

Federally- facilitated Marketplace Assister Curriculum: Training Overview

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Center for Consumer Information & Insurance
Oversight

November 2016

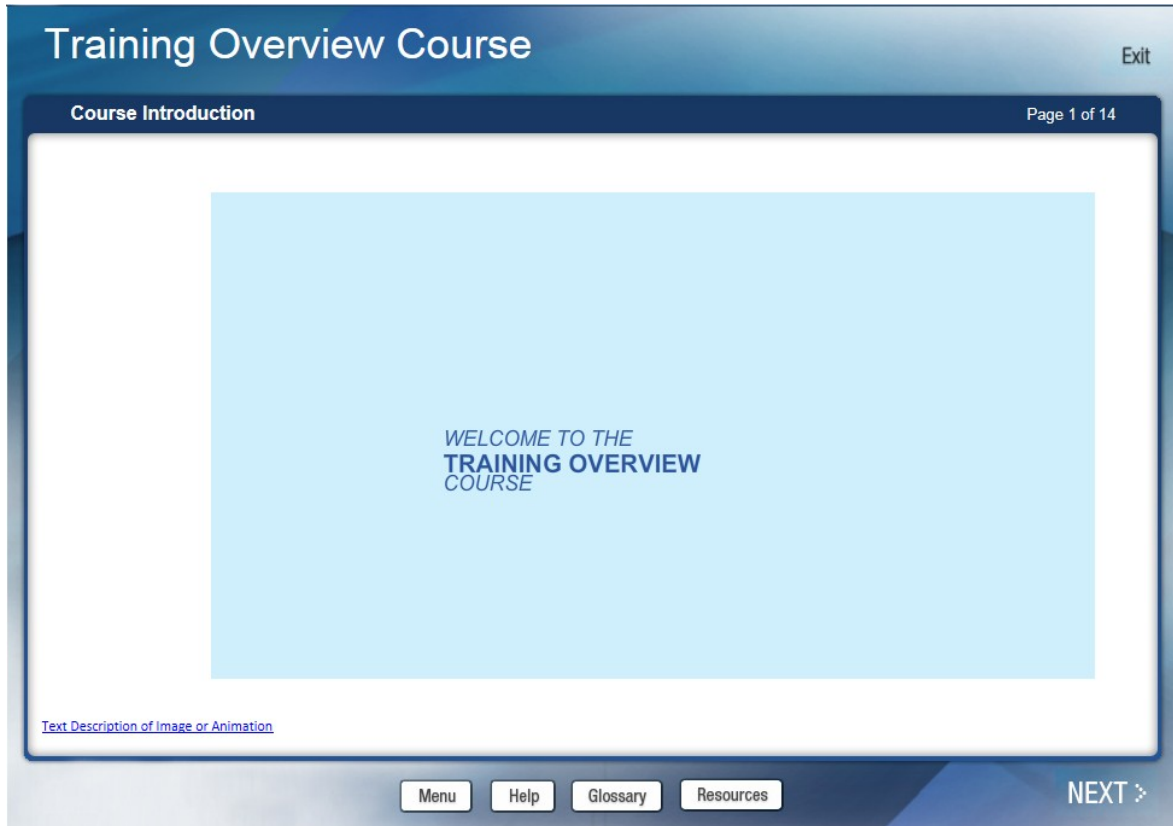
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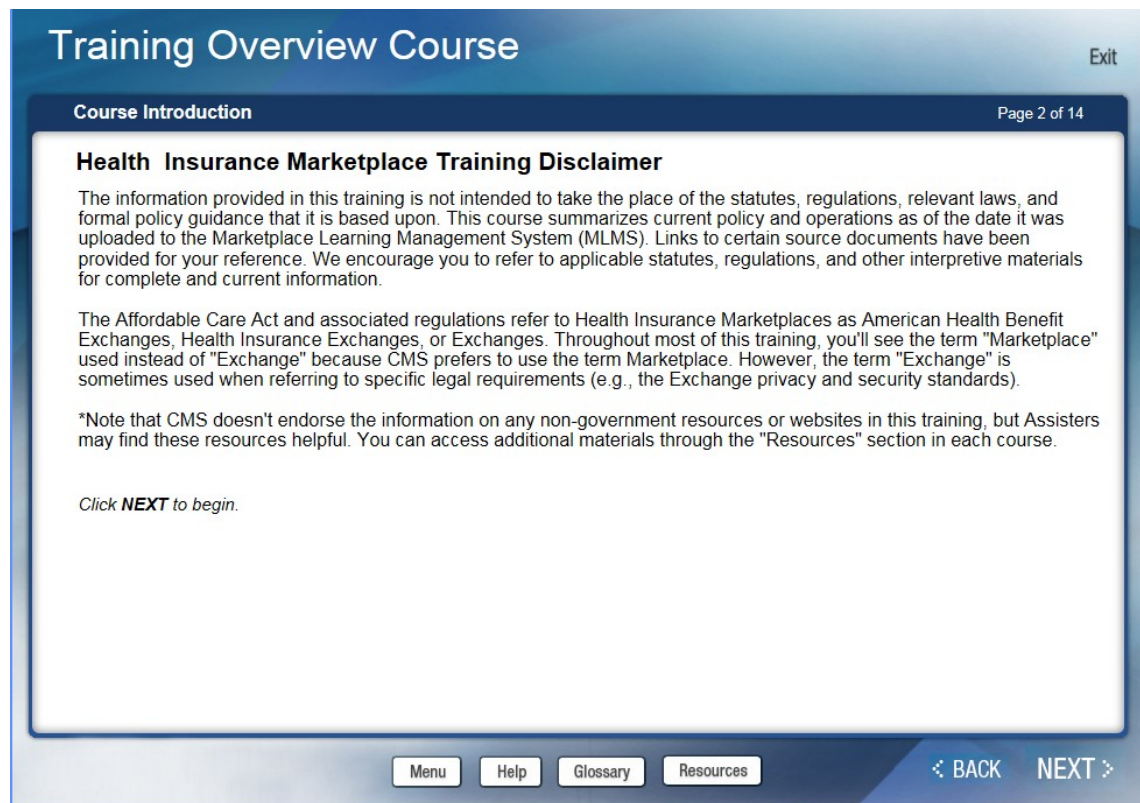
Training Overview Course

Course Introduction Module



Course Title

Welcome to the Training Overview Course



Health Insurance Marketplace Training Disclaimer

The information provided in this training is not intended to take the place of the statutes, regulations, relevant laws, 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 (MLMS). Links to certain source documents have been provided for your reference. We encourage you to refer to applicable statutes, regulations, and other interpretive materials for complete and current information.

The Affordable Care Act and associated regulations refer to Health Insurance Marketplaces as American Health Benefit Exchanges, Health Insurance Exchanges, or Exchanges. Throughout most of this training, you'll see the term "Marketplace" used instead of "Exchange" because CMS prefers to use the term Marketplace. However, the term "Exchange" is sometimes used when referring to specific legal requirements (e.g., the Exchange privacy and security standards).

*Note that CMS doesn't endorse the information on any non-government resources or websites in this training, but Assisters may find these resources helpful. You can access additional materials through the "Resources" section in each course.

The screenshot shows a web-based training interface. At the top, a blue header bar contains the text "Training Overview Course" on the left and "Exit" on the right. Below this, a dark blue bar indicates "Course Introduction" on the left and "Page 3 of 14" on the right. The main content area is white and titled "Introduction". It contains three paragraphs of text. At the bottom of the interface, there is a dark blue navigation bar with four buttons: "Menu", "Help", "Glossary", and "Resources". To the right of these buttons are the navigation controls "< BACK" and "NEXT >".

Training Overview Course

Exit

Course Introduction

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Introduction

This curriculum prepares you to assist consumers interested in finding out about their health coverage options through the Marketplace.

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

This training and certification program covers a wide variety of topics that will prepare you to fulfill your responsibility to provide fair, accurate, and impartial information to consumers. Successful completion of all training courses and exams identified as required for your assister type is required for certification. You must be certified before you can begin assisting consumers. If you are a Navigator or non-Navigator assistance personnel, you must also be trained and certified before providing education or outreach.

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Introduction

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The screenshot shows a presentation slide titled "Training Overview Course" with an "Exit" button in the top right. The slide is labeled "Course Introduction" and "Page 4 of 14". The main heading is "Health Insurance MarketplaceSM Training Overview". The text welcomes participants to the training and certification program for Navigators, non-Navigator assistance personnel, and certified application counselors (CACs) in a Federally-facilitated Marketplace (FFM) during Open Enrollment from November 1, 2016 to January 31, 2017. It defines "Federally-facilitated Marketplace" and "FFM" as including State Partnership Marketplaces and FFMs where the state performs plan management functions. It also states that the training is applicable to and addressed to Navigators, non-Navigator assistance personnel, and certified application counselors in Federally-facilitated Marketplaces, referred to as "assisters," "you," or "consumer assistance entities." Some information may also be relevant to Navigators, non-Navigator assistance personnel, and certified application counselors in State-based Marketplaces, but this training is addressed only to assisters in FFMs. The course includes information on: how to navigate the training, what to expect from the courses, exams, job aids, and additional resources, the roles and responsibilities of the different types of consumer assistance entities, and funding opportunities available to each entity. A note for Navigators in Federally-facilitated Marketplaces states that for this training to count towards Navigator certification, they must input their Navigator I.D. number when logging in. The slide concludes with "Click **NEXT** to begin." and a navigation bar at the bottom with buttons for Menu, Help, Glossary, Resources, and navigation arrows for BACK and NEXT.

Training Overview Course Exit

Course Introduction Page 4 of 14

Health Insurance MarketplaceSM Training Overview

Welcome to the Training Overview course! This course introduces the Health Insurance Marketplace training and certification program for Navigators, non- Navigator assistance personnel, and certified application counselors (CACs) in a Federally-facilitated Marketplace (FFM) during Open Enrollment from November 1, 2016 to January 31, 2017. The terms "Federally-facilitated Marketplace" and "FFM," as used in these training courses, include State Partnership Marketplaces and FFMs where the state performs plan management functions. You'll learn more about the different types of Marketplaces in other modules throughout this training.

This training is applicable to, and is addressed to, Navigators, non-Navigator assistance personnel, and certified application counselors in Federally-facilitated Marketplaces. These three 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, non-Navigator assistance personnel, and certified application counselors in State-based Marketplaces, but this training is addressed only to assisters in FFMs.

The course includes information on:

- How to navigate the training
- What to expect from the courses, exams, job aids, and additional resources
- The roles and responsibilities of the different types of consumer assistance entities
- Funding opportunities available to each entity
- How to provide fair, accurate, and impartial information

Note for Navigators in Federally-facilitated Marketplaces: For this training to count towards your Navigator certification, you must input your Navigator I.D. number when you log into this training. Your Navigator I.D. number is provided to you by your organization.

Click **NEXT** to begin.

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Training Overview Course

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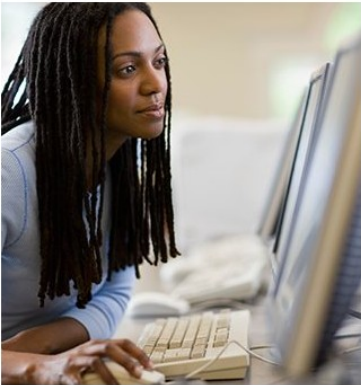
Course Introduction

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Training Format

Each course in this training program includes several modules. Information on the courses and modules is covered on the following pages. This particular module introduces you to this training and certification program.

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.



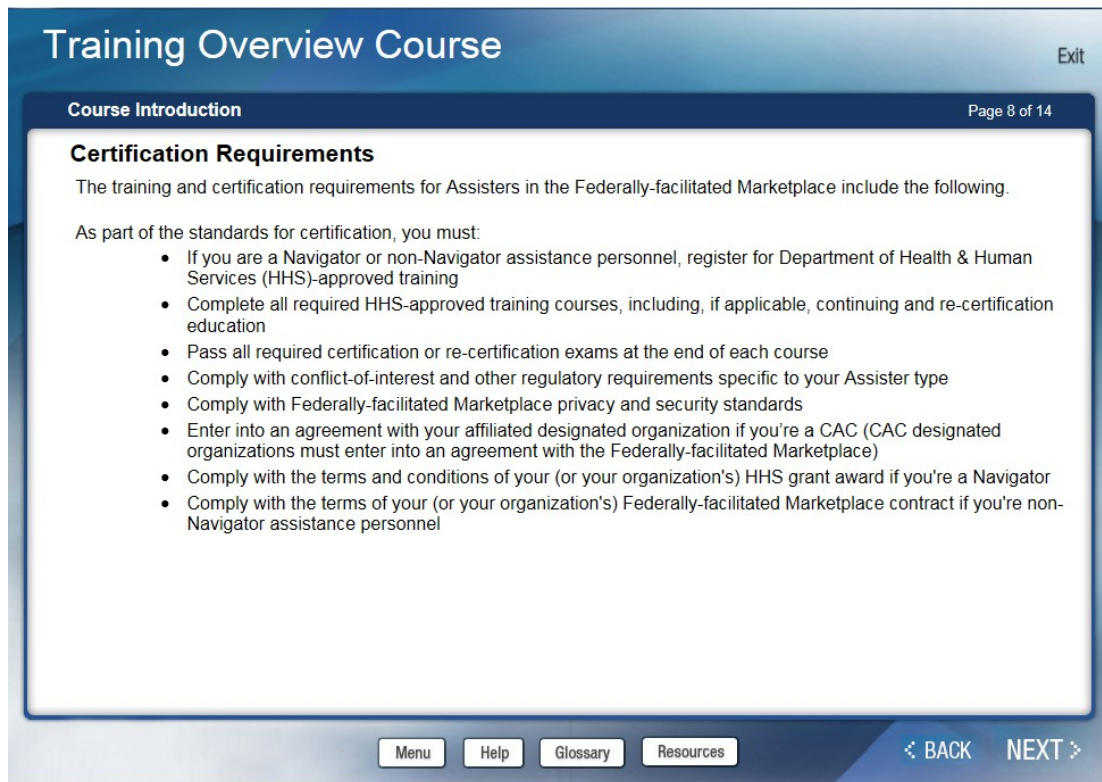
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Certification Requirements

The training and certification requirements for Assisters in the Federally-facilitated Marketplace include the following.

As part of the standards for certification, you must:

- If you are a Navigator or non-Navigator assistance personnel, register for Department of Health & Human Services (HHS)-approved training
- Complete all required HHS-approved training courses, including, if applicable, continuing and re-certification education
- Pass all required certification or re-certification exams at the end of each course
- Comply with conflict-of-interest and other regulatory requirements specific to your Assister type
- Comply with Federally-facilitated Marketplace privacy and security standards
- Enter into an agreement with your affiliated designated organization if you're a CAC (CAC designated organizations must enter into an agreement with the Federally-facilitated Marketplace)

- Comply with the terms and conditions of your (or your organization's) HHS grant award if you're a Navigator
- Comply with the terms of your (or your organization's) Federally-facilitated Marketplace contract if you're non-Navigator assistance personnel

The screenshot shows a software interface for a training course. At the top, a blue header bar contains the text 'Training Overview Course' on the left and 'Exit' on the right. Below this, a dark blue bar indicates 'Course Introduction' on the left and 'Page 9 of 14' on the right. The main content area is white and contains the following text:

Certification Requirements (cont'd)

This training program focuses on two of the above 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 performing your duties. If your organization has its designation, grant, or contract withdrawn by the Marketplace, you may not continue providing assister services for the organization, regardless of the status of your certification.

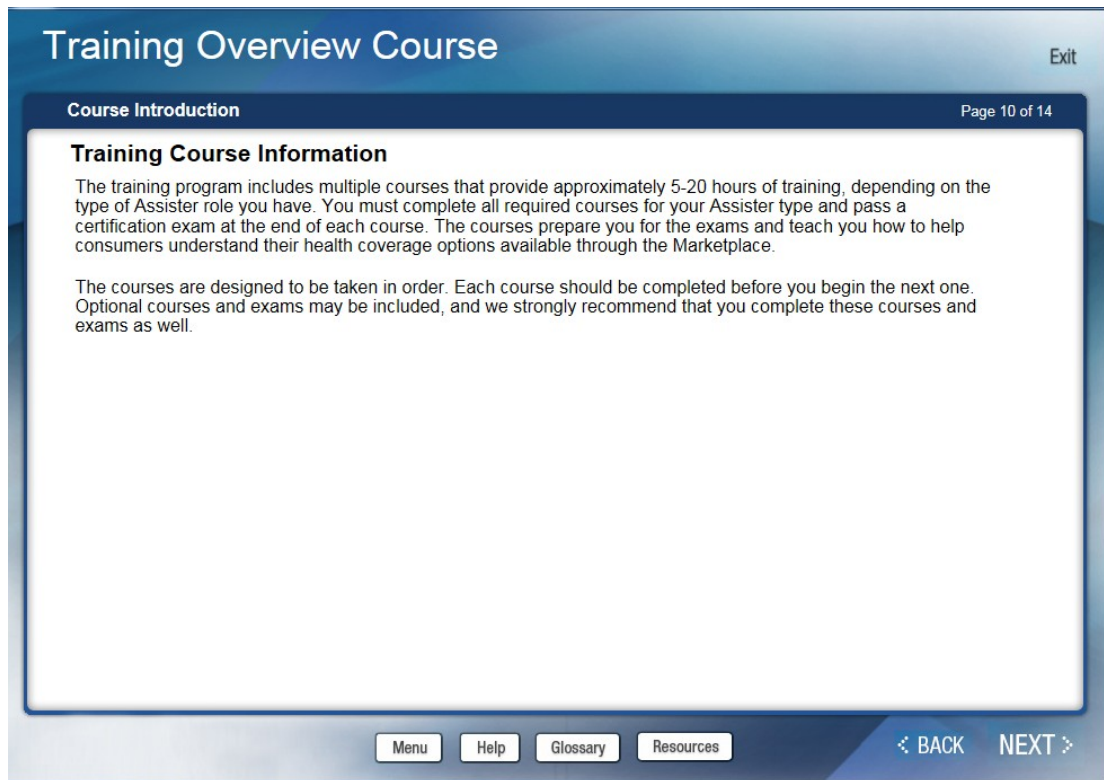
More information about Federally-facilitated Marketplace training requirements is included in your (or your organization's) Navigator grant award terms and conditions, your (or your organization's) contract or agreement with the Marketplace, or your agreement with a designated CAC organization, as applicable. When an organization agrees to become a designated CAC organization in a state with a Federally-facilitated Marketplace, it agrees that each staff member and volunteer it certifies as a CAC will sign an agreement that they will comply with CAC requirements set forth in CMS regulations and guidance.

At the bottom of the interface, there is a navigation bar with four buttons: 'Menu', 'Help', 'Glossary', and 'Resources'. To the right of these buttons are the navigation controls '< BACK' and 'NEXT >'.

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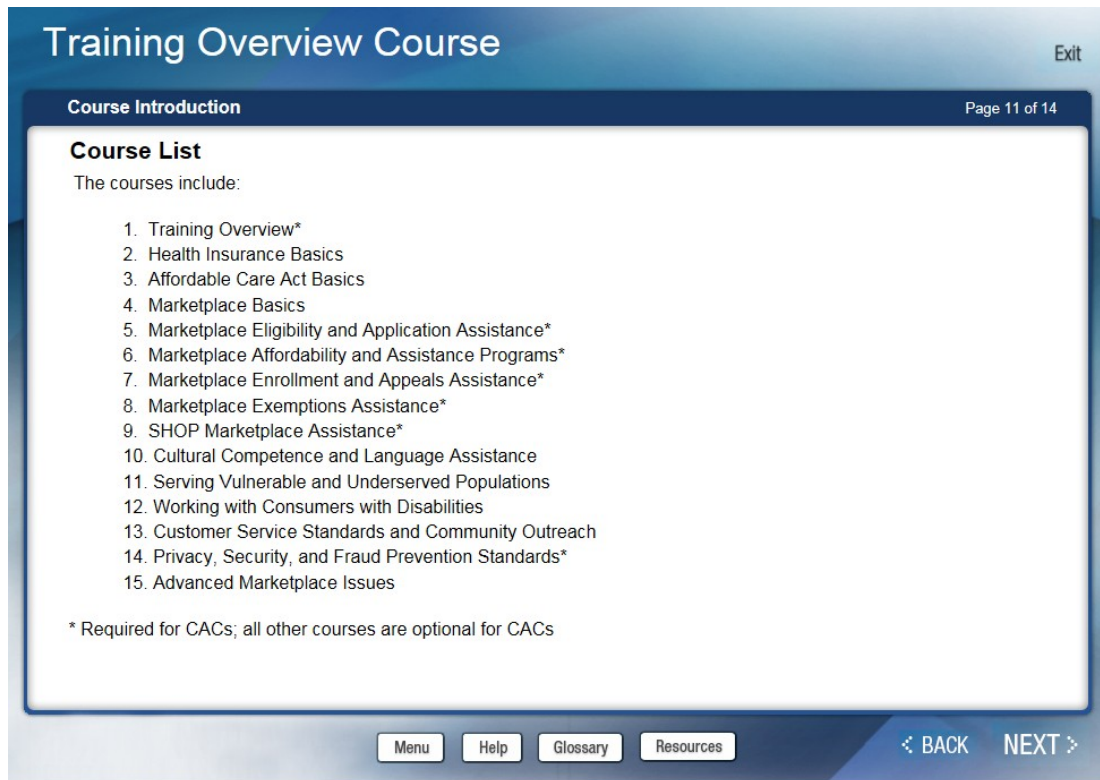
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Training Course Information

The training program includes multiple courses that provide approximately 5-20 hours of training, depending on the type of Assister role you have. You must complete all required courses for your Assister type and pass a certification exam at the end of each course. The courses prepare you for the exams and teach you how to help consumers understand their health coverage options available through the Marketplace.

The courses are designed to be taken in order. 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 courses and exams as well.



Course List

The courses include:

1. Training Overview*
2. Health Insurance Basics
3. Affordable Care Act Basics
4. Marketplace Basics
5. Marketplace Eligibility and Application Assistance*
6. Marketplace Affordability and Assistance Programs*
7. Marketplace Enrollment and Appeals Assistance*
8. Marketplace Exemptions Assistance*
9. SHOP Marketplace Assistance*
10. Cultural Competence and Language Assistance
11. Serving Vulnerable and Underserved Populations
12. Working with Consumers with Disabilities
13. Customer Service Standards and Community Outreach
14. Privacy, Security, and Fraud Prevention Standards*
15. Advanced Marketplace Issues

*Required for CACs; all other courses are optional for CACs

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Course Introduction

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Knowledge Check and Certification Exams

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

After completing each required course, you're required to take a course exam. You must score 80% or higher to pass the 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.

When you return, you'll need to start the exam over from the beginning. If you don't pass an exam, you can retake the exam one more time. If you're unable to pass the exam after two attempts, it's recommended 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.

To ensure that successful completion of the training is documented, it is recommended that upon completing all required courses and passing each exam at the end of each course, you take a screenshot of the completion screen, which appears once the entire training curriculum has been successfully completed.



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Training Overview Course

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Course Introduction

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Resources for Self-Directed Learning

Resources include key reference information that is designed to assist you while you're completing this training and to support you on a daily basis.

The references, job aids, and helpful links included in the "Resources" section are available from all screens within the course by selecting the "Resources" button at the bottom of the page. You can download, print, and save any of the resources that will help you to provide the best possible assistance to consumers.

For your reference, additional resources for Assisters are available at Marketplace.CMS.gov.

Once you've completed the training and received your certificate, you can continue to access the training courses and the "Resources" section whenever you have a question or need to refresh your learning.



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Training Overview Course Exit

Course Introduction Page 14 of 14

Key Points

- This training is designed to prepare you to help consumers learn about their health coverage options through the Marketplace.
- The courses are designed to be taken in order, and each course should be completed before you begin the next one.
- To be certified, you must complete all required courses, successfully pass all course exams with a score of at least 80%, and meet all other certification requirements.

DISCLAIMER: The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this Federally-facilitated Marketplace Assister training is error-free and will bear no responsibility or liability for the results or consequences of its use. This training is a general summary that explains certain aspects of the Federally-facilitated Marketplace, but is not a legal document. The Federally-facilitated Marketplace provisions are contained in the relevant laws, regulations, and rulings.

*Click **NEXT** to continue.*

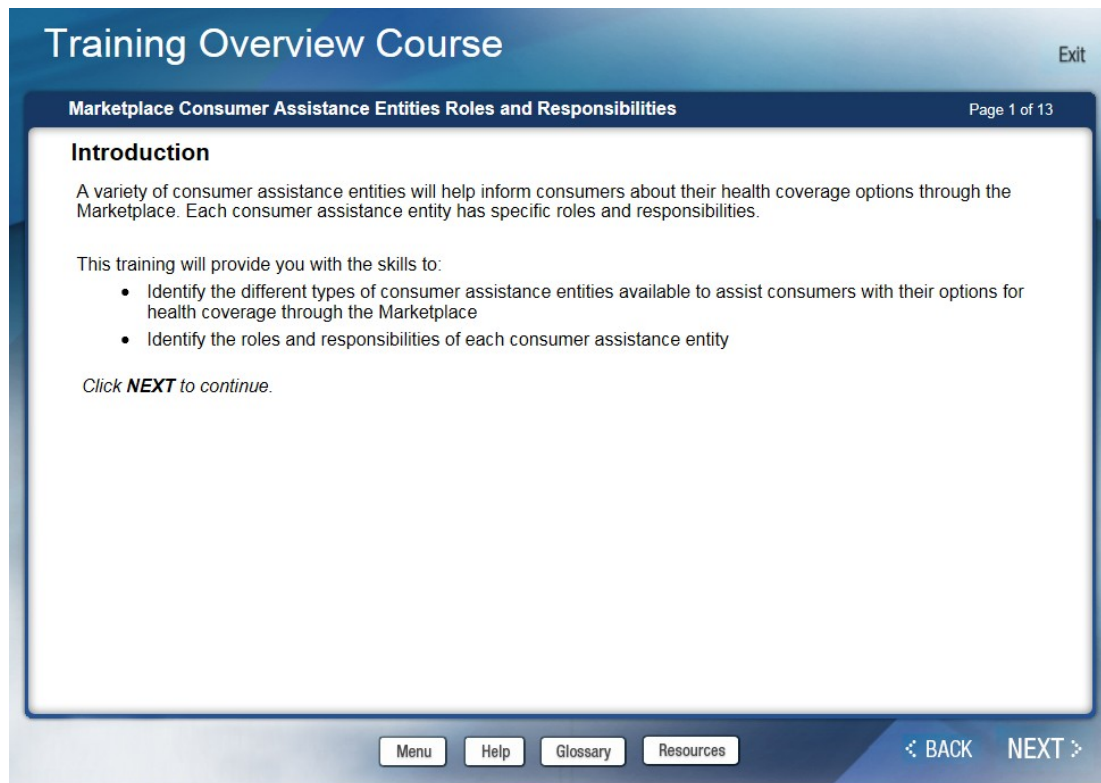
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Marketplace Consumer Assistance Entities Roles and Responsibilities Module



Introduction

A variety of consumer assistance entities will help inform consumers about their health coverage options through the Marketplace. Each consumer assistance entity has specific roles and responsibilities.

This training will provide you with the skills to:

- Identify the different types of consumer assistance entities available to assist consumers with their options for health coverage through the Marketplace
- Identify the roles and responsibilities of each consumer assistance entity

Training Overview Course

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Marketplace Consumer Assistance Entities Roles and ResponsibilitiesPage 2 of 13

Marketplace Terms

Basic Marketplace terms to know include:
(select each term for more information before clicking Next and proceeding)

- [Consumers](#)
- [Consumer assistance entities](#)
- [Agents and brokers](#)
- [Facilitate enrollment](#)
- [Marketplace](#)

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Marketplace Terms

Basic Marketplace terms to know include:

Consumers

In this training, the term "consumers" refers to individuals and families, who may get health coverage through the Marketplace. It also refers to small employers and the persons to whom small employers can offer coverage through the SHOP Marketplace (including employees, former employees, and dependents of employees or former employees).

Consumer Assistance Entities

In this training, the term "consumer assistance entities" refers to Navigators, non-Navigator assistance personnel, and certified application counselors (CACs) in a Federally-facilitated Marketplace. Generally, these are individuals or organizations that are trained and (if applicable) certified by a Federally-facilitated Marketplace to provide help to consumers, as they look for health coverage through the Marketplace.

Agents and Brokers

Persons or entities licensed by the state to sell, solicit or negotiate insurance that, to the extent permitted under state law, may register with a Marketplace 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 Marketplace.

Facilitate Enrollment

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

Marketplace

The Marketplaces are a resource where individuals and families can learn about health coverage options; find out if they qualify for programs to lower their health coverage costs; compare health plans based on costs, benefits, and other important features; choose a health plan; and enroll in coverage.

The Small Business Health Options Program (SHOP) Marketplace is a resource where small employers can learn about health coverage options, compare health plans based on costs, benefits, or other important features, choose coverage options, and offer their employees, former employees, and dependents of their employees and former employees coverage. Throughout this training, the term "SHOP Marketplace" or "SHOP" will be used when referring specifically to the SHOP Marketplace for small employers.

Training Overview Course

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Marketplace Consumer Assistance Entities Roles and ResponsibilitiesPage 3 of 13

Consumer Assistance Entities

Several types of consumer assistance entities are available to help consumers learn about their health coverage options through the Marketplace.

These entities include:

- Navigators
- Non-Navigator assistance personnel
- Certified application counselors (CACs)



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- Non-Navigator assistance personnel
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Training Overview Course

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Additional Consumer Support

In addition to the previously listed consumer assistance entities, consumers can contact the Federally-facilitated Marketplace Call Center at 1-800-318-2596 to ask questions about their health coverage options and get help with the Federally-facilitated Marketplace application process.

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

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

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

You should be familiar with available consumer support resources and refer consumers as appropriate.

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Additional Consumer Support

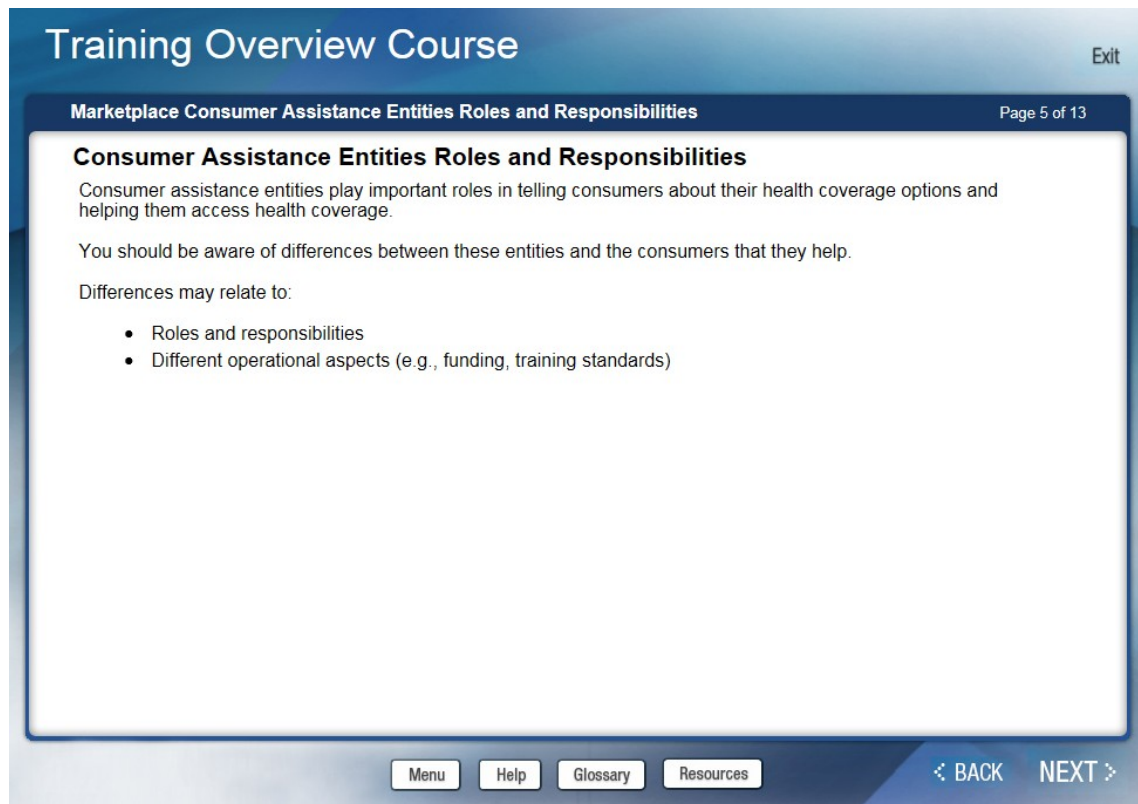
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If you're a Navigator or non-Navigator assistance personnel, you're required by CMS regulations to provide referrals to any applicable office of health insurance consumer assistance (CAP) or health insurance ombudsman, or any other appropriate state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

You should be familiar with available consumer support resources and refer consumers as appropriate.



Consumer Assistance Entities Roles and Responsibilities

Consumer assistance entities play important roles in telling consumers about their health coverage options and helping them access health coverage.

You should be aware of differences between these entities and the consumers that they help.


Differences may relate to:

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

Training Overview Course Exit

Marketplace Consumer Assistance Entities Roles and Responsibilities Page 6 of 13

Roles and Responsibilities: Navigators and Non-Navigator Assistance Personnel



The following are the roles and responsibilities for certified application counselors in the Marketplace.

- Navigators
- Non-Navigator Assistance Personnel

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Roles and Responsibilities: Navigators and Non-Navigator Assistance Personnel

The following are the roles and responsibilities for Navigators and Navigator assistance personnel in the Marketplace.

Navigators

Navigators are grantees of the Marketplace in which they operate and play an important role in the Marketplace by helping consumers apply for and enroll in health coverage. Navigators are required to:

- Maintain expertise in eligibility, enrollment, and program specifications
- Conduct public education activities to raise awareness about the Marketplace
- Provide information and services in a fair, accurate, and impartial manner, which includes: providing information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including qualified health plans; and helping consumers make informed decisions during the health coverage selection process. Such information must acknowledge other health programs
- Facilitate selection of a qualified health plan

- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Marketplace, including individuals with limited English proficiency, and ensure accessibility and usability of Navigator tools and functions for individuals with disabilities
- Refer consumers with questions, complaints, or grievances about their health plan, coverage, or a determination under such plan or coverage to appropriate state agencies, including state offices of health insurance consumer assistance
- Ensure that consumers are informed of the functions and responsibilities of Navigators prior to 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 within their capacity as Navigators

Among other things, Navigators are prohibited from charging consumers for any assistance related to their required duties.

Non-Navigator Assistance Personnel

Non-Navigator assistance personnel perform generally the same functions as Navigators. Non-Navigator assistance personnel aren't funded through Navigator grants; rather they are funded by the Marketplace in which they operate through other sources, such as direct employment, grants, or contracts. Non-Navigator assistance personnel in a Federally-facilitated Marketplace are prohibited from charging consumers for any assistance related to their required duties.

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Marketplace Consumer Assistance Entities Roles and Responsibilities Page 7 of 13

Roles and Responsibilities: Certified Application Counselors



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Roles and Responsibilities: Certified Application Counselors

The following are the roles and responsibilities for certified application counselors in a Marketplace.

Certified Application Counselors (CACs)

Certified application counselors (CACs) – CACs are staff or volunteers of organizations designated by the Marketplace to carry out certified application counselor duties and services, such as community health centers, hospitals, health care providers, and certain types of social service agencies and governmental entities. In a Federally-facilitated Marketplace, CACs are certified by the designated organizations.

Unlike Navigators, CACs aren't responsible for conducting outreach or public education activities. They must assist consumers who are seeking individual market coverage through the Marketplace in which they serve, as well as persons who have access to health coverage offered by small employers through the SHOP Marketplace, and are permitted, but not required, to help small employers offer coverage. 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, non-Navigator assistance personnel, or the Marketplace Call Center. Unlike Navigators and many non-Navigators, CACs are not required to comply with CLAS standards beyond any

existing obligations they may have, although they are encouraged to utilize CLAS standards as a resource.

CAC Responsibilities

CAC responsibilities include:

- Providing information to consumers about the full range of qualified health plan options and insurance affordability programs (e.g., Medicaid) for which they are eligible, which includes: providing fair, impartial, and accurate information that assists consumers with submitting the eligibility application; clarifying the distinctions among health coverage options, including QHPs; and helping consumers make informed decisions during the health coverage selection process
- Assisting consumers in applying for coverage in a qualified health plan through the Marketplace and for insurance affordability programs
- Helping to facilitate enrollment of eligible individuals in qualified health plans and insurance affordability programs

CACs aren't permitted to charge consumers for assistance related to the Marketplace.

The screenshot shows a web-based training interface. At the top, a blue header bar contains the text 'Training Overview Course' on the left and 'Exit' on the right. Below this, a dark blue navigation bar displays 'Marketplace Consumer Assistance Entities Roles and Responsibilities' on the left and 'Page 8 of 13' on the right. The main content area is white and titled 'Knowledge Check'. It contains the question: 'Which of the following statements about the consumer assistance entities discussed in this training are TRUE?' followed by the instruction: 'Select all that apply and then click Check Your Answer.' There are four multiple-choice options, each with an unchecked checkbox: A. CACs are not required to conduct public education activities. B. Certified application counselors (CACs) are permitted, but not required, to help small employers find and offer coverage through SHOP Marketplace, and are required to help persons offered coverage by a small employer through the SHOP Marketplace apply for, and enroll in, the offered coverage. C. All types of consumer assistance entities must meet Culturally and Linguistically Appropriate Services (CLAS) standards when helping consumers. D. In an FFM, none of the consumer assistance entities are permitted to receive any kind of compensation from consumers for performing their respective duties as Navigators, non-Navigator assistance personnel, and CACs. At the bottom left of the content area is a blue button labeled 'Check Your Answer'. At the bottom right is the text 'Complete the Knowledge Check to enable NEXT button'. The footer of the interface is a dark blue bar with buttons for 'Menu', 'Help', 'Glossary', and 'Resources' on the left, and '< BACK' and 'NEXT >' on the right.

Knowledge Check

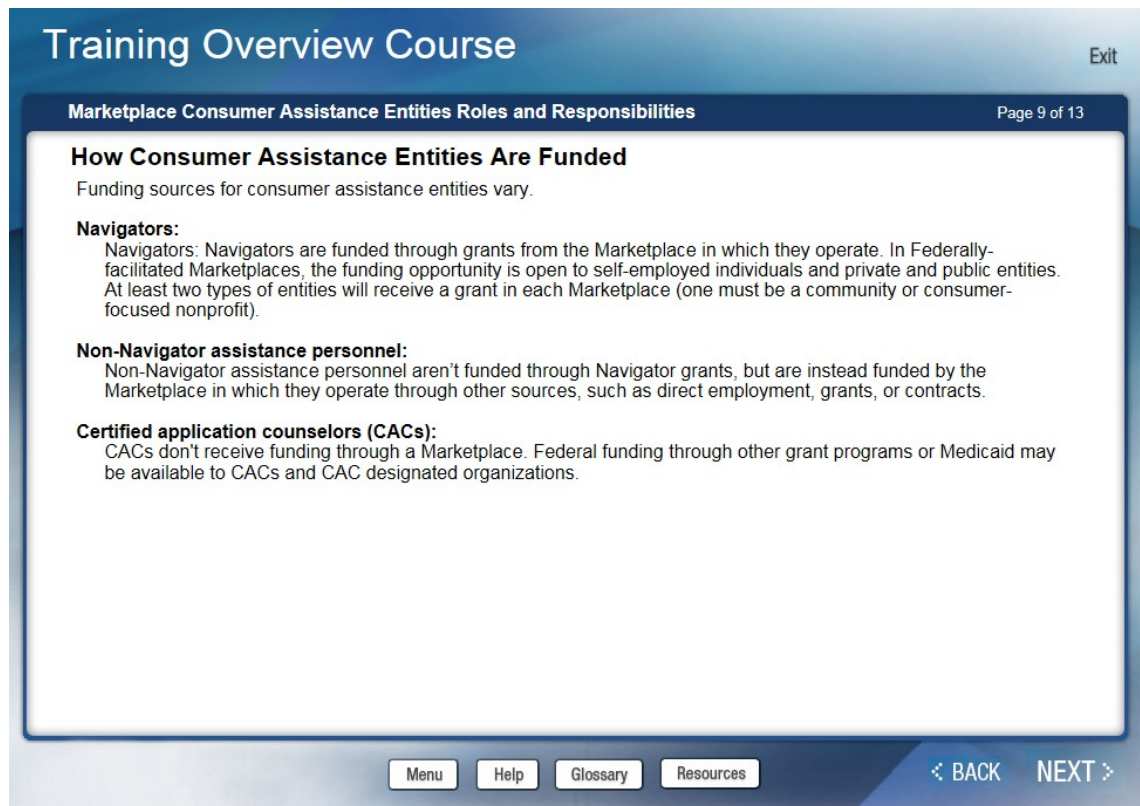
Which of the following statements about the consumer assistance entities discussed in this training are TRUE?

Select **all that apply**.

- A. CACs are not required to conduct public education activities.
- B. Certified application counselors (CACs) are permitted, but not required, to help small employers find and offer coverage through SHOP Marketplace, and are required to help persons offered coverage by a small employer through the SHOP Marketplace apply for, and enroll in, the offered coverage.
- C. All types of consumer assistance entities must meet Culturally and Linguistically Appropriate Services (CLAS) standards when helping consumers.
- D. In an FFM, none of the consumer assistance entities are permitted to receive any kind of compensation from consumers for performing their respective duties as Navigators, non-Navigator assistance personnel, and CACs.

Feedback: 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, none of these entities are permitted to

charge consumers or receive compensation from consumers for performing their required duties in the Marketplace.



How Consumer Assistance Entities Are Funded

Funding sources for consumer assistance entities vary.

Navigators

Navigators: Navigators are funded through grants from the Marketplace in which they operate. In Federally-facilitated Marketplaces, the funding opportunity is open to self-employed individuals and private and public entities. At least two types of entities will receive a grant in each Marketplace (one must be a community or consumer-focused nonprofit).

Non-Navigator assistance personnel

Non-Navigator assistance personnel aren't funded through Navigator grants, but are instead funded by the Marketplace in which they operate through other sources, such as direct employment, grants, or contracts.

Certified application counselors (CACs)

CACs don't receive funding through a Marketplace. Federal funding through other grant programs or Medicaid may be available to CACs and CAC designated organizations.

Training Overview Course

Exit

Marketplace Consumer Assistance Entities Roles and ResponsibilitiesPage 10 of 13

Training and Certification

To ensure Assisters provide accurate information to consumers, the consumer assistance entities discussed in this training are required to complete training and become certified.

The training and certification standards vary depending on the type of Assister and the type of Marketplace operated in a state. A state may require additional training or certification beyond federal requirements.



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Training Overview Course

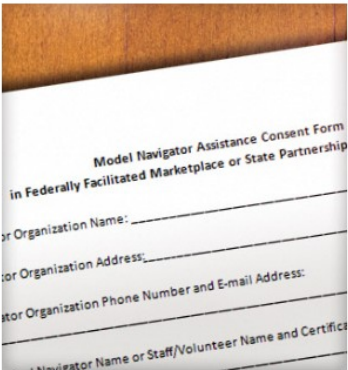
Exit

Marketplace Consumer Assistance Entities Roles and ResponsibilitiesPage 11 of 13

Consumer Authorization

Generally, before obtaining access to a consumer's personally identifiable information, Navigators, certified application counselors, and non-Navigator assistance personnel in a Federally-facilitated Marketplace must get the consumer's authorization. Consumers must be permitted to revoke their authorization at any time.

Once the authorization is obtained, you must maintain a record of the authorization. In a Federally-facilitated Marketplace, the authorization must be maintained for at least six years, unless other applicable federal law provides for a longer retention period.



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Knowledge Check

Which of the following statements is FALSE?

Select the correct answer.

- A. Navigators and non-Navigator assistance personnel in a Federally-facilitated Marketplace have more comprehensive training requirements than Certified Application Counselors (CACs) in a Federally-facilitated Marketplace.
- B. All consumer assistance entities discussed in this training must comply with the Marketplace's privacy and security standards.
- C. Navigators, certified application counselors, and non-Navigator assistance personnel in a Federally-facilitated Marketplace must obtain a consumer's authorization prior to accessing that consumer's personally identifiable information.
- D. CACs and CAC designated organizations receive funding through a Marketplace.

Feedback: The correct answer is D. Unlike Navigator and non-Navigator assistance personnel, CACs don't receive funding through a Marketplace. They may receive funding through other federal grant programs or Medicaid. Navigators and non-Navigator assistance personnel in a Federally-facilitated Marketplace have more comprehensive training requirements than CACs in a Federally-facilitated Marketplace. All consumer

assistance entities discussed in this training must adhere to the Marketplace's privacy and security standards. Navigators, certified application counselors, and non-Navigator assistance personnel in the Federally-facilitated Marketplace must obtain a consumer's authorization before accessing that consumer's personally identifiable information.

Training Overview Course Exit

Marketplace Consumer Assistance Entities Roles and Responsibilities Page 13 of 13

Key Points

- Three types of entities available to assist consumers in finding coverage through the Marketplace are (1) Navigators, (2) non-Navigator assistance personnel, and (3) CACs.
- All of these consumer assistance entities are responsible for helping consumers enroll in health coverage through a Marketplace and upholding Marketplace privacy and security standards.
- Each of these types of consumer assistance entities have different roles and responsibilities that they must fulfill as they assist consumers in the Marketplace. These responsibilities can range from conducting public education activities to assisting small employers with finding health coverage and vary depending on the type of entity.

Click **NEXT** to continue.

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Key Points

- Three types of entities available to assist consumers in finding coverage through the Marketplace are (1) Navigators, (2) non-Navigator assistance personnel, and (3) CACs.
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Providing Fair, Accurate and Impartial Information Module

Training Overview Course Exit

Providing Fair, Accurate and Impartial Information Page 1 of 11


Introduction

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

This training will provide you with the skills to:

- Identify strategies to provide fair, accurate and impartial information to consumers regardless of your own opinions or preferences
- Identify consumers' needs when talking about QHPs or insurance affordability programs

Click **NEXT** to continue.



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Training Overview Course

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Providing Fair, Accurate and Impartial InformationPage 2 of 11

What is Fair, Accurate, and Impartial Information?

You must always provide fair, accurate, and impartial information. This means that if you have a [non-disqualifying relationship](#) with a health insurance company, you must generally disclose that relationship to consumers. This also means that you should provide help to consumers that focuses only on their best interests and not your own interests or the interests of any health insurance company with which you have a relationship.

Providing fair, accurate, and impartial information includes providing information that assists consumers with submitting the eligibility application; 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 health coverage that best meets their needs, including but not limited to the following:

- Their ability to afford paying for health coverage
- Their health care needs, such as coverage of treatments for any health conditions
- Their desire to keep a certain doctor or see doctors in a certain location
- Their families' health coverage needs, if applicable



Click [BLUE](#) link(s) to enable NEXT button

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Definition: A non-disqualifying relationship

A non-disqualifying relationship is a relationship that wouldn't disqualify you from becoming an Assister. Some relationships that present a conflict of interest are completely prohibited for certain assister types. Additional information on conflicts of interest is provided later in the training.

Training Overview Course

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Providing Fair, Accurate and Impartial InformationPage 3 of 11


Providing an Accurate Description of the Federally-facilitated Marketplace

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

To accurately describe the FFM, you might need to:

- Access information about the FFM online to help keep consumers informed while they make their decisions
- Establish operating procedures for finding information about the FFM 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 that they need to make an informed decision.



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Training Overview Course

Exit

Providing Fair, Accurate and Impartial Information

Page 4 of 11

Tips on Effectiveness

To help you to act in consumers' best interests, you should:

- Understand and educate consumers about health coverage options available through the Marketplace and insurance affordability programs, including Medicaid and the Children's Health Insurance Program (CHIP)
- Tell consumers about the full range of qualified health plan (QHP) options and insurance affordability programs for which they are eligible, and help them find coverage that best fits their budget and specific needs
- Use the resources available on the Technical assistance resources page on [Marketplace.CMS.gov](https://www.cms.gov/marketplace/technical-assistance) to help educate consumers about their coverage options and answer any questions you may have about your role as an Assister

Visit [HealthCare.gov](https://www.hhs.gov/healthcare) and [CMS.gov](https://www.cms.gov) to find resources to help you better serve consumers, including language assistance (e.g., translation services) and educational materials.

You're also encouraged to connect with community organizations to learn more about the characteristics and needs of communities in your area.

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Training Overview Course Exit

Providing Fair, Accurate and Impartial Information Page 5 of 11

Best Practices: Questions to Consider When Helping Consumers

When meeting with consumers, consider answering these questions so that you can provide information and services specific to their needs.

Consumers' needs:

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

Available health coverage options:

- Which health coverage options are the consumers eligible for and do those options meet their needs?
- Are consumers eligible for programs to help lower their health care costs?

Information on health coverage that best fits consumers' budgets and specific needs:

- How can I work with the consumers to help them compare and select a health plan?
- What will it take to get the consumers started in the health coverage selection process?
- Do the consumers have everything that they need to apply?

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Training Overview Course Exit

Providing Fair, Accurate and Impartial Information Page 6 of 11

Knowledge Check

You meet with Ebele, who is eligible for coverage through the Marketplace, and who would like to enroll in a specific health plan offered through the Marketplace 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, you let Ebele know that you previously worked for this company. After reviewing the health plan she is interested in, you realize that while it has low monthly costs, it doesn't cover her specific diabetes needs.

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

Select **the correct answer** and then click **Check Your Answer**.

☐ A. Tell her that 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 needs. Help her identify health plans that offer coverage for her diabetes 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

Complete the Knowledge Check to enable NEXT button

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

Select **the correct answer**.

- A. Tell her that 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 needs. Help her identify health plans that offer coverage for her diabetes 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.

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

Training Overview Course

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Helping Consumers Find Coverage that Best Fits Their Needs

Remember to consider consumers' individual needs when helping them find, compare, and select QHPs. 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:

- Do you have any special health care needs I should consider before we get started?
- Is there anything specific you are looking for in a health plan, such as a doctor, location, or type of plan?
- Do you (or your family members, if applicable) have any health conditions that require ongoing care and/or medication?
- Is cost or keeping your doctor more important to you?
- Are there any coverage options you would like to review in more detail?
- 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 else I should consider while we review your health coverage options?

The more information you gather about what consumers need, the better the assistance you can provide.



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The more information you gather about what consumers need, the better the assistance you can provide.

Training Overview Course

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Providing Fair, Accurate and Impartial InformationPage 8 of 11

Additional Tips on Customer Service

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

But be sure you DON'T:

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



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Training Overview Course

Providing Fair, Accurate and Impartial Information

Consumer Referrals to Other Appropriate Services

There may be times when you might be required to refer consumers to other resources.

If you are a Navigator or Non-Navigator assistance personnel, 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.

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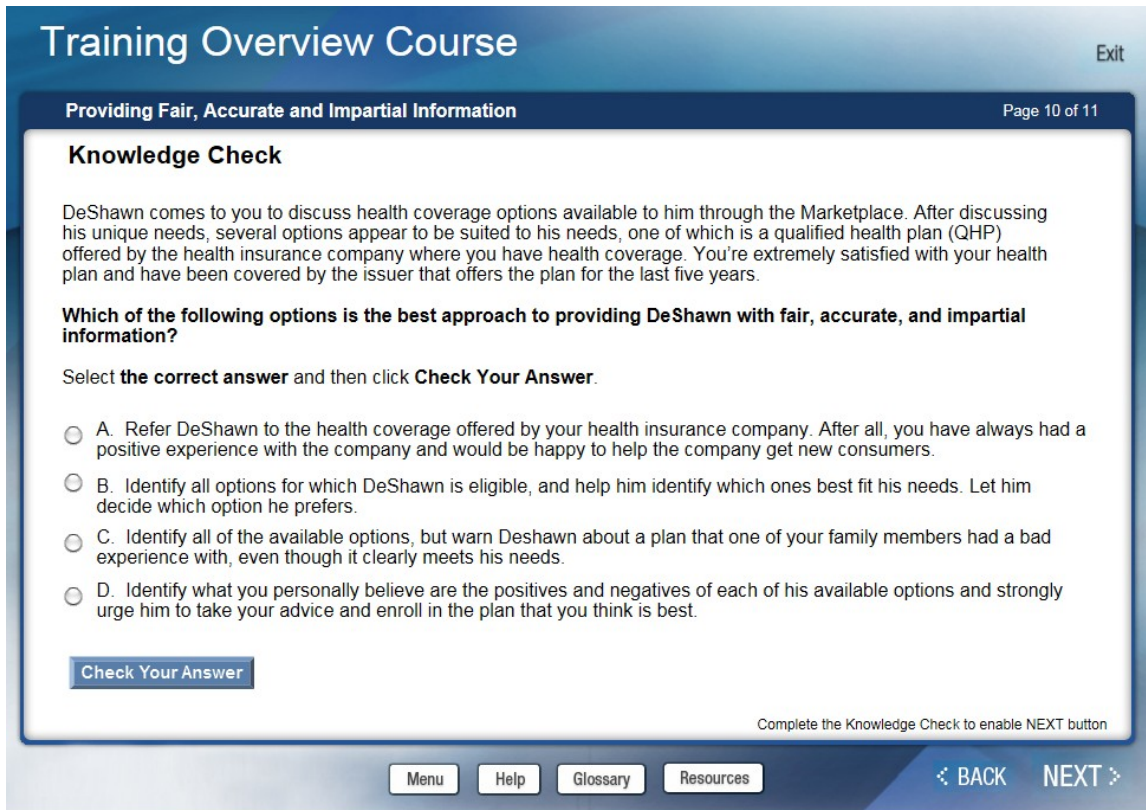
Menu Help Glossary Resources < BACK NEXT >

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Training Overview Course

Providing Fair, Accurate and Impartial Information Page 10 of 11

Knowledge Check

DeShawn comes to you to discuss health coverage options available to him through the Marketplace. After discussing his unique needs, several options appear to be suited to his needs, one of which is a qualified health plan (QHP) offered by the health insurance company where you have health coverage. You're extremely satisfied with your health plan and have been covered by the issuer that offers the plan for the last five years.

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

Select the correct answer and then click **Check Your Answer**.

- ☐ A. Refer DeShawn to the health 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 of 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

Complete the Knowledge Check to enable NEXT button

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Knowledge Check

DeShawn comes to you to discuss health coverage options available to him through the Marketplace. After discussing his unique needs, several options appear to be suited to his needs, one of which is a qualified health plan (QHP) offered by the health insurance company where you have health coverage. You're extremely satisfied with your health plan and have been covered by the issuer that offers the plan for the last five years.

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

Select the correct answer.

- A. Refer DeShawn to the health 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 of 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.

Feedback: The correct answer is B. You have to remain impartial when helping a consumer. 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 health coverage options.

Training Overview Course Exit

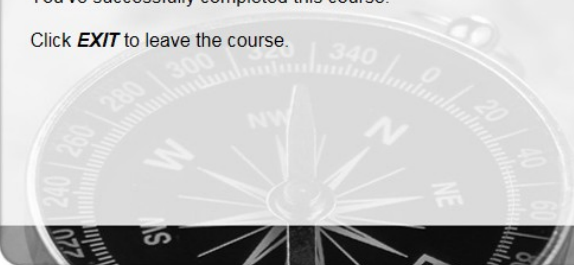
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Key Points

- Assisters are responsible for providing fair, accurate, and impartial information.
- Assisters must tell consumers about all of the qualified health plan options and insurance affordability programs for which they are eligible, so that they can choose coverage that meets their budget and specific needs.

You've successfully completed this course.

Click **EXIT** to leave the course.



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Training Overview Resources

Consumer Assistance Programs (CAPs)

General information about CAPs and links to program contact information by state.

<https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants>

Additional Resources for Assisters

A collection of resources for Assisters to reference while helping consumers in the Marketplace.

<https://marketplace.cms.gov/technical-assistance-resources/technical-assistance-resources.html>

Marketplace.CMS.gov

Official CMS website offering information and resources on the Health Insurance MarketplaceSM.

<https://marketplace.cms.gov/>

HealthCare.gov

A resource where consumers can create a Marketplace account and access information about health coverage and the Health Insurance MarketplaceSM.

<https://www.healthcare.gov/>

Marketplace Call Center

Contact information for the Marketplace Call Center, a 24 hour, 7 day a week resource for consumers seeking health coverage through the Marketplace.

<https://www.healthcare.gov/contact-us>