a day until you complete all required courses.



This training does not contain audio. You don't need speakers, a headset, or volume settings to view this training unless you are using assistive technology for accessibility.



For assistance with accessibility options, select the **Help** button in the Options drop-down menu.

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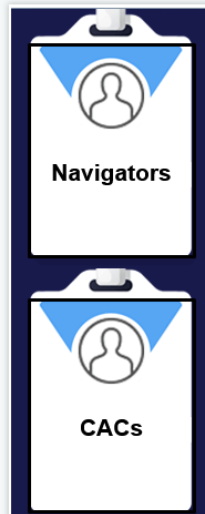
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The training and certification requirements for assisters in the FFMs are summarized here and in the next pages.

As part of the standards for certification, you must complete the following list of CMS requirements for your assister type.



### Navigators must:

- Complete all required Department of Health and Human Services (HHS)–approved training courses, including any applicable continuing and recertification education courses
- Pass all required certification or recertification exams at the end of each course
- Comply with:
  - All regulatory requirements specific to your assister type, including conflict-of-interest requirements
  - FFM privacy and security standards
  - The terms and conditions of your (or your organization's) HHS grant award if you're an FFM Navigator

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### Navigators must:

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  - FFM privacy and security standards
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### CACs must:

- Complete all HHS–approved training courses required for CACs
- Pass all required certification exams at the end of each course intended for CACs
- Meet any licensing, certification, or other standards prescribed by your state, if applicable
- Enter into an agreement with your affiliated CAC designated organization (CDO) (CDOs in FFMs must enter into an agreement with CMS in its role as operator of the FFMs)
- Comply with the terms of your agreement with your affiliated CDO

## Certification Requirements (cont'd)



This training program focuses on two of the previously listed requirements: completing required training and passing required certification exams at the end of each course.

Your certification will be valid for 12 months and must be renewed on at least an annual basis for you to continue functioning as an assister. If you are affiliated with an assister organization that has its assister designation, grant, or contract withdrawn, you may not continue functioning as an assister affiliated with the organization, and your certification as an assister affiliated with that organization will no longer be valid, even if it has not yet expired. You may not hold yourself out as an FFM assister or perform services as an FFM assister unless you are affiliated with a current FFM assister organization and have a current certification that accurately reflects that affiliation or are yourself certified as a current FFM Navigator grantee.

More information about FFM training requirements is included in your organization's Navigator grant award terms and conditions, your contract or agreement with the Marketplaces, or your agreement with a CDO, as applicable. When an organization agrees to become a CDO in a state with an FFM, each staff member and volunteer it certifies as a CAC must enter into an agreement with the organization that requires the staff member or volunteer to comply with CAC requirements in CMS regulations and guidance.

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Your certification will be valid for 12 months and must be renewed on at least an annual basis for you to continue functioning as an assister. If you are affiliated with an assister organization that has its assister designation, grant, or contract withdrawn, you may not continue functioning as an assister affiliated with the organization, and your certification as an assister affiliated with that organization will no longer be valid, even if it has not yet expired. You may not hold yourself out as an FFM assister or perform services as an FFM assister unless you are affiliated with a current FFM assister organization and have a current certification that accurately reflects that affiliation or are yourself certified as a current FFM Navigator grantee.

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# Training Program Information



5-20 hrs

The training program includes multiple courses that provide approximately 5–20 hours of training, depending on how many optional courses you complete in addition to the required courses. You must complete all required courses and pass a certification exam at the end of each required course. These courses prepare you for the exams and teach you how to help consumers understand the coverage options available to them through the FFMs.

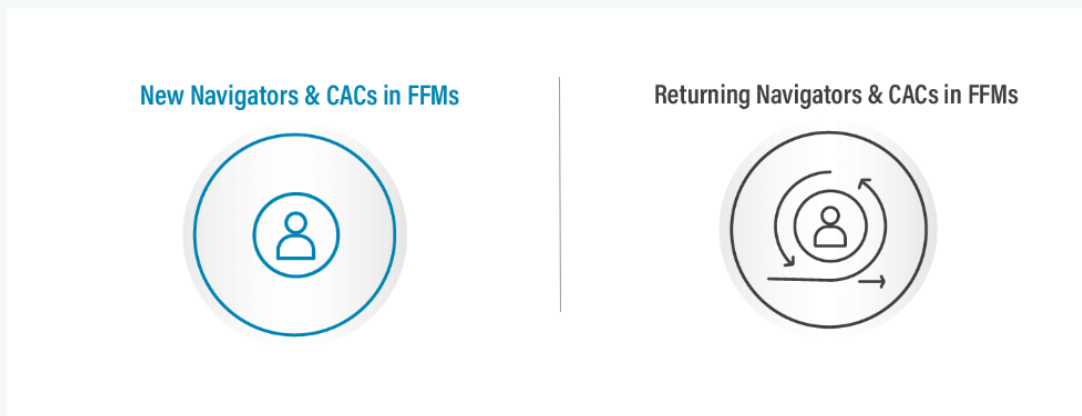


The courses are designed to be taken in order; however, you may complete them in any order you choose. Each course should be completed before you begin the next one. Optional courses and exams may be included, and we strongly recommend that you complete these as well.

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Here are the lists of required and optional courses for Navigators and CACs in the FFMs:



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### New Navigators & CACs in FFMs

#### Required:

1. Training Overview
2. Health Coverage Basics
3. Affordable Care Act Basics
4. Privacy, Security, and Fraud Prevention Standards
5. Marketplace Assister Essentials
6. Serving Vulnerable and Underserved Populations
7. Cultural Competence and Language Assistance
8. Working with Consumers with Disabilities

#### Optional:

9. Customer Service Standards and Community Outreach
10. Coverage to Care Assistance
11. Assister Standard Operating Procedures
12. Advanced Marketplace Issues and Technical Support

### Returning Navigators & CACs in FFMs

#### Required:

1. Training Overview
4. Privacy, Security, and Fraud Prevention Standards
5. Marketplace Assister Essentials
6. Serving Vulnerable and Underserved Populations
7. Cultural Competence and Language Assistance
8. Working with Consumers with Disabilities
12. Advanced Marketplace Issues and Technical Support

#### Optional:

2. Health Coverage Basics
3. Affordable Care Act Basics

9. Customer Service Standards and Community Outreach

10. Coverage to Care Assistance

11. Assister Standard Operating Procedures



01

## Knowledge Checks

Each course includes Knowledge Checks, which are practice exercises to help you prepare for the exam at the end of the course. Your score on these practice questions won't be recorded.

02

## Exam

After completing each course, you're required to take a course exam. You must score 80 percent or higher to pass each exam. Once you've started an exam, you must complete it in one sitting. If you need to stop and return to it later, your progress won't be saved, and you'll need to start it from the beginning.

03

## Two Attempts

If you don't pass an exam the first time, you can retake it. If you're unable to pass the exam after two attempts, we recommend that you review the course before you attempt to complete the exam again. If you would like to move on to the next course and return to the exam later, you may do so.

04

## Completion Screenshot

After you successfully complete all required courses and exams in the training curriculum, a completion screen appears. We recommend that you document your successful completion of the training by saving a screenshot of the completion screen.

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Several resources are available to you throughout this training, including key references, job aids, and helpful links. You can access a complete list of resources for each course by selecting the Resources button at the bottom of each screen. You may wish to download, print, and save resources for future reference so you can provide the best possible assistance to consumers.

After you have completed this training and received your certificate, you may continue to access each training course and its Resources section whenever you have a question or need to refresh your learning. Additional resources for assisters are available at [Marketplace.cms.gov](https://marketplace.cms.gov). You can learn more about additional resources in the *Assister Standard Operating Procedures* course.



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Select your state in the map to view important characteristics about your state's Marketplace. We encourage you to write down your state's information to use as a reference, but you can view this map at any time by selecting the **Map tab** within the Options drop-down menu.

## Health Insurance Marketplaces by State, 2022



Select your state in the map to view important characteristics about your state's Marketplace. We encourage you to write down your state's information to use as a reference, but you can view this map at any time by selecting the **Map tab** within the Options drop-down menu.

# Key Points



- This training is designed to prepare you to help consumers in the FFMs.

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- The courses are designed to be taken in order, and each course should be completed before you begin the next one.

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- To be certified, you must complete all required courses, successfully pass all course exams with a score of at least 80 percent, and meet all other certification requirements.

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# FFM Consumer Assistance Entities Roles and Responsibilities

## Introduction

A variety of consumer assistance entities help consumers in the FFMs. Each consumer assistance entity has specific roles and responsibilities.



### Consumer Assistance Entities

Identify the different types of consumer assistance entities available to assist consumers in the FFMs



### Roles & Responsibilities

Identify the roles and responsibilities of each consumer assistance entity

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### **Consumer Assistance Entities**

Identify the different types of consumer assistance entities available to assist consumers in the FFMs

### **Roles & Responsibilities**

Identify the roles and responsibilities of each consumer assistance entity

# Key Terms Used in this Training

The basic terms to know include:

Select each term for more information before selecting **Next** and proceeding.

Consumers

Consumer Assistance Entities

Agents and Brokers

Facilitate Enrollment

Marketplaces

## Consumers

In this training, the term **consumers** refers to individuals and families who may get coverage through the individual market FFMs. It also refers to small employers who can offer coverage to qualified employees, former employees, and dependents of employees or former employees through a Federally-facilitated Small Business Health Options Program (FF-SHOP) Marketplace.



The basic terms to know include:

## Consumers

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## Consumer Assistance Entities

In this training, the term **consumer assistance entities** refers to Navigators and CACs in FFMs. Generally, these are individuals or organizations that are trained and (if applicable) certified to help consumers as they explore coverage options through the Marketplaces.

## Agents and Brokers

**Agents and brokers** are persons or entities licensed by a state to sell, solicit, or negotiate insurance. To the extent permitted under state law, agents and brokers may register with an FFM to facilitate enrollment and assist consumers with applying for qualified health plans (QHPs) and insurance affordability programs (e.g., premium tax credits and cost-sharing reductions) through the FFMs.

## Facilitate Enrollment

To **facilitate enrollment** means assisting consumers with submitting their eligibility applications, clarifying distinctions among coverage options, and helping eligible consumers make informed decisions during the coverage selection process.

## Marketplaces

The **Marketplaces**, including FFMs where the state performs plan management functions, are resources where individuals and families can:

- Learn about coverage options;
- Find out if they qualify for programs to lower their coverage costs;
- Compare health plans based on costs, benefits, and other important features;
- Choose a health plan; and

- Enroll in coverage.

The SHOP website is a resource where small employers in states with an FF-SHOP Marketplace or SBM using the federal SHOP platform can:

- Learn about the benefits of SHOP, including the availability of tax credits for qualified employers;
- Compare available medical and dental plans side by side using the SHOP See Plans and Prices tool; and
- Submit SHOP employer applications and obtain final eligibility determinations.

Throughout this training, the term "SHOP Marketplace" or "SHOP" will be used when referring specifically to an FF-SHOP Marketplace. In the FF-SHOP Marketplaces, qualified employers and employees can enroll in SHOP plans by working with a QHP issuer or SHOP-registered agent or broker.

# Consumer Assistance Entities



Different types of consumer assistance entities are available to help consumers in the FFMs, including Navigators and CACs.

You should be aware of differences between these entities and the consumers they help. Differences may relate to:

- Roles and responsibilities
- Different operational aspects (e.g., funding)

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# Roles and Responsibilities: Navigators and CACs



Hi! I'm Carrie. I am a Navigator. Navigators play an important role in the FFMs by helping consumers apply for and enroll in coverage. Navigators are certified and funded by the Marketplace in which they operate. Among other things, Navigators are prohibited from charging consumers for any assistance related to their Navigator duties.

As an FFM Navigator, I am required to:

- Maintain expertise in eligibility, enrollment, and program specifications;
- Conduct public education activities to raise awareness about the FFMs;
- Provide information and services in a fair, accurate, and impartial manner;
- Facilitate selection of a QHP;
- Provide information in a manner that is culturally and linguistically appropriate to consumers;
- Refer consumers with questions, complaints, or grievances about their health plan, coverage, or a determination under such plan or coverage to state offices of health insurance consumer assistance or health insurance ombudsmen or other appropriate state agencies; and
- Make sure consumers are informed of the functions and responsibilities of Navigators before receiving assistance, including that Navigators are not acting as tax advisers or attorneys when providing assistance as Navigators and cannot provide tax or legal advice.



Continue

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- Conduct public education activities to raise awareness about the FFMs;
- Provide information and services in a fair, accurate, and impartial manner;
- Facilitate selection of a QHP;
- Provide information in a manner that is culturally and linguistically appropriate to consumers;
- Refer consumers with questions, complaints, or grievances about their health plan, coverage, or a determination under such plan or coverage to state offices of health insurance consumer assistance or health insurance ombudsmen or other appropriate state agencies; and
- Make sure consumers are informed of the functions and responsibilities of Navigators before receiving assistance, including that Navigators are not acting as tax advisers or attorneys when providing assistance as Navigators and cannot provide tax or legal advice.

Beginning with Navigator grants awarded in 2022, including non-competing continuation awards, I am also required to provide information on and assistance with all of the following topics:

- Understanding the process of filing Marketplace eligibility appeals;
- Understanding and applying for hardship and affordability exemptions granted through the Marketplace for consumers age 30 and older seeking to enroll in a Catastrophic plan;
- Marketplace-related components of the premium tax credit reconciliation process and understanding the availability of IRS resources on this process;
- Understanding basic concepts and rights related to health coverage and how to use it; and

- Referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process and premium tax credit reconciliations.

CMS will continue to provide all assisters with additional information related to these assistance activities through webinars, job aids, and other technical assistance resources.

Visit the [Navigator Program Standards](#) and the latest [HHS Notice of Benefit and Payment Parameters](#) for a complete list of Navigator duties and responsibilities.

# Roles and Responsibilities: Navigators and CACs



Hello! I'm Elizabeth. I am a CAC. CACs are staff or volunteers of organizations designated by the FFM to certify staff members or volunteers to perform CAC duties. We perform many of the same functions as Navigators, such as educating and helping consumers complete FFM applications for coverage and insurance affordability programs.

Unlike Navigators, CACs aren't required to conduct outreach or public education activities. They must assist consumers who seek individual market coverage in their FFM service area. CACs are permitted, but not required, to help small employers submit applications and obtain eligibility determinations through the SHOP website. While they're responsible for providing information in a manner that is accessible to individuals with disabilities, they can do so either directly or through referrals to Navigators or the FFM Call Center.

Unlike FFM Navigators, CACs are not required to comply with Culturally and Linguistically Appropriate Services (CLAS) standards beyond any existing obligations they may have, although they are encouraged to utilize CLAS standards as a resource. You will learn more about CLAS standards in the *Cultural Competence and Language Assistance* course as a part of this training program.



Continue

Hello! I'm Elizabeth. I am a CAC. CACs are staff or volunteers of organizations designated by the FFMs to certify staff members or volunteers to perform CAC duties. We perform many of the same functions as Navigators, such as educating and helping consumers complete FFM applications for coverage and insurance affordability programs.

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In an FFM, CDOs can include community health centers, hospitals, health care providers, certain types of social service agencies, and governmental entities.

CACs in FFMs are certified by their CDOs.

As a CAC in an FFM, my responsibilities include providing information to consumers about the full range of QHP options and insurance affordability programs (e.g., Medicaid) for which they are eligible, which includes:

- Providing fair, accurate, and impartial information that assists consumers with submitting the eligibility application;
- Clarifying the distinctions among health coverage options, including QHPs;
- Helping consumers make informed decisions during the health coverage selection process;
- Assisting consumers as they apply for QHP coverage and insurance affordability programs through an FFM; and
- Facilitating enrollment of eligible individuals in QHPs and insurance affordability programs.

Like Navigators, CACs in FFMs are not permitted to charge consumers for assistance related to the FFM.



## Additional Consumer Support

In addition to seeking help from Navigators and CACs, consumers can ask questions and address problems through the resources listed here.

Select each resource to learn more about it.

FFM Call Center

FFM Website

State Consumer Assistance  
Programs (CAPs)

Agents and Brokers

### FFM Call Center

Consumers may contact the FFM Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to ask questions about their coverage options and to get help with the FFM application process.

In addition to seeking help from Navigators and CACs, consumers can ask questions and address problems through the resources listed here.

### FFM Call Center

Consumers may contact the FFM Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to ask questions about their coverage options and to get help with the FFM application process.

### FFM Website

Consumers can also visit [HealthCare.gov](https://www.healthcare.gov) to find answers to questions about coverage and other information about the FFMs.

### State Consumer Assistance Programs (CAPs)

Many states already have CAPs to address consumers' problems or questions about coverage by phone or email. To find more information about CAPs, review the [CAP information page](#). In addition, consumers can call or visit their state's health insurance ombudsman to get help with grievances, complaints, appeals, and questions about coverage.

### Agents and Brokers

To the extent permitted by states, consumers can also use licensed agents and brokers registered with the FFM for assistance with getting coverage either through an FF-SHOP or an individual market FFM. Within the terms of their contracts, agents and brokers are funded by health insurance issuers.

Agents and brokers registered with the FFMs can help consumers:

- Fill out an FFM application;
- Determine whether their business is eligible to use an FF-SHOP Marketplace;
- Understand eligibility for the Small Business Health Care Tax Credit;
- Review and compare plans;
- Manage employee acceptances and declines of offers for coverage through an FF-SHOP;
- Enroll in a plan;

- Manage and update individual or employee coverage after they're enrolled; and
- Handle individual or small business renewals and plan changes.

## Additional Consumer Support (cont'd)



Remember that Navigators and CACs in FFM must provide information in a fair, accurate, and impartial manner, which includes providing information that assists consumers with submitting their eligibility applications; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process.

If you're a Navigator, you're required to provide referrals to any applicable office of health insurance consumer assistance (e.g., CAP) or health insurance ombudsman or any other appropriate state agency or agencies for any consumer with a grievance, complaint, or question regarding a health plan, coverage, or a determination under such plan or coverage.

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## Additional Consumer Support (cont'd)

Navigators in FFM are required to provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the FFM, including by providing information in a manner that is accessible to individuals with Limited English Proficiency (LEP) and individuals living with disabilities. Navigators in FFM should also refer people with disabilities to local, state, and federal long-term services and support programs when appropriate.

CACs must provide information in a manner that is accessible to individuals with disabilities as well. If they do not do so directly, they must do so through an appropriate referral to a Navigator or to the FFM Call Center. CACs are also expected to provide appropriate referrals to geographically accessible Navigators and/or the FFM Call Center if the CAC is unable to assist a consumer with LEP.

Finally, beginning with Navigator grants awarded in 2022, including non-competing continuation awards, Navigators are also required to help consumers understand the process of filing FFM eligibility appeals.



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Finally, beginning with Navigator grants awarded in 2022, including non-competing continuation awards, Navigators are also required to help consumers understand the process of filing FFM eligibility appeals.



## Additional Consumer Support (cont'd)

In addition to providing required referrals, FFM assisters might find it helpful to provide other kinds of non-required (optional) referrals. For example, subject to certain limitations and guidelines set forth in CMS guidance, FFM assisters might find it helpful to work with or refer consumers to the following entities (select each entity to learn more):

Federal or state programs that offer health care, health coverage, or payment assistance or discounts related to health services

Local businesses

Organizations that specialize in disease-specific or local patient groups

Other local or community organizations

### **Federal or state programs that offer health care, health coverage, or payment assistance or discounts related to health services**

Such as a state Medicaid or Children's Health Insurance Program (CHIP) agency, the Veterans Affairs (VA) Health Benefits Program, Medicare and State Health Insurance Assistance Program (SHIP) counselors, Federally Qualified Health Centers, Ryan White HIV/AIDS programs, or AIDS Drug Assistance Programs for lower-cost prescription drugs.

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### **Local businesses**

Such as coffee shops, malls, farmers markets, and grocery stores. For example, these businesses might allow you to leave outreach materials for their customers or to set up an information table to engage with customers about enrolling in coverage.

### **Organizations that specialize in disease-specific or local patient groups**

Such as the American Cancer Society or the American Diabetes Association.

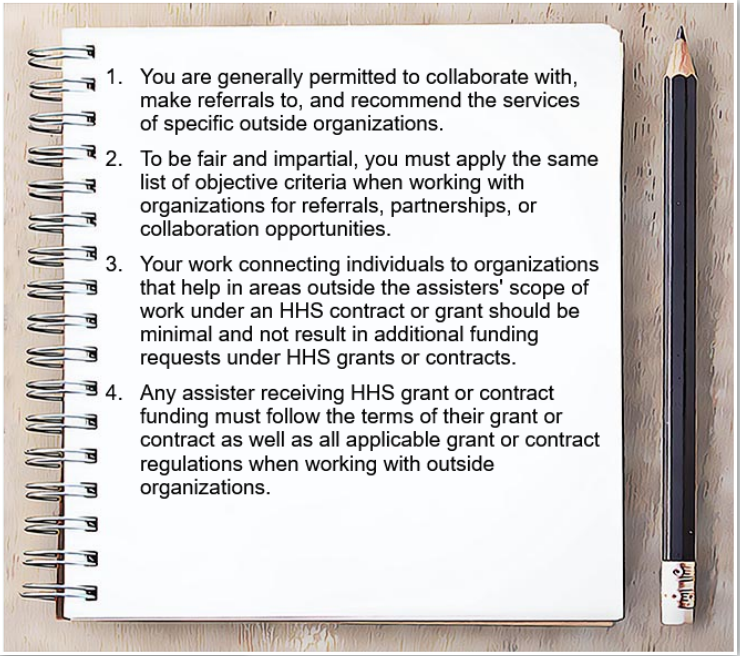
### **Other local or community organizations**

Such as homeless shelters; food banks; lesbian, gay, bisexual, and transgender (LGBT) community centers; places of worship; legal aid organizations; and local colleges and universities.

## Additional Consumer Support (cont'd)

All referrals that you make to other organizations, as well as partnerships or collaborations between your organization and other organizations, must be consistent with the statutory and regulatory requirements that apply to assisters, including the requirement that assisters provide information in a fair, accurate, and impartial manner and the conflict-of-interest provisions prohibiting assisters from receiving any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals in a QHP or a non-QHP.

This document shows some general rules to keep in mind when collaborating or partnering with outside organizations and making referrals to them.

- 
1. You are generally permitted to collaborate with, make referrals to, and recommend the services of specific outside organizations.
  2. To be fair and impartial, you must apply the same list of objective criteria when working with organizations for referrals, partnerships, or collaboration opportunities.
  3. Your work connecting individuals to organizations that help in areas outside the assisters' scope of work under an HHS contract or grant should be minimal and not result in additional funding requests under HHS grants or contracts.
  4. Any assister receiving HHS grant or contract funding must follow the terms of their grant or contract as well as all applicable grant or contract regulations when working with outside organizations.

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Here are some general rules to keep in mind when making referrals to outside organizations and collaborating or partnering with them.

1. You are generally permitted to collaborate with, make referrals to, and recommend the services of specific outside organizations.
2. To be fair and impartial, you must apply the same list of objective criteria when working with organizations for referrals, partnerships, or collaboration opportunities.
3. Your work connecting individuals to organizations that help in areas outside the assisters' scope of work under an HHS contract or grant should be minimal and not result in additional funding requests under HHS grants or contracts.
4. Any assister receiving HHS grant or contract funding must follow the terms of their grant or contract as well as all applicable grant or contract regulations when working with outside organizations.

## Additional Consumer Support (cont'd)



As a best practice, you should clearly inform consumers about any outside organizations you are referring them to in your capacity as an assister.



### What you can do:

Verify whether the organization is approved or certified by the FFMs and whether it is likely to be bound by the same legal requirements and prohibitions that apply to you and your organization (e.g., privacy and security requirements).

Explain that the referral you are providing to the outside organization does not imply an endorsement of that organization by CMS.



### What you cannot do:

You must not accept payment in exchange for providing a referral or recommending the services of an outside organization.

For additional guidance, including best practices and general rules for making referrals to outside organizations, visit [Tips for Assisters on Working with Outside Organizations](#).

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Verify whether the organization is approved or certified by the FFMs and whether it is likely to be bound by the same legal requirements and prohibitions that apply to you and your organization (e.g., privacy and security requirements).

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For additional guidance, including best practices and general rules for making referrals to outside organizations, visit [The Tips for Assisters on Working with Outside Organizations](#).

# Knowledge Check

Which of the following statements about the consumer assistance entities discussed in this training are true?

Choose **all that apply** and then select **Check Your Answer**.

- A. CACs aren't required to conduct public education activities.
- B. CACs are permitted, but not required, to help small employers submit applications and obtain eligibility determinations through the SHOP website.
- C. Both Navigators and CACs must directly meet Culturally and Linguistically Appropriate Services (CLAS) standards when helping consumers.
- D. In FFMs, neither Navigators nor CACs are permitted to receive any kind of compensation from consumers for performing their respective duties.

✓ Check Your Answer



Let's pause for a quick Knowledge Check.

Which of the following statements about the consumer assistance entities discussed in this training are true?

- A. CACs aren't required to conduct public education activities.
- B. CACs are permitted, but not required, to help small employers submit applications and obtain eligibility determinations through the SHOP website.
- C. Both Navigators and CACs must directly meet Culturally and Linguistically Appropriate Services (CLAS) standards when helping consumers.
- D. In FFMs, neither Navigators nor CACs are permitted to receive any kind of compensation from consumers for performing their respective duties.

The correct answers are A, B, and D. CACs aren't required to conduct public education activities, meet CLAS standards beyond any existing obligations they may have, or help small employers offer coverage. In an FFM, neither Navigators nor CACs are permitted to charge consumers or receive compensation from consumers for performing their assister duties in the Marketplaces.

# Key Points



- Two types of entities are available to help consumers find coverage through the FFMs: Navigators and CACs.

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- These consumer assistance entities are responsible for helping consumers enroll in coverage through the FFMs.

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- Consumer assistance entities have different roles and responsibilities they must fulfill as they assist consumers in the FFMs. These responsibilities vary depending on the type of entity and range from conducting public education activities to assisting small employers with finding coverage.

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# Providing Fair, Accurate, and Impartial Information

## Introduction

Assisters in FFMs are responsible for providing fair, accurate, and impartial information to consumers about the full range of QHP options and insurance affordability programs for which they are eligible.



### Strategies

Identify strategies to provide fair, accurate, and impartial information to consumers regardless of your own opinions or preferences



### Consumer Needs

Identify consumers' needs when providing information about QHPs or insurance affordability programs

Assisters in FFMs are responsible for providing fair, accurate, and impartial information to consumers about the full range of QHP options and insurance affordability programs for which they are eligible.

### **Strategies**

Identify strategies to provide fair, accurate, and impartial information to consumers regardless of your own opinions or preferences

### **Consumer Needs**

Identify consumers' needs when providing information about QHPs or insurance affordability programs

# What Is Fair, Accurate, and Impartial Information?



You must always provide fair, accurate, and impartial information.

Additionally, if you have a [non-disqualifying relationship](#) with a health insurance company, you must generally disclose that relationship to consumers. You are expected to help consumers by focusing on their expressed interests, needs, and desires, not on your own interests or those of any health insurance company.

You must follow specific [conflict-of-interest requirements](#) as a Navigator or CAC in an FFM. Specifically, you must make sure that you and your organization do not have a relationship that could interfere with your ability to provide unbiased outreach and enrollment assistance to consumers.

Providing fair, accurate, and impartial information includes providing information that assists consumers with submitting their eligibility applications, clarifying the distinctions among health coverage options, including QHPs, and helping consumers make informed decisions during the health coverage selection process.

As a best practice, you should help consumers choose coverage that best meets their expressed interests, desires, and needs, including but not limited to their:

- Ability to afford paying for coverage;
- Health care needs, such as coverage of treatments for any health conditions;
- Desire to keep a certain doctor or visit doctors in a certain location; and
- Families' health coverage needs, if applicable.

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## Non-disqualifying relationship

A non-disqualifying relationship is a relationship that doesn't prevent you from becoming an assister. Some relationships that present a conflict of interest are completely prohibited for certain assister types.

## Conflict-of-interest Requirements

For more information about the conflict-of-interest requirements that apply to your assister type, refer to the [Assister Dos and Don'ts](#) presentation.

# Who Must Follow Conflict-of-Interest Disclosure Requirements?

If you have certain relationships with health insurance issuers or stop loss insurance issuers, these relationships could prevent you from providing fair and impartial assistance to consumers.

In Navigator organizations, the following individuals must follow certain duties, prohibitions, and disclosure requirements:

- Staff and volunteers of a Navigator organization
- Sub-grantees or subcontractors of a Navigator organization
- Anyone supervising Navigator program activities
- Anyone engaging in outreach and education activities

These duties, prohibitions, and disclosure requirements do not apply to those who aren't involved with the organization's Navigator programs. Individuals or entities subject to the conflict-of-interest requirements for Navigators in FFMNs must provide information and services to consumers in a fair, accurate, and impartial manner.

Individuals or entities that perform Navigator services and individuals or entities that perform work related to Navigator program activities must not be:

- A health insurance issuer, issuer of stop loss insurance, or a subsidiary of either; or
- An association that includes members of, or lobbies on behalf of, the insurance industry; or
- An association that receives direct or indirect consideration, including any form of compensation, from a health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any consumer in a QHP or non-QHP.

The [Assister Conflict of Interest Requirements](#) webinar provides more information about conflict-of-interest requirements for each assister type.

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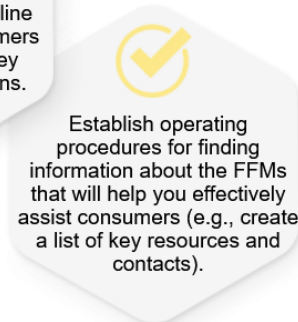
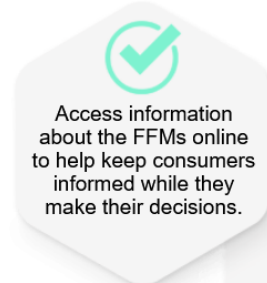
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## Providing an Accurate Description of the FFMs

Providing fair, accurate, and impartial information includes accurately describing the FFMs.

### To accurately describe the FFMs, you might need to:



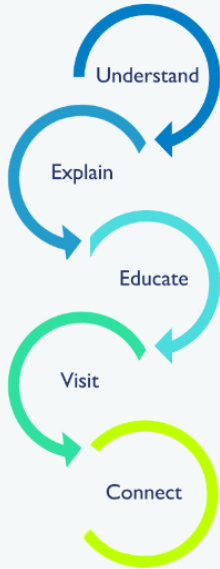
In interactions with consumers, you should remain flexible, ask questions, listen, and provide the information they need to make informed decisions.

Providing fair, accurate, and impartial information includes accurately describing the FFMs.

### To accurately describe the FFMs, you might need to:

- Access information about the FFMs online to help keep consumers informed while they make their decisions.
- Establish operating procedures for finding information about the FFMs that will help you effectively assist consumers (e.g., create a list of key resources and contacts).

In interactions with consumers, you should remain flexible, ask questions, listen, and provide the information they need to make informed decisions.



**You should:**

1. Understand the coverage options and insurance affordability programs available through the FFMs, including Medicaid and CHIP.
2. Tell consumers about the full range of QHP options and insurance affordability programs for which they are eligible, and help them find coverage that best fits their budgets and specific needs.
3. Use the resources available on the technical assistance resources page at Marketplace.cms.gov to:
  - i. Help inform consumers about their coverage options.
  - ii. Answer any questions you may have about your role as an assister.
4. Visit HealthCare.gov, CMS.gov, and Marketplace.cms.gov to find resources to help you better serve consumers, including language assistance resources (e.g., translation services) and educational materials.
5. Connect with community organizations to learn more about the characteristics and needs of communities in your area.

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5. Connect with community organizations to learn more about the characteristics and needs of communities in your area.

# Best Practices: Questions to Consider When Helping Consumers

When meeting with a consumer, consider asking these questions so you can provide information and services specific to the consumer's needs.

## Consumer's needs

- Is the consumer vulnerable in any way (e.g., a consumer who may have limited ability to understand coverage information)?
- Does the consumer have disabilities or language barriers that affect mobility, communication, or understanding?
- Is coverage new and unfamiliar to the consumer?

## Available coverage options

- Which coverage options is the consumer eligible for and do those options meet the consumer's needs?
- Is the consumer eligible for programs to help lower health care coverage costs?

## Information on coverage that best fits a consumer's budget and specific needs

- How can I help the consumer compare health plans and select a health plan?
- How can I get the consumer started in the coverage selection process?
- Does the consumer have everything that the consumer needs to apply?

When meeting with a consumer, consider asking these questions so you can provide information and services specific to the consumer's needs.

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## Information on coverage that best fits a consumer's budget and specific needs

- How can I help the consumer compare health plans and select a health plan?
- How can I get the consumer started in the coverage selection process?
- Does the consumer have everything that the consumer needs to apply?

# Knowledge Check

You are now meeting with Ebele, who is eligible for coverage through an individual market FFM and would like to enroll in a specific health plan that has low monthly costs.

Four years ago, you worked for the health insurance company that offers this health plan. To be fully open and honest and to comply with FFM assister conflict-of-interest requirements, you let Ebele know that you previously worked for this company.

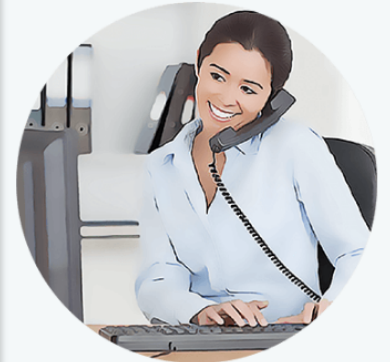
After reviewing the health plan she is interested in, you realize it has low monthly costs but it doesn't cover her specific diabetes treatment needs.

What should you do to provide her with fair, accurate, and impartial information?

Choose **the correct answer** and then select **Check Your Answer**.

- A. Tell her she isn't eligible for health coverage because of her pre-existing condition.
- B. Encourage her to sign up for the health plan because it has low monthly costs and she can afford it.
- C. Tell her the plan she's most interested in doesn't cover her specific diabetes treatment needs. Help her identify health plans that offer coverage for her diabetes treatment needs, and let her make her own decision about which plan to choose.
- D. Encourage her to sign up for the health plan because you used to work for the health insurance company and think it's the best option.

✓ Check Your Answer



**Correct!**

You should tell Ebele that the plan she's most interested in doesn't cover her specific diabetes treatment needs, help her find health plans that offer coverage for her diabetes treatment needs, and let Ebele make her own decision about which plan to choose.

You are now meeting with Ebele, who is eligible for coverage through an individual market FFM and would like to enroll in a specific health plan that has low monthly costs.

Four years ago, you worked for the health insurance company that offers this health plan. To be fully open and honest and to comply with FFM assister conflict-of-interest requirements, you let Ebele know that you previously worked for this company.

After reviewing the health plan she is interested in, you realize it has low monthly costs but it doesn't cover her specific diabetes treatment needs.

What should you do to provide her with fair, accurate, and impartial information?

- A. Tell her she isn't eligible for health coverage because of her pre-existing condition.
- B. Encourage her to sign up for the health plan because it has low monthly costs and she can afford it.
- C. Tell her the plan she's most interested in doesn't cover her specific diabetes treatment needs. Help her identify health plans that offer coverage for her diabetes treatment needs, and let her make her own decision about which plan to choose.
- D. Encourage her to sign up for the health plan because you used to work for the health insurance company and think it's the best option.

The correct answer is C. You should tell Ebele that the plan she's most interested in doesn't cover her specific diabetes treatment needs, help her find health plans that offer coverage for her diabetes treatment needs, and let Ebele make her own decision about which plan to choose.

# Helping Consumers Find Coverage That Best Fits Their Needs

Remember to consider consumers' expressed interests, desires, and needs when helping them find, compare, and select QHPs or other coverage. Ask consumers what types of coverage or services will best fit their budgets and health care needs now and in the future.

Some examples of questions you might ask include:



The more information you gather about what a consumer needs, the better the assistance you can provide.

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Some examples of questions you might ask include:

- Do you have any special health care needs to consider before we get started?
- Do you (or your family members, if applicable) have any health conditions that require ongoing care and/or medication?
- Are there any coverage options you would like to review in more detail?
- Is there anything else to consider while we review your coverage options?
- Do you anticipate any life changes (e.g., pregnancy) within the next 12 months that we should consider when comparing health plans?
- Is there anything specific you want in a health plan, such as a doctor, location, or type of plan?
- Is cost or keeping your doctor more important to you?

The more information you gather about what a consumer needs, the better the assistance you can provide.

## Additional Tips on Customer Service



When helping consumers, always remember to provide information about all QHP options and insurance affordability programs for which they are eligible.

But be sure you **don't**:

- Steer or direct consumers toward certain coverage based on your own personal experiences or preferences;
- Steer or direct consumers away from coverage that might meet their needs; or
- Act in your own self-interest or in the interest of a health insurance company.

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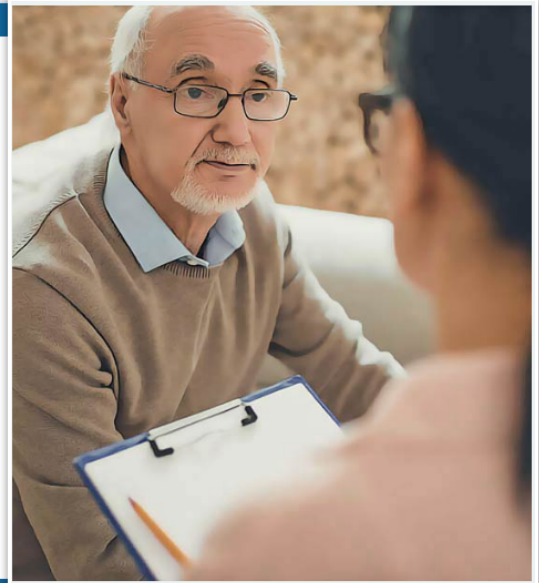
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- Act in your own self-interest or in the interest of a health insurance company.

## Consumer Referrals to Other Appropriate Services

There may be times when you are required to refer consumers to other resources, such as those presented earlier in this course.

If you are a Navigator, you must provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman or any other appropriate state agency or agencies for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage. Beginning with Navigator grants awarded in 2022, including non-competing continuation awards, Navigators are also required to provide information and assistance regarding referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice related to consumer questions about the Marketplace application and enrollment process and premium tax credit reconciliations.

If you can't assist a consumer promptly, you should refer the individual to the FFM Call Center or to another FFM assister who can serve that individual more quickly and effectively. This means it is a good idea for you to be familiar with the FFM Call Center and other FFM assisters that can provide additional consumer support.



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# Knowledge Check

DeShawn comes to you to discuss his available health coverage options through an FFM. Several options seem suited to his needs, including a QHP with the same health insurance company you use yourself. You're extremely satisfied with your health plan and have been covered by the plan's issuer for the last five years.

Which of the following options is the best approach to providing DeShawn with fair, accurate, and impartial information?

Choose **the correct answer** and then select **Check Your Answer**.

- A. Refer DeShawn to the coverage offered by your health insurance company. After all, you have always had a positive experience with the company and would be happy to help the company get new consumers.
- B. Identify all options for which DeShawn is eligible and help him identify which ones best fit his needs. Let him decide which option he prefers.
- C. Identify all the available options, but warn DeShawn about a plan that one of your family members had a bad experience with, even though it clearly meets his needs.
- D. Identify what you personally believe are the positives and negatives of each of his available options and strongly urge him to take your advice and enroll in the plan that you think is best.

✓ Check Your Answer



**Correct!**

You should remain impartial when helping consumers. You should avoid recommending specific coverage options to consumers. Instead, present them with all options for which they are eligible, help them to identify which options best fit their needs, and encourage them to make their own decisions. You shouldn't steer consumers toward or away from a certain plan or insurer, and you should always consider consumers' needs when helping them decide among coverage options.

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- D. Identify what you personally believe are the positives and negatives of each of his available options and strongly urge him to take your advice and enroll in the plan that you think is best.

The correct answer is B. You should remain impartial when helping consumers. You should avoid recommending specific coverage options to consumers. Instead, provide them with information about all options for which they are eligible, help them to identify which options best fit their needs, and encourage them to make their own decisions. You shouldn't steer consumers toward or away from a certain plan or insurer, and you should always consider consumers' needs when helping them decide among coverage options.



## Key Points



- Assistors are responsible for providing fair, accurate, and impartial information.

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- Assistors must tell consumers about all QHP options and insurance affordability programs for which they are eligible and should help consumers choose coverage that meets their budgets and specific needs.

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# Conclusion

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Text Only



Great job! In this course, you reviewed what courses make up the assister curriculum, learned important terms, clarified your roles and responsibilities as an FFM consumer assistance entity, and studied how to provide fair, accurate, and impartial information to consumers.

You have successfully completed this course!  
Close this browser window to leave the course.

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## Resources:

**Consumer Assistance Programs (CAPs):** General information about CAPs and links to program contact information by state. [CMS.gov/CCIIO/Resources/Consumer-Assistance-Grants](https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants)

**Technical assistance resources:** A collection of resources for assisters to reference while helping consumers in the FFM. [Marketplace.cms.gov/technical-assistance-resources](https://marketplace.cms.gov/technical-assistance-resources)

**Marketplace.cms.gov:** Official CMS website offering information and resources on the Health Insurance Marketplace<sup>®1</sup>. [Marketplace.cms.gov/](https://marketplace.cms.gov/)

**HealthCare.gov:** A resource where consumers can create a healthcare.gov account and access information about health coverage and the Health Insurance Marketplace<sup>®</sup>.

[Healthcare.gov/](https://www.healthcare.gov/)

**Federally-facilitated Marketplace (FFM) Call Center:** Contact information for the FFM Call Center, a 24-hours-a-day, 7-days-a-week resource for consumers seeking health coverage through the FFMs.

[Healthcare.gov/contact-us/](https://www.healthcare.gov/contact-us/)

<sup>1</sup> Health Insurance Marketplace<sup>®</sup> is a registered service mark of the U.S. Department of Health & Human Services.



Select your state in the map to view important characteristics about your state's Marketplace. This information will be covered in detail throughout this training. We encourage you to write down your state's information and keep it handy, but you can view this map at any time by opening the course **Menu** and then selecting **Map**.