MARKETPLACE
ASSISTER TOOLKIT

*Standard Operating Procedures
Manual for Assisters in the Individual
Federally-facilitated Marketplaces*
SOP 5—APPLY FOR HEALTH COVERAGE

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## List of Exhibits

## SOP 5—Apply for Health Coverage

## A. Introduction

As an assister, you can help consumers apply for health coverage through the Marketplace. When consumers submit an eligibility application, the Marketplace will consider their eligibility for a number of things, including if they are eligible for a Special Enrollment Period (SEP) to enroll in coverage outside of Open Enrollment (OE). If consumers apply for help paying for coverage, the Marketplace will check whether they are eligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) as well as coverage through Medicaid and the Children's Health Insurance Program (CHIP). Consumers can apply to purchase a qualified health plan (QHP) with or without APTC and CSRs. Standard Operating Procedure (SOP) 5 provides guidance on how to assist consumers as they complete an individual Marketplace application.

**Things You Should Know**

Encourage consumers to use the online application at HealthCare.gov to receive their eligibility determination faster.

## B. Procedures

### 1. Complete Application

**1.1 Complete Online Application**

**Step 1.** Ask consumers if they have a HealthCare.gov account.

   a. If consumers do not yet have a HealthCare.gov account, return to SOP 3—Create an Account to assist consumers with account creation. Check to be sure consumers have completed their identity verification, explained in SOP 4—Verify Identity and Resolve Potential Data Matching Issues.

   b. If consumers have a HealthCare.gov account and have verified their identity, proceed to Step 2.

**Step 2.** Help consumers go to their account to determine if they have previously started their Marketplace application.

   a. If consumers have previously started and saved a Marketplace application for the coverage year, they should continue their in-progress application. Ensure that consumers complete all required fields accurately.

   b. If consumers previously submitted a Marketplace application for the coverage year but need to make any changes, they should select their submitted application and report a life change and then review their information. If consumers have submitted an application for a previous coverage year, they should start a new application for the year they want coverage. The Marketplace will pre-populate as much information as possible from their previous application.

   c. If consumers do not have an existing Marketplace application, assist them with starting a new application.

**Step 3.** Guide consumers through the application process by following the application prompts to gather consumers' responses for each section of the application.

    a.   Refer to Exhibit 1 to educate consumers on the information collected in each section of the eligibility application.

**Exhibit 1 – Information Collected on the Eligibility Application (if Applying for Financial Assistance)**

| Section | Information collected |
|---|---|
| Get Started | • **Marital Status**—Applicants must disclose if they are legally married. Generally, married couples must file a joint federal tax return to qualify for APTC and CSRs. However, married individuals who use Head of Household federal income tax return filing status and those who live apart from their spouse when filing their federal income tax returns and are unable to file a joint return because they are victims of domestic abuse or spousal abandonment do not have to file a joint return to claim a premium tax credit (PTC), if otherwise eligible for the PTC. If a couple for whom APTC is paid expects to divorce during the calendar year, the couple should plan to indicate how they will file their federal tax return, either jointly or separately. The couple should update their eligibility application after they are divorced to be reassessed for APTC eligibility.[1] Note that if a consumer is legally married but lives separately from their spouse for at least six months of the year of coverage and for more than half of that year lives with a tax dependent in a home that the consumer pays more than half of the cost of, the consumer is eligible to file as Head of Household and won't have to file as Married Filing Separately for purposes of eligibility for APTC and PTC. <br><br>• **Number of Dependents**—Applicants must disclose the number of dependents they will claim on their federal income tax return for the coverage year. <br><br>• **Income Range**—Applicants may disclose their household income range, which will help determine whether they may be eligible for help paying for coverage. <br><br>• **Help Paying for Coverage**—Applicants must indicate whether they are interested in getting help paying for coverage through the Marketplace. If they are not interested in getting help paying for coverage, they will not be asked for any additional income information during the application process. <br><br>• **Applicant Information** <br>    o Name <br>    o Home address <br>    o Mailing address <br>    o Email address <br>    o Phone number <br>    o Preferred spoken language <br>    o Preferred written language <br>    o Preferred method of communication (e.g., electronic or paper notices) <br>    o Sex <br>    o Date of birth <br>    o Race and ethnicity (optional) <br><br>• **Help Applying for Coverage**—Applicants should indicate whether they are receiving help from an assister or agent or broker. They will then enter the assister's ID number or the agent or broker's National Producer Number (NPN). <br><br>• **Who Needs Coverage**—Add the people in the household who need health coverage. When updating the application later, this section will allow applicants to remove people from their household or to switch someone from an applicant to a non-applicant if they no longer need coverage. |

| Section | Information collected |
|---|---|
| **Family & Household Information** | • The following information will generally be requested for every person applying for coverage. If there are other members of the applicant's household who are not applying for coverage, the Marketplace may ask additional questions about those other household members, including:<br><br>   ○ Sex<br>   ○ Date of birth<br>   ○ Social Security Number (SSN) (optional)<br>   ○ Citizenship and immigration status<br>   ○ Plans to file a federal tax return for 2021<br>   ○ Marital status<br>   ○ Dependents<br>   ○ Race and ethnicity (optional)<br>   ○ Addresses and information about additional family members<br><br>• **Additional Questions**—The series of additional questions helps applicants determine whether they may have special circumstances that may qualify them for Medicaid. Specifically, they can indicate whether they have a physical disability or mental health condition that limits their ability to function on a daily basis and whether they need help with daily activities or live in a medical facility or nursing home.<br><br>• In addition, a series of questions ask about whether the consumers have recently been denied Medicaid or CHIP coverage by the state agency or recently had Medicaid or CHIP coverage that ended. This information can help prevent a consumer from being sent back to the state agency when the state has already determined that the applicant is not eligible for Medicaid and CHIP.<br><br>• Finally, if a consumer appears eligible for Medicaid or CHIP, the application may need to ask additional questions to help determine the consumer's eligibility for those programs. |
| **Income Information[2]** | • When applying for help paying for coverage, applicants must enter information about their current monthly income and projected annual income for the coverage year (e.g., job-based income, Social Security benefits, unemployment, and investment income) for everyone in the household, even if some household members are not applying for coverage.<br><br>• Make sure that consumers are very explicit about their expected household income and how it should be reflected in the application. There are multiple ways to enter income into the application (weekly, monthly, etc.), and you need to ensure that it is entered correctly. If the consumer needs help estimating their annual income, they can use the calculator tool at HealthCare.gov/income-calculator. |

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[1] *Under § 1.36B-2(b)(2)(ii) of the Income Tax Regulations, a married taxpayer who is living apart from his or her spouse at the time the taxpayer files his or her federal tax return and who is unable to file a joint federal tax return because the taxpayer is a victim of domestic abuse or spousal abandonment may claim a PTC without filing a joint return, if otherwise eligible for the PTC, despite filing separately. Refer to Eligibility for Premium Tax Credit for Victims of Domestic Abuse or the Internal Revenue Service instructions for form 8962 for more information.*

[2] *Applicants are only required to complete the Income section if they would like to know if they're eligible for APTC or CSRs to lower health plan costs or be evaluated for Medicaid and CHIP eligibility.*

| Section | Information collected |
|---|---|
| **Additional Information** | • **Current Health Coverage Information—**When applying for help paying for coverage, applicants must indicate whether they are enrolled in or eligible for certain other coverage, including health care benefits through a job, such as traditional employer-sponsored coverage or a health reimbursement arrangement (including an individual coverage health reimbursement arrangement), and if so, they must enter information about the existing coverage.<br><br>• **Special Enrollment Period Eligibility—**Additional questions are included to determine whether applicants may be eligible to enroll in a Marketplace plan outside of Open Enrollment. |

b.  Assist consumers with entering the information collected on the "Before you get started" section of the application, shown in Exhibit 2.

**Exhibit 2 – HealthCare.gov Application: Before You Get Started Screenshot**



c.  Assist consumers with entering information about their family and household, such as their contact information and preferences, preferred language, who needs coverage, marital status, tax relationships, and citizenship and immigration status on the application, shown in Exhibit 3.

**Exhibit 3 – HealthCare.gov Application: Contact Information Screenshot**



d. Assist consumers with entering the information collected on the income section of the application, shown in Exhibit 4.

**Exhibit 4 – HealthCare.gov Application: Income Screenshot**

e.  Assist consumers with entering information about their current coverage status, shown in Exhibit 5, and answering questions to determine whether they are eligible for an SEP.

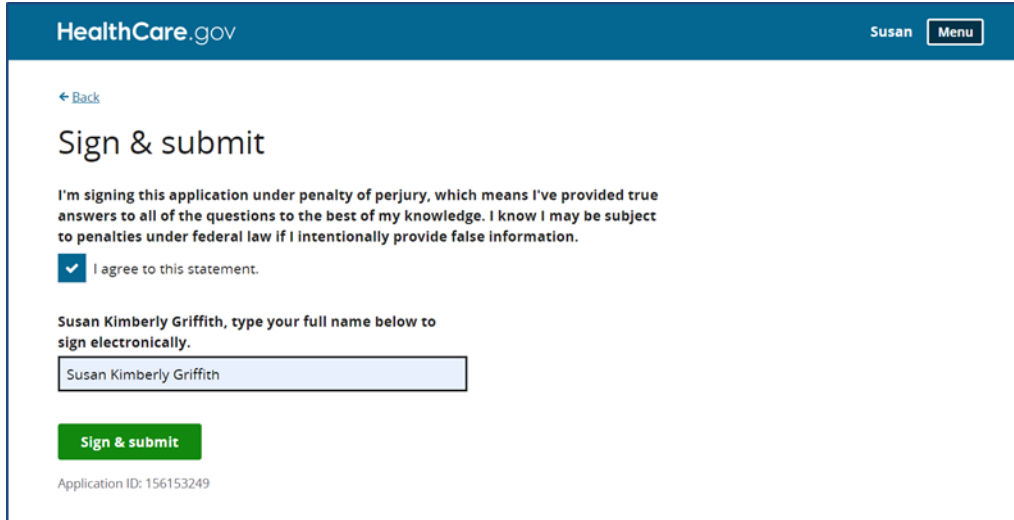**Exhibit 5 – HealthCare.gov Application: Current Coverage Screenshot**



f.  Inform consumers that they can save and resume their eligibility application at a later date during OE or an SEP by logging into their account again prior to submission. When consumers are ready to submit their eligibility application, proceed to Step 4.

**Step 4.** Explain to consumers that they should review their application answers, verify accuracy of information provided, electronically sign, and submit the application. Before submitting their applications, consumers can review and edit any information provided on the application on the "Review your application" page.

a.  Inform consumers that they must attest to the accuracy of the information provided on their applications before submission. On the "Sign & submit" page, consumers will read a series of statements and confirm that they have read and understood each statement.

b.  Remind consumers that they must input their electronic signatures before selecting the **Sign & submit** button to submit their eligibility application. Exhibit 6 provides an example of the screen displayed when it is time for consumers to electronically sign and submit their application.
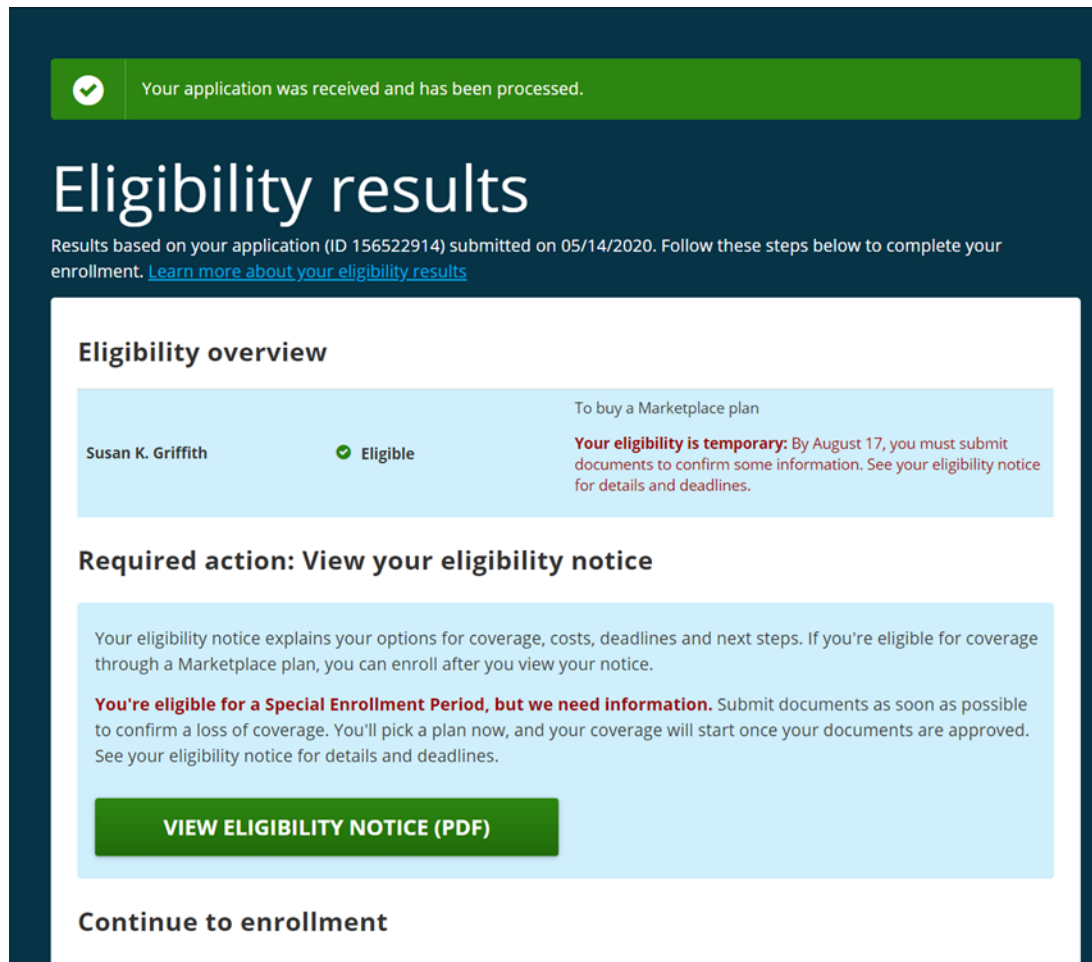
**Exhibit 6 – HealthCare.gov Application: Sign & Submit Screenshot**



**Step 5.** If consumers receive an immediate eligibility determination, proceed to SOP 6—Review Eligibility Results to help consumers review their eligibility notice in their online account. Exhibit 7 provides an example of the "Eligibility Results" screen.

   a. Explain to consumers that the eligibility notice will notify them if they need to submit supporting documents or perform additional activities to complete the application process.

   b. If consumers are asked to submit supporting documents and have the necessary supporting documents with them, assist them with scanning and uploading the documents. Be sure to return all original documents to consumers and to delete or erase all electronic copies of consumers' documents from all of your electronic devices (e.g., printers, scanners).

   c. If consumers do not have the supporting documents with them but they need to submit supporting documents, explain their options to provide the documents within the specified timeframe, which include:

       i. Scanning and uploading documents from home;

       ii. Returning to the assister's office with the supporting documents to scan and upload them with the assister's help; or

       iii. Mailing copies of the documents to the Marketplace.

**Exhibit 7 – HealthCare.gov Application: Eligibility Results Screenshot**



**Step 6.** After consumers review their eligibility results and select **Continue to enrollment**, the "Enrollment To-Do list" will appear, as shown in Exhibit 8.

Exhibit 8 – HealthCare.gov Application: Enrollment To-Do List Screenshot



## 1.2 Complete Paper Application

To assist consumers with paper applications, complete the following steps:

**Step 1.** Determine if consumers have previously started their applications.

    a. If consumers have previously started their applications, proceed to the section for which they need assistance.

    b. If consumers do not have existing paper applications, encourage them to complete electronic applications.

    c. If consumers would still like to complete paper applications, follow the format provided.

**Things You Should Know**

Encourage consumers to transfer their paper application to the electronic format to help ensure enrollment in the most timely and efficient manner.

**Step 2.** Once the consumer has reviewed plan options and selected a Marketplace plan, they are ready to submit their application. Provide consumers with the mailing address to submit the application. Consumers should mail applications to:

> Health Insurance Marketplace®[3]
> Dept. of Health and Human Services
> 465 Industrial Blvd.
> London, KY 40750-0001

> **Things You Should Know**
>
> If consumers prefer the paper application, pre-printed eligibility applications may be useful to expedite the assistance process.

## 2. Submit Supporting Documents

The Marketplace reviews consumers' application information and verifies that the information they entered in an application is correct using a service called the Federal Data Services Hub ("the Hub"). The Hub connects the Marketplace with federal agencies, such as the Social Security Administration (SSA), Internal Revenue Service (IRS), Department of Homeland Security (DHS), and certain other trusted data sources. The Marketplace compares consumers' application information against their information through the Hub to verify its accuracy.

Data matching issues (DMIs, or "inconsistencies") may occur when the Hub's trusted data sources do not have a consumer's most up-to-date information. For example, a consumer's information may be flagged as potentially inaccurate if the consumer has a recent change in income due to switching jobs. In this case, the consumer could receive a notice from the Marketplace asking for documents to prove their income. Additionally, a consumer may need to submit documents to resolve a verification issue.

If the Hub cannot confirm the consumers' application information, they will receive a notice from the Marketplace notifying them that they need to verify the information in their application. The notice will specify the timeframe to provide the documents. The supporting documents will help the Marketplace verify the application information and make a final eligibility determination. If consumers seem to be eligible for Medicaid or CHIP based on their application information and experienced a DMI due to citizenship, immigration status, income, or residency, consumers will receive a notice informing them that they may be eligible for Medicaid or CHIP and that their application was sent to the state Medicaid agency. The state Medicaid agency will then contact them if they need further information to determine the consumer's eligibility.

To assist consumers with uploading or mailing supporting documents to resolve DMIs or SEP verification issues preventing them from remaining eligible for or enrolling in a Marketplace plan and/or financial assistance, complete the following steps:

**Step 1.** If consumers receive a notice instructing them to send the Marketplace more information, explain to consumers why they may have received this notice and the process that the Marketplace uses to verify consumers' application information.

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[3] Health Insurance Marketplace® is a registered service mark of the Department of Health & Human Services.
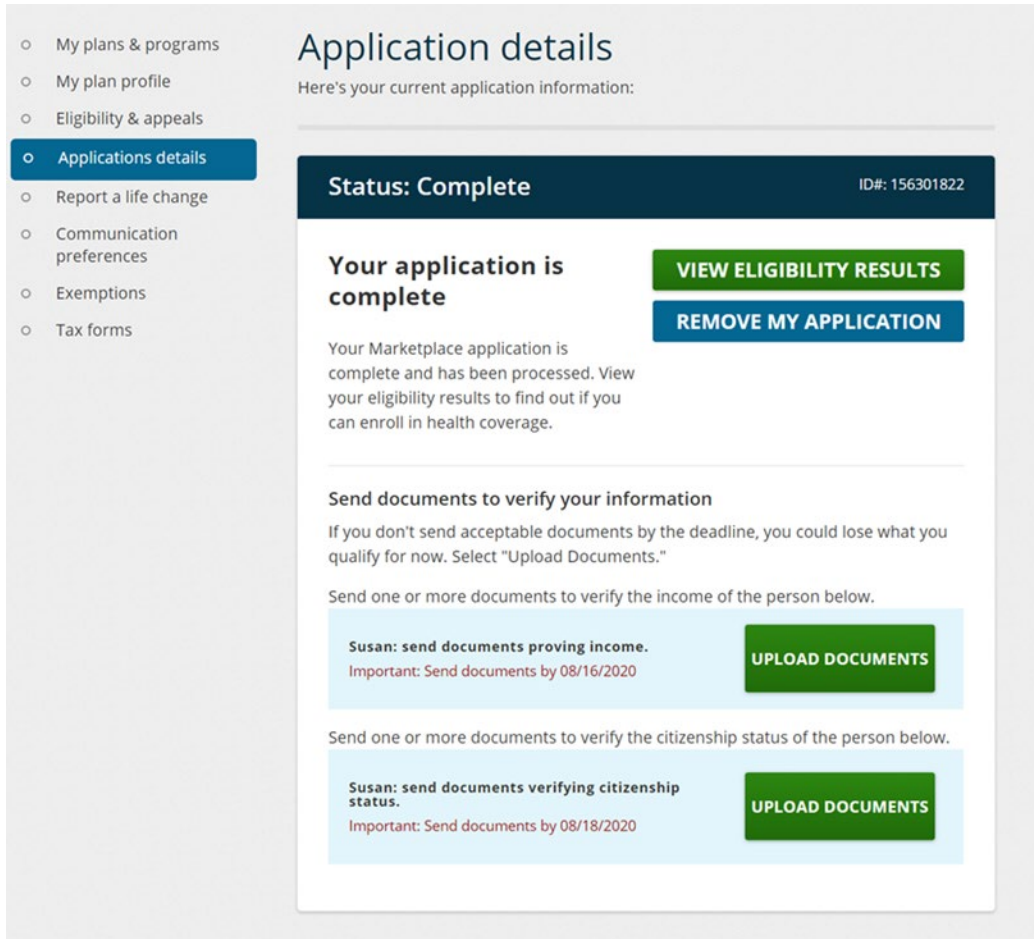
**Step 2.** If consumers wish to scan and upload the requested documents to HealthCare.gov, complete the following steps. If consumers wish to mail copies of the requested documents, proceed to Step 3.

    a. Help consumers review their eligibility notice to determine what type(s) of supporting documents they need.

    b. Assist consumers with logging into their account at HealthCare.gov.

    c. Instruct consumers to navigate to "My applications & coverage," then select the relevant application.

    d. Help consumers navigate to the "Application details" page where they should select the **Upload Documents** button for each application DMI, as shown in Exhibit 9.

**Exhibit 9 – HealthCare.gov Application: Application Details Page Screenshot**

e.  Assist consumers with selecting the appropriate document type and uploading a scanned image of the document to HealthCare.gov, as shown in Exhibit 10. The document must be a .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp and cannot be bigger than 10 MB.

f.  If a red box error message appears, make sure the consumer uploaded the right type of document (e.g., a PDF as opposed to an Excel file).

**Exhibit 10 – HealthCare.gov Application: Upload Documents Screenshot**

## Upload documents

You need to send the Marketplace more information to either prove you're eligible for a Special Enrollment Period or resolve a data matching issue. You can upload documents here.

Use "Expand" and "Collapse" for each item to see a list of documents and upload files.

**Verify Susan's citizenship status**                                    Collapse -

**Susan**- You need to send proof of your citizenship status. Send one or more documents.

Here are some examples of documents you can send:

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued enhanced driver's license (available in Michigan, New York, Vermont, and Washington)
- Document from a federally recognized Indian tribe that includes your name, the name of the federally recognized Indian Tribe that issued the document, and shows your membership, enrollment, or affiliation with the tribe.
- Other

Get more information on these documents and see a full list of documents you can send.

You can upload more than one document.

Document type:    Select                                               ▼

🔍 SELECT FILE TO UPLOAD

**Step 3.**    If consumers wish to mail copies of the requested documents to the Marketplace, complete the following steps:

a.   Help consumers review their eligibility notice to determine which type(s) of supporting documents are needed. Consumers may need to submit more than one document for each DMI.

b.   Assist consumers with making copies of all supporting documents. Consumers should retain originals of any documents sent to the Marketplace.

c.   Advise consumers to include the barcode page from their eligibility notice (shown in Exhibit 11) in the envelope when they mail the copies of their supporting documents to the Marketplace. If consumers do not have the page with the barcode, they should write the application ID number of the consumer who has the DMI as well as the consumer's date of birth and SSN (if applicable) on the copies of supporting documents.

**Exhibit 11 – HealthCare.gov Application: Eligibility Notice Barcode Page Screenshot**

**Need to send documentation?** If your **Eligibility Results** say that you need to send more information, please also include a copy of this bar code page. This page helps the Marketplace make sure your documents can be easily associated with your application. For more information about choosing documents and uploading or mailing them to the Marketplace, see "8. How to send more information" in "Understanding Your Eligibility Results" included with this notice.
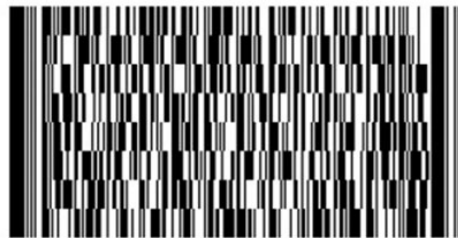
PA,137156851

d.   Instruct consumers to mail copies of their supporting documents to:

Health Insurance Marketplace®
Attn: Coverage Processing
465 Industrial Blvd.
London, KY 40750-0001

## C.  Next Steps

1.  If consumers are not ready to submit their eligibility application, explain that they may save their online application to their account and resume the application at a later point in time.

2.  Most consumers will receive an immediate eligibility determination specifying whether they are eligible to enroll in a Marketplace plan and whether they qualified for financial assistance. Proceed to SOP 6—Review Eligibility Results and SOP 8—Compare, Save, & Select Health Plans. If consumers need more information about an SEP, proceed to SOP 13—Update a Marketplace Account.

3.  For more help answering consumers' specific questions, refer to Appendix A: Frequently Asked Questions (FAQs).

## Appendix A: Frequently Asked Questions (FAQs)

FAQ 1.   Do I have to enter my SSN to apply for health coverage through the individual Marketplace?

- o   Answer: If you have an SSN and are applying for health coverage for yourself, you must provide your SSN. If you do not have an SSN or are not applying for coverage for yourself, you are not required to enter one unless you are the tax filer whose federal tax return information is used to determine eligibility for an applicant. However, even if you are not applying for coverage for yourself or are not the tax filer, entering your SSN may allow the Marketplace to more quickly determine applicants' eligibility for coverage. It may also help to prevent a request from the Marketplace for additional information.

FAQ 2.   Why do I need to submit supporting documents?

- o   Answer: The Marketplace may request supporting documents to verify the information you provided on your application.

FAQ 3.   How do I convert my paper application to the electronic format if I have not yet submitted the paper application?

- o   Answer: If you have not yet submitted your paper application, you will need to follow a manual process to convert your paper application to an electronic format. You may create an online Marketplace account and complete identity proofing. Enter the information you have collected on the paper application in the fields provided on the Marketplace portal.

FAQ 4.   I want to change or remove an eligibility application that I previously started. How can I do this?

- o   Answer: Log into your Marketplace account to view any eligibility applications that you previously submitted or that are still in progress. To remove an application, select the **Remove** button listed under the application's ID number. To edit information on an application that is still in progress, select the application you would like to edit and then select the **Continue Application** button.

FAQ 5.   How do I know when the Marketplace receives the documents I scanned and uploaded from home?

- o   Answer: You can log into your account and verify whether the Marketplace has received your documents.

FAQ 6.   If the document I am scanning has multiple pages, can I upload each page separately?

- o   Answer: Yes, you may upload pages separately.

FAQ 7.    Why do you need to know if I currently have health coverage?

- o    Answer: If you already have qualifying health coverage, like traditional coverage through a job (including an individual coverage health reimbursement arrangement), Medicare, most Medicaid coverage, or CHIP, you will not be eligible to receive APTC or CSRs (although you may be eligible to purchase coverage through the Marketplace without financial assistance). If you have an offer of job-based coverage but it is not considered affordable for you or it does not meet the minimum value standards, you might still be eligible to receive APTC and CSRs to lower the cost of your Marketplace plan.

FAQ 8.    Can I view the plans I might be able to purchase before I finish my application?

- o    Answer: Yes, on the HealthCare.gov homepage, select the "Keep or Update Your Plan" link, and then select the "See if you can change plans" link. After providing basic information including age, location, and the type of plan desired, you can view a list of plans and estimated premiums.

FAQ 9.    Will I be able to view, compare, and select a Marketplace plan while the Marketplace verifies my application information?

- o    Answer: Yes, you will be able to view, compare, and select a Marketplace plan while the Marketplace verifies your application information. You will also find out what you may be eligible for while the Marketplace processes any supporting documents that may be needed from you, if any.

FAQ 10.    Should I upload **and** mail my supporting documents?

- o    Answer: No. This will not expedite the process. Choose only one method to submit the information. Your documents will be processed more quickly if you upload them.

FAQ 11.    How can I check on the status of the supporting documents I submitted to the Marketplace?

- o    Answer: If you would like to follow up with the Marketplace for a status update on the supporting documents you submitted via upload or mail, call the Marketplace Call Center. The Call Center will ask for some information, like your name, date of birth, and application ID number.

FAQ 12.    I am a shareholder of an Alaska Native Claims Settlement Act corporation or member of a federally recognized Indian tribe. When can I apply for and enroll in health coverage through the Marketplace?

- o    Answer: Alaska Native corporation shareholders and members of federally recognized tribes can apply for and enroll in Marketplace coverage at any time of year. There is no requirement to wait for an Open Enrollment Period (OEP), and you can change plans as often as once per month. Visit HealthCare.gov/american-indians-alaska-natives/coverage for more information.

## Appendix B: Support Resources

If consumers require assistance that is outside of assister activities, refer consumers to other organizations and resources as appropriate. Exhibit 12 provides a list of external resources.

**Exhibit 12 – External Resources**

| Resource | Contact information | What does this resource do? | How should consumers use this resource? |
|---|---|---|---|
| **Marketplace Call Center** | 1-800-318-2596 TTY: 1-855-889-4325 (most languages available) | The Marketplace Call Center provides assistance to most consumers who need information or want to enroll in health coverage through the Marketplace. | • To get answers to questions while applying for health coverage using the online or paper application.<br>• To apply for health coverage over the phone. |
| **HealthCare.gov** | HealthCare.gov | This website allows consumers to access information about the Patient Protection and Affordable Care Act (PPACA) and to enroll in health coverage through a Marketplace. | • To find out about health coverage options available through a Marketplace.<br>• To apply for health coverage online.<br>• To get real-time answers to questions using the online chat function. |
| **Internal Revenue Service (IRS)** | IRS.gov | This federal agency collects taxes from individuals and businesses in the U.S. | • To learn more about the effects of the PPACA on consumers' tax returns. |
| **Medicaid** | Medicaid.gov | This state-administered health insurance program is for low-income families and children, pregnant women, the elderly, people with disabilities, and in many states, other adults. The Federal Government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state by state and may have a different name in your state. | • To find answers to questions about health coverage through Medicaid or CHIP.<br>• To get further information about their state's Medicaid program and agency contact information. |