Regional Forum

Welcome

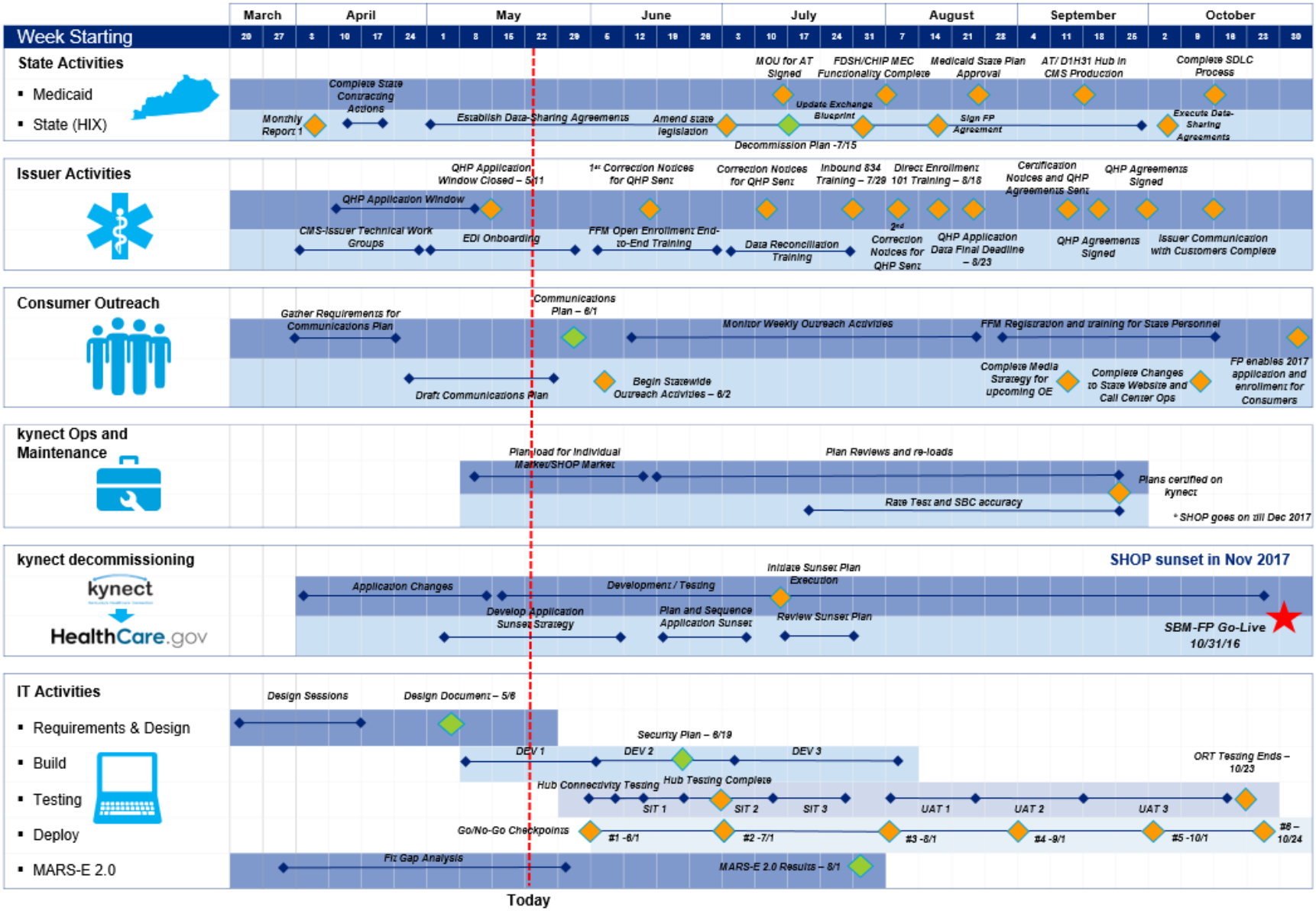
- Welcome
- Expectations
- Schedule

Agenda

- Welcome
- Transition Update
- Education and Outreach
- Role of Agents and Assisters
- Landing Pages/Websites
- Training/Resources
- HealthCare.gov Processes
- Q & A Discussion

Transition Update

Kentucky SBM-FP Overall Timeline



Transition Update

Transition Milestones

- Recently met milestones
  - Plan certification and connectivity testing
- Current/Future Milestones:
  - Regression Testing, Complete changes to state website (per testing), training

September

- UAT Testing
- Client Lists
- Training

Transition Update

October

- Notices
- Updated Marketing Materials distributed
- Transition messaging begins on social media and notices
- Call center will begin transition scripting and special message on IVR.

November 1st Open Enrollment 2017 begins

Transition Update

October

Anticipated start of FFM media efforts	Transition messaging begins on social media and notices	Complete marketing materials distribution	Launch creative materials, in-field outreach efforts	Call center workers begin transition scripting	Special message begins on contact center toll free line

November

November 1, OEP begins

kynect.ky.gov website enables transition to healthcare.gov and benefind.ky.gov

January 2017

January 31 2017 end of OEP

March 2017

Final transition with exception of SHOP

Transition Update

Kentucky as SBM-FP

Kentucky will maintain a fully functioning website. kynect will direct QHP, APTC and CSR eligible individuals to HealthCare.gov and Medicaid/KCHIP eligible individuals to benefind.ky.gov.

Kentucky will maintain the current call center to provide information and prescreen individuals for referral to either HealthCare.gov or benefind.ky.gov. Support Professionals and Tier 2 lines will still be available.

Kentucky will maintain the DCBS call center.

Kentucky Health Benefit Exchange will have an active staff to execute education and outreach plan, oversee the agent and assister program, process 1095 forms, manage SHOP Program and maintain a hotline for general information.

Education and Outreach

Education and Outreach

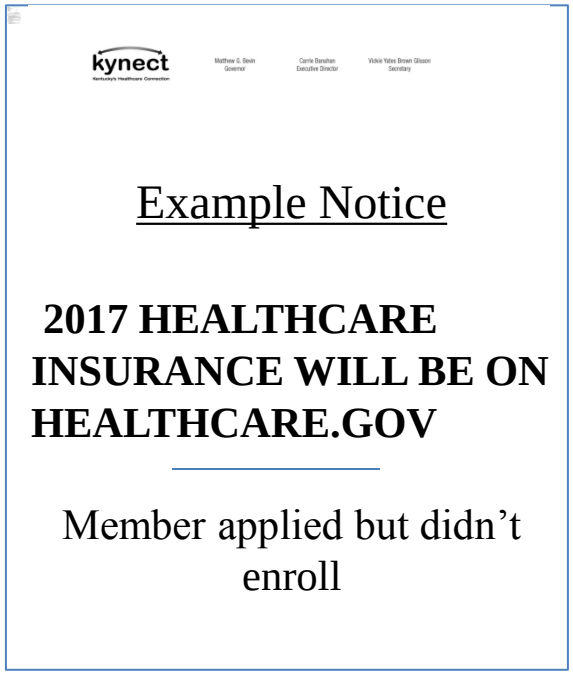
Education and Outreach Goals

- Ensure all Kentuckians get the health coverage they need
- Drive enrollment in QHPs for individuals and small businesses
- Make sure Kentuckians know where to go to shop for, enroll in, and get health insurance coverage for both the remainder of plan year 2016 and the transition for plan year 2017
- Educate the public about their health insurance options, the affordability of Marketplace coverage, the financial help available, how life changes affect coverage, and in-person assistance
- Communicate the emergence of benefind.ky.gov as the place for Medicaid enrollment and recertification
- Maximize the usage of in-person assistance, especially insurance agents for QHP enrollments

Education and Outreach

Education and Outreach Plan

- QHP Enrollees List
- Notices



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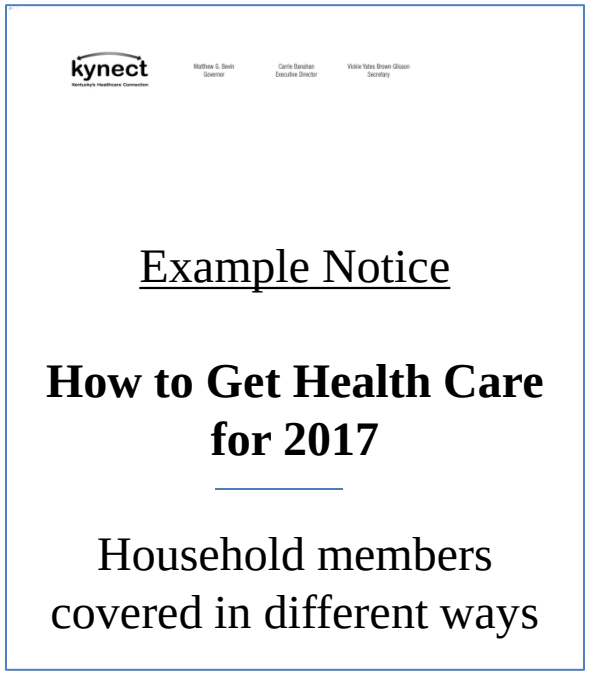


Education and Outreach

Advertising

Digital

- Digital toolkit for stakeholders
- Text and email campaign
- Social Media
- Digital ads/banners online

Non digital

On-Site Activation
- flea markets
- urgent care centers
- city centers

Public Advertisements
- counter displays
- posters
- brochures

Toolkit for stakeholders

Mass media

Education and Outreach

Meeting the needs of Kentucky

- 300k still not enrolled
- 85k who were enrolled in QHP and will need new application
- Hispanic and minority population have highest uninsured rate
- Navigating HealthCare.gov
- Nationwide: 51% of QHP Enrollees with APTC had to repay excess APTC. Average amount repaid was $860.

Education and Outreach

Schedule of Regional Forums

September 20, 2016, 9:00am-1:00pm
Northern Kentucky University (Campbell County)
Otto Budig Theater
Nunn Drive, Highland Heights, KY 41099

September 22, 9:00am-1:00pm
Kentucky Department of Transportation (Franklin County)
200 Mero Street, C105 Auditorium, Frankfort, KY 40601

October 3, 2016, 1:00pm- 5PM
Owensboro Community & Technical College (Daviess County)
4800 New Hartford Rd, Blanford Hall, Owensboro, KY 42303

October 4, 2016, 8:30am-12:30pm
Paducah (McCracken County)
Emerging Technology Center, Room 109
5200 Alben Barkley Drive, Paducah, KY 42001

October 7, 2016, 9:00am-1:00pm
Louisville (Jefferson County)
Louisville Community and Technical College
110 W Chestnut St, Health Science Hall, Louisville, KY 40202

October 10, 2016, 9:00am-1:00pm
Morehead (Rowan County)
Morehead State University, Morehead Button Drill Room
150 University Blvd., Morehead, KY 40351

October 11, 2016, 1:00pm-5pm
Prestonsburg (Floyd County)
Big Sandy Community & Technical College
1 Bert T. Combs Drive, Pike Auditorium / Pike Building
Prestonsburg, KY 41653

October 13, 1016, 9:00am-1:00pm
Somerset (Pulaski County)
Somerset Community College, Meece Hall Auditorium Room 120
808 Monticello Street, Somerset, KY 42501

Education and Outreach

Tentative Schedule of Upcoming Webinars

Wednesdays at 2:00 ET

- Working with Immigration and Refugee Populations – Hosted by KOHBIE
  - September 28th
- ID Proofing – Hosted by KOHBIE
  - October 5th
- Application Process and Eligibility – Hosted by KOHBIE
  - October 12th
- Data Matching Issues (DMI) – Hosted by CMS/CCIIO
  - October 19th
- Appeals – Hosted by KOHBIE
  - October 26th

Agents and Assisters

Agent's Roles for Kentucky

- Work with QHP clients to apply and enroll on HealthCare.gov
- Assist clients with understanding coverage options and recommend the best plan for clients
- Assist QHP applicants via web broker site or directly through issuer site or healthcare.gov
- Enrollment events at local offices

Agent's Roles in the FFM

Working with Issuers on the FFM

- QHP issuers have authority over their affiliated agents and brokers via the appointment process.
- QHP issuers must check all of their appointed agents' and brokers' state licensure status and verify they fulfilled the FFM registration requirements before allowing them to access the issuers tools and assist consumers via the issuer based pathway.
- Commissions are payment agreements between issuers and insurance agents. Insurance agents should direct all commission questions directly to the appropriate issuer.

Application Assisters

Application Assisters (kynectors) must be certified by and contracted with the state

- Two types of Assisters:
  - Certified Application Counselors (CACs); and
  - Non-Navigator/In Person Assisters
- Current kynectors will be called Application Assisters
- Both Application Assister types will assist both QHP and Medicaid eligible applicants

NOTE: CACs are **NOT contracted with the state. They are volunteering organizations, but are still required to be certified through the FFM and in benefind.*

Application Assisters

Navigators/Non Navigator In Person Assisters

- Maintain expertise in eligibility, enrollment, and program specifications.
- Conduct public education activities
- 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;
  - 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
- Ensure that consumers are informed of the responsibilities of Navigators, that consumers provide authorization prior to a Navigator's obtaining access to an consumer's PII, that consumers can revoke that authorization at any time; and maintain a record of the authorization provided
- Maintain a physical presence in the service area so face-to-face assistance can be provided.
- Navigators are prohibited from charging consumers for any assistance related to their required duties.

Application Assisters

CAC Certified Application Counselors

- Providing information to consumers about the full range of qualified health plan options and insurance affordability programs (e.g.,Medicaid)
  - Provide fair, impartial, and accurate information that assists consumers with submitting the eligibility application.
  - Clarifying the distinctions among health coverage options, including QHPs.
  - Help consumers make informed decisions during the health coverage selection process.
- 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.

Application Assisters

1. CACs are **NOT** responsible for conducting public education activities.
2. CACs must assist 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.
3. While responsible for providing information in a manner that is accessible to individuals with disabilities, CACs can do so either directly or through referrals to Navigators, non-Navigator assistance personnel, or the Marketplace Call Center.

Agents and Assisters working together

- **Make sure consumers understand the help each role provides.**
- Assisters **are prohibited from receiving consideration directly or indirectly from health insurers or stop-loss insurance issuers** in connection with the enrollment of any individuals into QHPs or non-QHPs.
- Assisters are **required to disclose to consumers relationships they have with health insurance issuers .**
- Assisters are **required to provide information in a fair, accurate, and impartial manner**.
- Assisters must inform consumers about **all** of the QHPs and insurance affordability programs for which they are eligible. (With one limited exception for some certified application counselors)
- Assisters must help all persons who ask for their assistance, regardless of any particular status.

https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF

Agents and Assisters working together

- There is no federal requirement that agents or brokers help all persons who ask for their assistance.
- Agents and brokers are typically compensated by insurance companies with whom they have a contract, and are sometimes exclusively affiliated with a specific health insurance company or companies to sell certain products.
- With the exception of web-brokers, agents and brokers are not required by federal law to display all available QHPs or to facilitate enrollment into all QHPs.

https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF

Websites

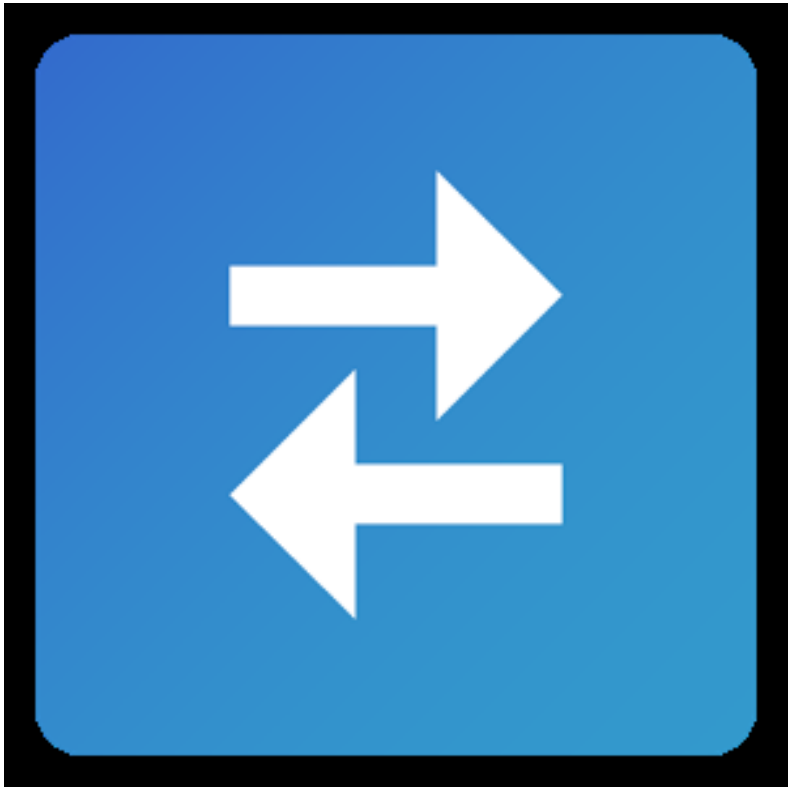
Where to Apply

Coverage Year	Type of Coverage	Where to Apply
2016 Coverage	• QHP • APTC • MAGI Medicaid • Non-MAGI Medicaid	kynect benefind
2017 Coverage	• QHP • APTC	HealthCare.gov
	• MAGI Medicaid • Non-MAGI Medicaid • State programs	kynect benefind

Application Transfers

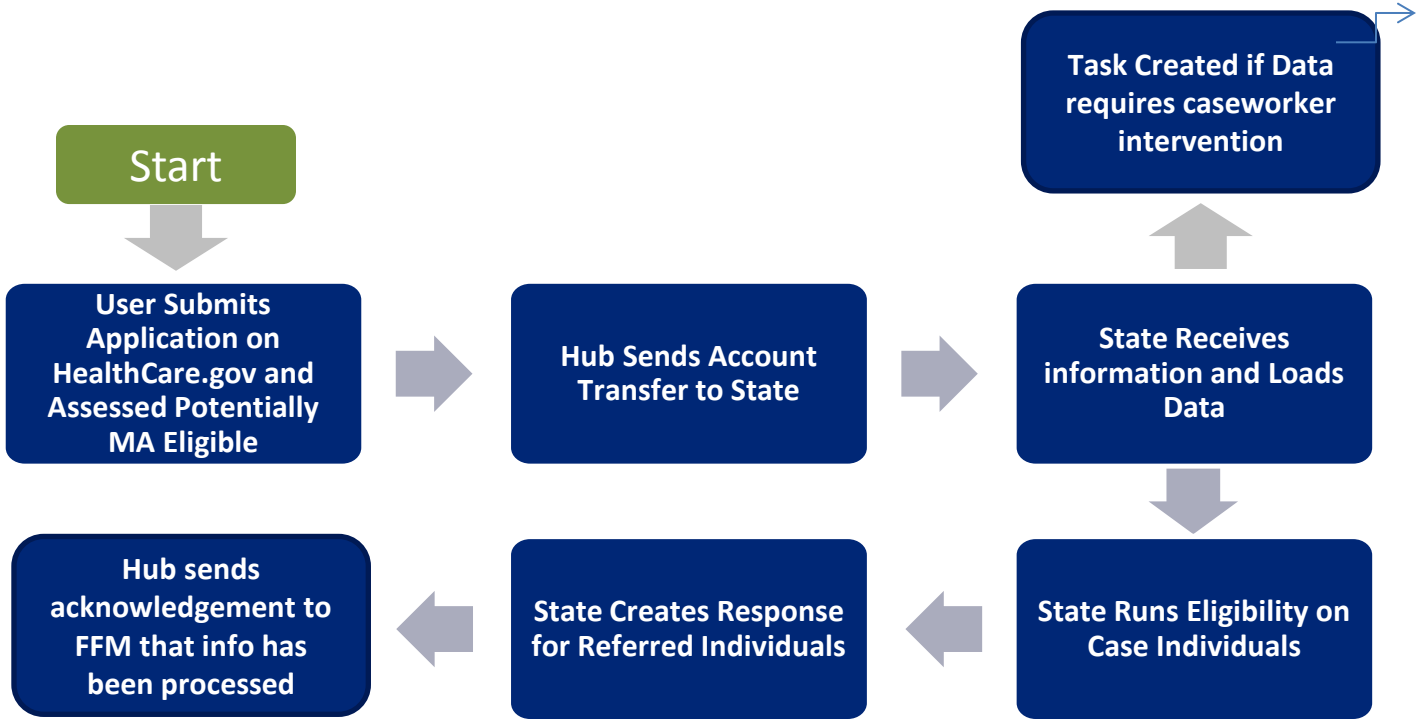
Application Transfers will go between HealthCare.gov and benefind.

- **No Wrong Door**
- **FFM transfer to benefind**
- **benefind transfer to FFM**



Application Transfers

FFM to State Account Transfer



If the following occurs a task is created for worker intervention, otherwise the request continues through eligibility and Medicaid enrollment:

- Account Transfer Duplication
- Partial or Full match to an individual
- Report a Change or Renewal request
- Data Transformation Fails

Application Transfers

State to FFM Account Transfer

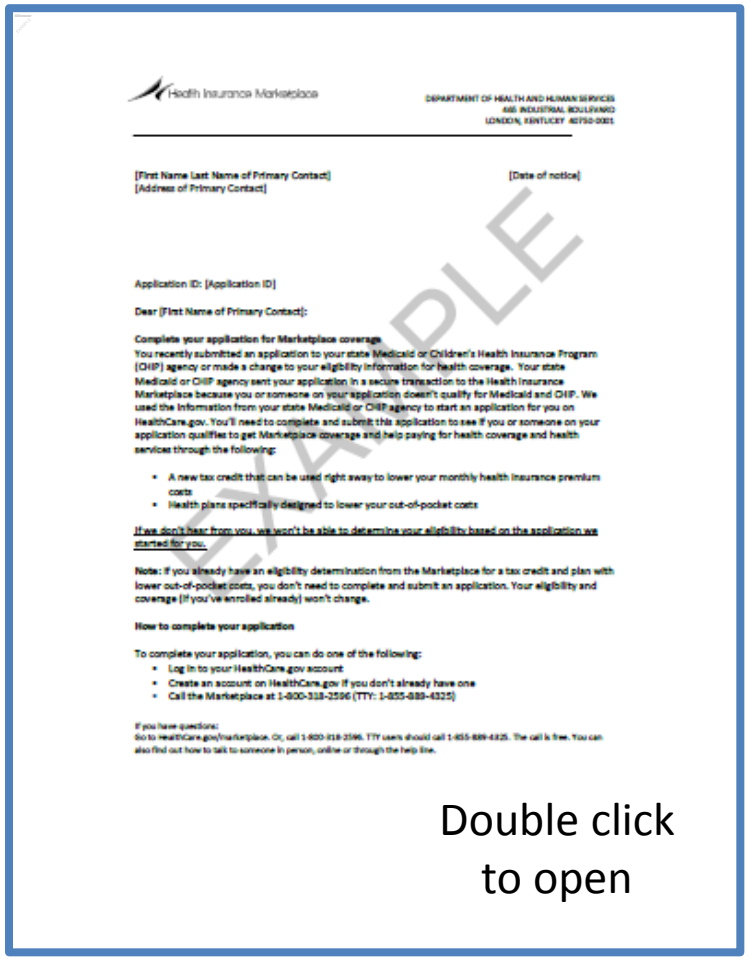
Notices are sent to individuals who have information transferred

~

benefind will not have a record of transfer status for accounts sent to FFM

Application Transfers

Example
Inbound Account
Transfer Notice



Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

[First Name Last Name of Primary Contact]
[Address of Primary Contact]

[Date of notice]

Application ID: [Application ID]

Dear [First Name of Primary Contact]:

Complete your application for Marketplace coverage

You recently submitted an application to your state Medicaid or Children's Health Insurance Program (CHIP) agency or made a change to your eligibility information for health coverage. Your state Medicaid or CHIP agency sent your application in a secure transaction to the Health Insurance Marketplace because you or someone on your application doesn't qualify for Medicaid and CHIP. We used the information from your state Medicaid or CHIP agency to start an application for you on HealthCare.gov. You'll need to complete and submit this application to see if you or someone on your application qualifies to get Marketplace coverage and help paying for health coverage and health services through the following:

- A new tax credit that can be used right away to lower your monthly health insurance premium costs
- Health plans specifically designed to lower your out-of-pocket costs

If we don't hear from you, we won't be able to determine your eligibility based on the application we started for you.

Note: If you already have an eligibility determination from the Marketplace for a tax credit and plan with lower out-of-pocket costs, you don't need to complete and submit an application. Your eligibility and coverage (if you've enrolled already) won't change.

How to complete your application

To complete your application, you can do one of the following:

- Log in to your HealthCare.gov account
- Create an account on HealthCare.gov if you don't already have one
- Call the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325)

If you have questions:
Go to HealthCare.gov/marketplace. Or, call 1-800-318-2596. TTY users should call 1-855-889-4325. The call is free. You can also find out how to talk to someone in person, online or through the help line.

EXAMPLE

Double click
to open

https://marketplace.cms.gov/technical-assistance-resources/training-materials/inbound-account-transfer.pdf

Application Transfers

Minimum Essential Coverage Check (MEC)

When an individual applies on HealthCare.gov, the federal system will check if the individual is receiving Medicaid benefits in Kentucky. benefind will process the requests and respond in one of three ways in real time:

1) **Full Match**: the person is known to our system and has benefits for the time period requested

2) **Partial Match**: the person is known to our system and has benefits for part of the time period requested

3) **No Match**: the person is not known to our system or is known to our system but does not have benefits for the period requested

During the HealthCare.gov application process, and the request is sent from HealthCare.gov and benefind replies in real time.

Kynect.ky.gov

kynect.ky.gov

- You can still access the 2016 kynect website through 02/28/2017.
- The existing kynect landing page will be used until 11/1/16.
- Banner will display announcements to notify users about 2017 Open Enrollment.

kynect

Welcome Guest | Log In | About | Help | ENGLISH

Welcome | Individuals & Families | Small Business | Insurance Agents | kynectors | Tax Information

Beginning November 1st 2016 kynect.ky.gov will have a new look.
Open Enrollment Period for plan year 2017 is November 1, 2016 to January 31st, 2017.
There will be no passive renewals for Health Insurance Plans this year.
All QHP qualified individuals must complete an application and enroll at HealthCare.gov for 2017 coverage.
When you visit kynect.ky.gov after November 1st, you will still be able to manage your 2016 enrollment and search for local assistance. You can use the prescreening tool to learn more about coverage options you may qualify for and be directed where to apply.
For questions about these changes and how to get coverage, call Customer Service at 855-4kynect(459-6328).

Welcome to kynect, Kentucky's Healthcare Connection.

Find Agent or kynector

Quality health coverage. For every Kentuckian.

Get Kynected. On the go.
Download the free kynect mobile app

Renewing Insurance?
You're eligible to sign up for kynect today and may qualify for discounts.

Get Answers

ENROLL ON YOUR PHONE

kynect benefind

Welcome Guest | Log In | About | Help | ENGLISH

Welcome | Individuals & Families | Small Business | Insurance Agents | kynectors | Tax Information

Get Help In-Person. Click below to get help from people in Kentucky trained to help you enroll in health insurance plans, Medicaid and KCHIP.

kynectors/Application Assisters

Insurance Agents

2016

Click Here for 2016 Health Coverage.
Report life changing events and request special enrollments for existing 2016 coverage.

2017

Click Here for 2017 Health Coverage.
Find out which coverage you qualify for and get enrolled: Medicaid, KCHIP, and Health Insurance Plans.

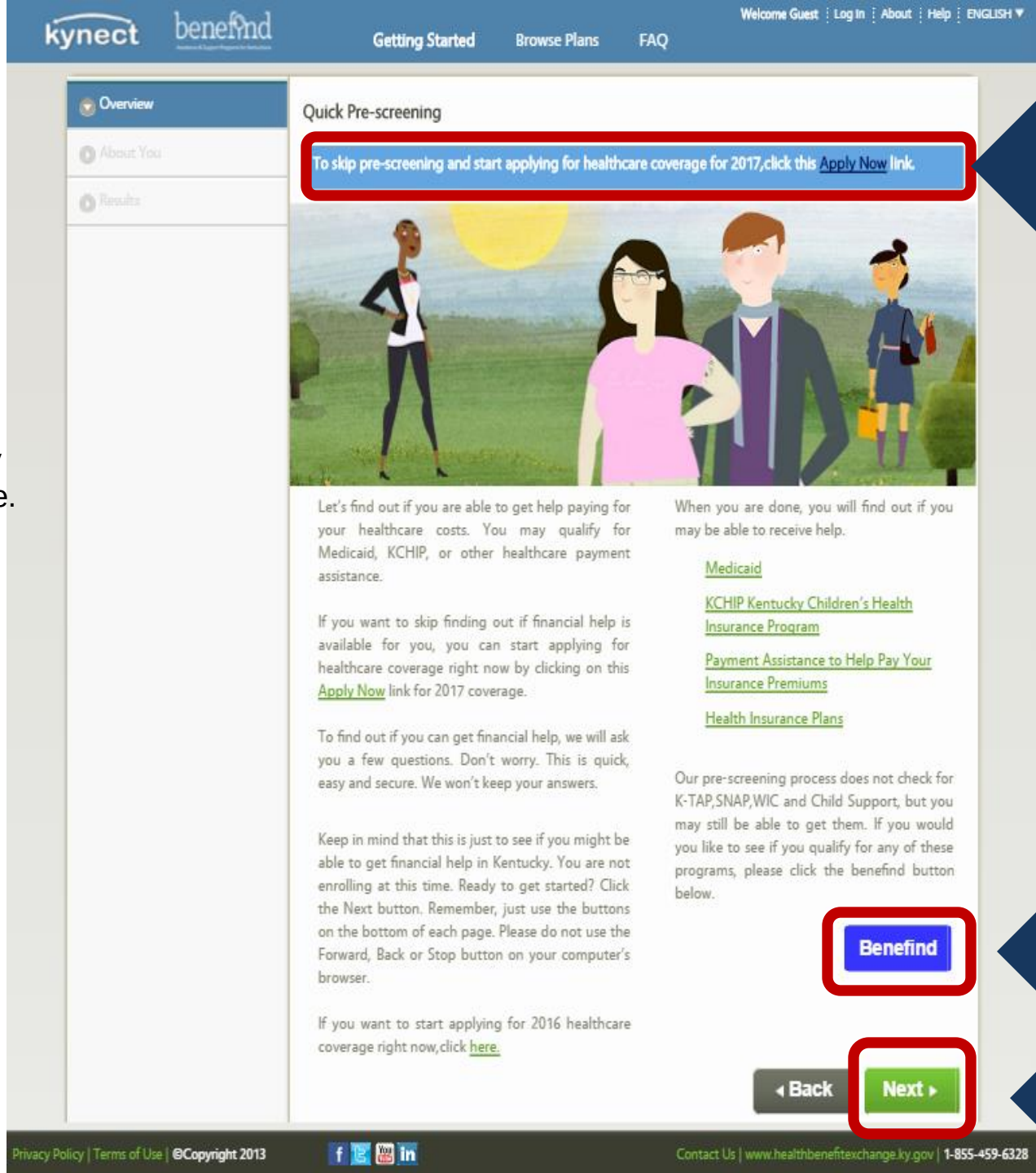
Are you a Small Business Employer or Employee?
Click here to get information about your 2016 and 2017 coverage.

When users click the 2017 button they will be taken to the pre-screening page.

Direct link to HealthCare.gov

Direct link to benefind

Click Next to continue pre-screening



Find help in your county

benefind.ky.gov

benefind.ky.gov

- benefind is Kentucky's portal to apply for assistance and support programs.
- Medicaid/KCHIP eligible individuals.
- For individuals close to both Medicaid and QHP eligibility, enroll early in open enrollment on benefind.ky.gov to help avoid coverage gap.
- Expanded abilities for some contracted Application Assisters are planned and training will be provided.
- If someone applies through benefind but qualifies for a QHP, their application will transfer to FFM.

Welcome to benefind

benefind allows Kentucky's families to easily access public assistance benefits and information 24/7 through an online application and account. The goal of Kentucky's public assistance programs is to build strong families and obtain services such as food, cash and medical assistance to become self-sufficient. You can use benefind from any computer that has internet access.

Assistance Programs

- Supplemental Nutrition Assistance Program (SNAP) - helps individuals and families stretch their food budget and buy healthy foods.
- Kentucky Transitional Assistance Program (KTAP) - provides cash assistance to families with children to help pay for basic needs such as rent, utilities, and other household expenses.
- Medicaid - offers assistance to help cover costs for needed medical care including preventive health care.

How can benefind help me?

Through benefind, individuals and families can:

- Prescreen to determine if you and your family may be eligible for benefits;
- Start an application for benefits;
- Access and review basic information about your benefits;
- Report changes to your benefit case;
- Submit requested verification documents; and
- View all electronic notices and correspondence related to your case.

Check for Eligibility **Let's Get Started**

When you submit your application or report a change, the information will be sent to the Department for Community Based Services (DCBS) for processing. An interview may be needed to obtain any other information needed to determine your eligibility.

Please Note: You may want to allow two weeks before calling to check on the status of your application.

If you do not want to utilize benefind, you may also make an application or report a change by:

Contact the DCBS Family Support Call Center at 1-855-306-8959
Mail or fax a hardcopy application to
DCBS Family Support
P.O. Box 2104
Frankfort KY 40602
Fax Number: 502-573-2007

Click here if you would like to get help from people in Kentucky trained to help you enroll.

HealthCare.gov

HealthCare.gov

- All QHP applications will need to be entered and submitted through HealthCare.gov. **No previous year information will transfer to HealthCare.gov.**

- If an individual applies on HealthCare.gov but potentially qualifies for Medicaid, their application information will transfer to benefind. DCBS will need further information and interview to complete enrollment.

https://www.healthcare.gov/

HealthCare.gov | Individuals & Families | Small Businesses | Log in | Español

Get Coverage | Change or Update Your Plan | Get Answers | Search | SEARCH

Need health insurance? See if you qualify

You can enroll in or change plans if you have certain life changes, or qualify for Medicaid or CHIP

SEE IF I CAN ENROLL

SEE IF I CAN CHANGE

Want a quick overview first?

NEED TO SUBMIT DOCUMENTS TO VERIFY INFORMATION?

SEE HOW TO VERIFY

FIND YOUR 1095-A

SEE HOW

GET 2015 EXEMPTIONS

FIND EXEMPTIONS

INCOME/LIFE CHANGE?

UPDATE NOW

CONTACT US

GO

Facilitating an Enrollment

YOU DO NOT NEED TO GO TO EACH WEBSITE

kynect.ky.gov

- Prescreening, finding local assister, 2016 information, portal to other sites

benefind.ky.gov

- Medicaid eligible individuals
- Expanded abilities for some kynector (Application Assister) agencies are being considered. Training will be provided by DCBS.
- kynect dashboard still available for benefind clients.

HealthCare.gov

- All QHP applications will need to be entered and submitted through healthcare.gov. No previous year information will transfer to healthcare.gov.
- If an individual applies on healthcare.gov but potentially qualifies for Medicaid, their application information will transfer to benefind.

Facilitating an Enrollment

Special Circumstances may require you to go to both HealthCare.gov and benefind.ky.gov

For mixed eligibility households (example: parent QHP and children KCHIP):

Currently our best recommendation is to enroll the parents as early in open enrollment as possible on HealthCare.gov. The kids stay on benefind until their recertification date.

For individuals with new enrollments on the cusp of QHP eligibility:

Enroll these consumers as early as possible (early November) at HealthCare.gov. If they are potentially eligible for Medicaid, the FFM will transfer their file to the state for Medicaid assessment.

Facilitating an Enrollment

Enrollment Steps

There will be no passive QHP enrollments for plan year 2017 or transfer of client information to Federal database.

KHBE will share best steps to follow for different types of clients.

Application on HealthCare.gov is very similar to the application questions you are already using.

There is a screen in the HealthCare.gov application to enter your name and ID number when assisting a client but this is not the same as being associated with a case in kynect.

Break

Training and Resources

2017 FFM Registration for Agents

Annual FFM Registration Requirements

Complete registration on the CMS Enterprise Portal at https://portal.cms.gov

Agents and brokers who have previously participated in the FFMs already have a CMS Enterprise Portal account and must use their existing credentials to log in to the portal to access the MLMS.

To continue participation in the SHOP Marketplace each year, must also complete an MLMS profile and execute the **SHOP** Marketplace Agreement, and are strongly encouraged to complete the associated training and exams.

Agents and brokers who participated in the FFMs for the Individual Marketplace for plan year 2016 are eligible to take a streamlined **Refresher Training** either through the MLMS or a CMS-approved vendor regardless of how they completed the plan year 2016 training.

For plan year 2017, agents and brokers can complete the CMS-developed training on the MLMS or through a **CMS-approved vendor**. Agents and brokers will access both the CMS-developed training and CMS-approved vendor training via the CMS Enterprise Portal at https://portal.cms.gov.

Training

State Requirements

Agent Training

- Complete FFM Training
- Send Certificate of Completion to KHBE.kynect@ky.gov

- *If Agents are interested in working with mixed eligibility households to the extent of also completing Medicaid applications on benefind, they must complete the benefind training in addition to the above requirements*

Training for Agents

Agents must be certified by KHBE and FFM

There are two separate certifications:

1. **FFM: CMS Enterprise Portal (Available now)**

2. **Medicaid/KCHIP: benefind training provided by DCBS (availability to be determined)**

If you want to assist clients with Medicaid or KCHIP (for example; a mixed household) you will need the additional benefind training. benefind training is NOT required for Agents to be certified by KHBE

Agents FFM Training

Seven Steps to FFM Training

1. Create a Centers for Medicare & Medicaid Services (CMS) Enterprise Portal account
2. Request the FFM Agent/Broker role on the CMS Enterprise Portal
3. Conduct identity proofing on the CMS Enterprise Portal
4. Complete the required training curricula and exams on the Marketplace Learning Management System (MLMS) or through a CMS-approved vendor
5. Complete profile information on the MLMS, which is available via the CMS Enterprise Portal
6. Execute the General Agreement and the Individual Marketplace Privacy and Security Agreement on the MLMS
7. Confirm completion of all required steps on the Agent Broker Registration Status page on the CMS Enterprise Portal

GET IMPORTANT NEWS & UPDATES

Sign up for email and text updates to get deadline reminders and other important information.

SIGN UP

PRIVACY POLICY

HEALTHCARE.GOV BLOG

June 23
Having a baby? You may be able to get or change health insurance outside Open Enrollment

June 09
Attention: Report household and income changes to the Marketplace

SEE MORE

RESOURCES

- About the Affordable Care Act
- Regulatory and Policy Information
- For Navigators, Assisters & Partners
- For Agents & Brokers
- For the Media
- For Researchers
- For States
- Information in other languages

CONNECT WITH US

- Questions? Call 1-800-318-2596
- Find Local Help
- Visit the HealthCare.gov blog

SITEMAP | GLOSSARY | CONTACT US | ARCHIVE

NONDISCRIMINATION / ACCESSIBILITY | PRIVACY POLICY | PRIVACY SETTINGS | LINKING POLICY | USING THIS SITE | PLAIN WRITING

A federal government website managed by the U.S. Centers for Medicare & Medicaid Services.
7500 Security Boulevard, Baltimore, MD 21244

Back to top

KHBE
Kentucky Health Benefit Exchange

kynectors as Application Assisters

CCIIO

Programs and Initiatives

- Consumer Support and Information
- Health Insurance Market Reforms

The Center for Consumer Information & Insurance Oversight

Resources for Agents and Brokers in the Health Insurance Marketplaces

Contents

- Plan Year 2017 Agent and Broker Registration and Training is Now Live – Check out the Kick-off Message from Kevin Counihan!
- Registration for the Federally-facilitated Individual Marketplace and the Small Business Health Options Program (SHOP) Marketplace
- Web-broker Program for FFM Agents and Brokers
- Web-broker List
- Eligibility Application and Enrollment
- SHOP Marketplace-specific Resources

PLAN YEAR 2017 REGISTRATION AND TRAINING IS NOW LIVE – Check out the Kick-off Message from Kevin Counihan!

CMS is excited to announce FFM Agent and Broker Registration for the plan year 2017 is now live! Click here to learn more about the important role agents and brokers play in assisting consumers in the FFMs and highlights on plan year 2017 registration and training from Kevin Counihan, CMS' Chief Executive Officer of the Marketplace and Director of CCIIO.

Registration for the Federally-facilitated Individual Marketplace (FFM) and the Small Business Health Options Program (SHOP) Marketplace

Plan year 2017 FFM agent and broker registration and training is now available on the CMS Enterprise Portal at https://portal.cms.gov. Training is offered by CMS on the Marketplace Learning Management System (MLMS) as well as through the CMS-approved vendors listed here.

- **Annual FFM Registration Requirements**

  All agents and brokers participating in the FFM must complete registration on the CMS Enterprise Portal at https://portal.cms.gov (i.e., create an FFM user account, select the agent/broker role, and complete identity proofing) if they have not done so previously.

Assisters FFM Training

Seven Steps to FFM Training

1. Create a log in to the CMS portal at https://portal.cms.gov/.
2. Prepare your system
3. Obtain an Enterprise Portal ID
4. Login to CMS Portal
5. Access MLMS and Enroll in Curriculum
6. Complete appropriate training
7. Print certificate

Training

All Navigators will be assigned IDs by CMS

For CACs, CMS assigns ID's to the CAC organization (parent organization), but not to the individual entities/individuals under that CAC organization.

CCIIO will provide guidelines to the CAC organization for how to assign ID's to the individual entities/individuals under the organization.

Once the guidelines are available, CCIIO will share with KY for KY to either assign IDs and/or advise CAC organizations on how to assign IDs to themselves

KY assisters/CACs who are HRSA-certified FQHCs should select and identify themselves as "CAC" in the FFM training module.

CCIIO is working on sharing the listing of assisters that have taken the FFM assister training with KY, so that KY can match against their list of certified assisters.

Training

State Requirements for Assisters

- Complete FFM Training for your role
- Complete benefind Training
- Send Certificate of Completion to KHBE.kynect@ky.gov

GET IMPORTANT NEWS & UPDATES

Sign up for email and text updates to get deadline reminders and other important information.

SIGN UP

PRIVACY POLICY

HEALTHCARE.GOV BLOG

June 23
Having a baby? You may be able to get or change health insurance outside Open Enrollment

June 09
Attention: Report household and income changes to the Marketplace

SEE MORE

RESOURCES

- About the Affordable Care Act
- Regulatory and Policy Information
- For Navigators, Assisters & Partners
- For Agents & Brokers
- For the Media
- For Researchers
- For States
- Information in other languages

CONNECT WITH US

- Questions? Call 1-800-318-2596
- Find Local Help
- Visit the HealthCare.gov blog

SITEMAP | GLOSSARY | CONTACT US | ARCHIVE

NONDISCRIMINATION / ACCESSIBILITY | PRIVACY POLICY | PRIVACY SETTINGS | LINKING POLICY | USING THIS SITE | PLAIN WRITING

A federal government website managed by the U.S. Centers for Medicare & Medicaid Services.
7500 Security Boulevard, Baltimore, MD 21244

Back to top

KHBE
Kentucky Health Benefit Exchange

CMS.gov | Health Insurance Marketplace
Centers for Medicare & Medicaid Services

Type search term here Search

Get email updates

Health Insurance Marketplace

Welcome to the official Marketplace information source for assisters and outreach partners.

On this site, you'll find information about assister programs and tools to help existing and new Health Insurance Marketplace consumers.

Applications, Forms, & Notices

Technical Assistance Resources

Outreach & Education

Spotlight

Get updates and tips from assister webinars

About Assister Programs

Get the latest guidance on Assister and Champions Programs, and apply

Training

Get training for navigators, agents, brokers and other assisters

Training

benefind Training

Certificate of Completion

Webinars by KOHBIE and FFM

Assisters forum live stream September 26th 9:30-4pm

Training

Resources

Assisters

marketplace.cms.gov

Agents and Brokers

https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html

CMS News

https://www.cms.gov/Newsroom/Newsroom-Center.html

FFM and HealthCare.gov Processes

HealthCare.gov

Consent

Assisters must receive a consumer's consent before accessing his or her PII, and must inform consumers of the functions and responsibilities of their assister type (Navigator, non-Navigator assistance personnel, or CAC).

This is ensures consumers are making an informed decision to share their PII with assisters.

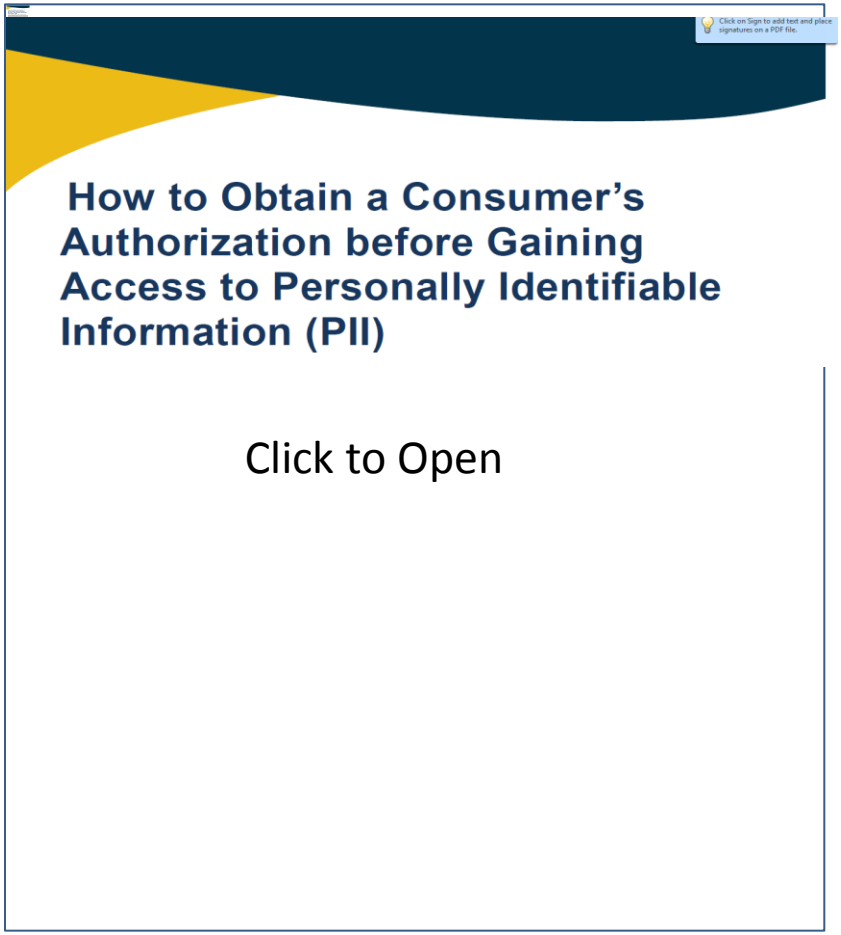
Ask consumers to provide consent by completing a consumer consent form (available at Marketplace.CMS.gov)

Your organization might have a consumer consent form that you can use each time you assist a consumer.

If you obtain consent verbally, you should keep a written record of the consent.

Retain record for 6 years

https://marketplace.cms.gov/technical-assistance-resources/obtain-consumer-authorization.pdf



CMS.gov | Health Insurance Marketplace
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CMS.gov | Health Insurance Marketplace
Centers for Medicare & Medicaid Services

Type search term here | Search

Get email updates

Applications, Forms, & Notices | Technical Assistance Resources | Outreach & Education

Health Insurance Marketplace home > Technical Assistance Resources

About assister programs

- Guidance & regulations on assister programs — More
- Training for navigators, agents, brokers, and other assisters — More
- General information about assister programs — More
- Become a Certified Application Counselor organization — More
- Certified Application Counselor welcome packet — More
- Become a Champion for Coverage — More

https://marketplace.cms.gov/technical-assistance-resources/assister-programs/guidance-regulations-on-assister-programs.html

Guidance & regulations on assister programs

- Guidance on Certified Application Counselor Program for the Federally Facilitated Marketplace including State Partnership Marketplaces
- CMS-9955-F: Patient Protection and Affordable Care Act; Exchange Functions: Standards for Navigators and Non-Navigator Assistance Personnel; Consumer Assistance Tools and Programs of an Exchange and Certified Application Counselors
- Model Certified Application Counselor (CAC) Recertification Request Form for Federally-facilitated and State Partnership Marketplaces
- How to Obtain a Consumer's Authorization before Gaining Access to Personally Identifiable Information (PII) – posted November 13, 2014
- Model Authorization Form for Certified Application Counselors (CACs) in a Federally Facilitated Marketplace or State Partnership Marketplace – posted September 2, 2015
- Modelo del Formulario de Autorización para los Consejeros Certificados para Solicitudes (CAC) en un Mercado Facilitado por el Gobierno Federal o una Alianza Estatal del Mercado – posted September 2, 2015
- Model Authorization Form for Navigators in a Federally Facilitated Marketplace or State Partnership Marketplace – posted October 29, 2015
- Modelo de Formulario de Autorización para Navegadores en un Mercado Facilitado por el Gobierno Federal o una Alianza Estatal del Mercado – posted October 29, 2015

HealthCare.gov

Authorized Rep

Can act on behalf of consumer online, by phone and all modes and forms of activity.

Authorized Rep can be appointed during application

Authorized Representatives can be removed anytime but do not expire

Allows Authorized person to act on behalf of consumer

VS

Verbal Authorization

Call center purposes only

Must call with the consumer

Lasts up to one Year

Allows Assisters to facilitate *communication* not act

HealthCare.gov

Language Line

Getting Help in a Language Other than English

- Interpreter services in more than 240 languages are available at no cost at 1-800-318-2596
  - CMS Product No. 11658 translates the message above in
    - Albanian, Amharic, Arabic, Bengali, Cantonese, Chinese, French, French Creole, German, Gujarati, Hindi, Korean, Mandarin, Punjabi, Pennsylvania Dutch, Persian, Polish, Portuguese, Romanian, Russian, Spanish, Tagalog, Thai, Urdu, and Vietnamese

https://marketplace.cms.gov/outreach-and-education/getting-help-in-a-language-other-than-english.pdf

HealthCare.gov Account Creation

Account Creation

Must create an account to:

- Access application online
- Select plan online
- Online enrollment
- Manage account

Email address

- Will need email address to create account.
- Have access to that email account
- Use same email used on application

Creating a HealthCare.gov Account

Create an account

If you already have an account, log in. If you're having trouble, don't create another account. Get help if you're having trouble logging into your account.

Do
mor
a

Select your state to get started.

Ohio

First name | Last name

Your email address will also be your username when you log in.

Email address

Use: 8-20 characters Upper & lowercase letters Number(s)

Password

Retype password

Pick 3 questions that only you will be able to answer. If you forget your password, we'll ask you these questions to verify your identity.

He
dov

Pick a question

Type an answer

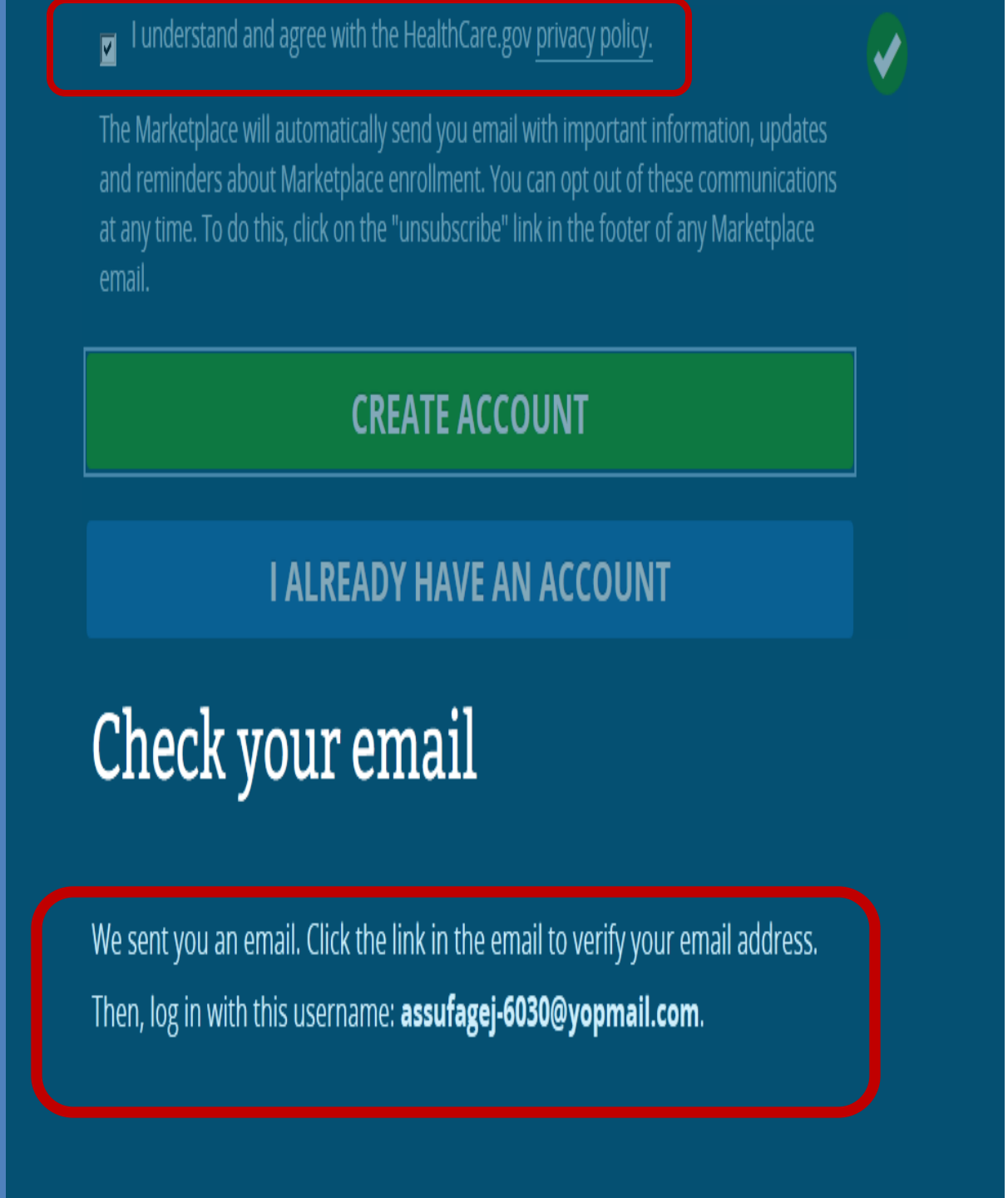
Pick a question

Type an answer

Pick a question

Type an answer

Creating a HealthCare.gov Account



ID Proofing

ID Proofing

Must prove identity when system doesn't recognize

Can resolve

through call with Experian

upload documents

mail documents

ID Proofing

Verify your identity & contact information

Tell us about yourself. Use your complete name as it appears on your legal documents (like your driver's license or Social Security card). Why do I need to verify my identity?

SUSAN | Middle | GRIFFITH | Suffix

Phone number: 333-333-3333 Home

Date of birth: 01/01/1982

123 Main St | Apt./Ste. #

Honolulu | Hawaii | 96813

Social Security Number (SSN)

XXX-XX-XXXX

CONTINUE

ID Proofing

Your identity wasn't verified.

You won't be able to submit your application for health coverage until your identity is verified.

Submit documents that prove your identity.

Once you upload your documents, they'll be reviewed. The results of your identity verification will be emailed to you at assufagej-6030@yopmail.com.

UPLOAD DOCUMENTS

If you aren't able to upload your documents now, **click here to return to My Profile.**

Application Process

Online

- Quick
- Dynamic application that gathers all necessary information
- Complete process at one time

- Must create an online account
- Must pass ID Proofing before moving forward

Paper

- **Can complete several in a single event**
- **Can send copies of ID information with application**

- **Delays**
- **Must wait for FFM to enter**
- **Questions may not be answered completely**
- **Will involve follow up**

Call Center

- Quick
- All info is entered
- Complete process at one time

- Cannot see the screen when they are reviewing available plans
- Wait times during OEP

Eligibility Results

Eligibility Results

At the end of the application, Eligibility results are generated immediately.

If paper application was submitted, a Notice of Eligibility will be mailed to consumer

Family member(s)	Results	Next steps
May Leon	• Eligible for a tax credit ($449.00 each month, which is $5,388.00 for the year, for your tax household), but we need more information from you. This calculation is based on the yearly household income of $30,135.00. This is the amount that you provided on your Marketplace application or the amount that came from the most recent income data sources available.	• Send the Marketplace more information
Jack Leon	• Can choose a health plan with lower copayments, coinsurance, and deductibles (06) • Eligible to purchase health coverage through the Marketplace • Eligible for a tax credit ($449.00 each month, which is $5,388.00 for the year, for your tax household), but we need more information from you. This calculation is based on the yearly household income of $30,135.00. This is the amount that you provided on your Marketplace application or the amount that came from the most recent income data sources available.	• Choose a health plan and make first month's payment • Send the Marketplace more information

Mixed Eligibility

Mixed Eligibility

Eligibility Notice will indicate what program each person on the application is qualified for and indicate any next steps

Jack Leon	• Can choose a health plan with lower copayments, coinsurance, and deductibles (06) • Eligible to purchase health coverage through the Marketplace • Eligible for a tax credit ($449.00 each month, which is $5,388.00 for the year, for your tax household), but we need more information from you. This calculation is based on the yearly household income of $30,135.00. This is the amount that you provided on your Marketplace application or the amount that came from the most recent income data sources available.	• Choose a health plan and make first month's payment • Send the Marketplace more information
Tommy Leon	• May be eligible for Medicaid. This calculation is based on the monthly household income of $2,511.25 that you provided on your Marketplace application.	• You will receive a final decision from the [Medicaid agency name]. If you qualify for Medicaid, you won't qualify for a tax credit and lower copayments, coinsurance, and deductibles for Health Insurance Marketplace coverage.

Data Matching Issues

Also called DMI or Inconsistency. Was called RFI in KY system

Raised income level threshold from 10% to 25% to alleviate inconsistencies for 2017

Can continue with enrollment

Resolve by uploading requested documents or mailing documents

Appeals

Appeals

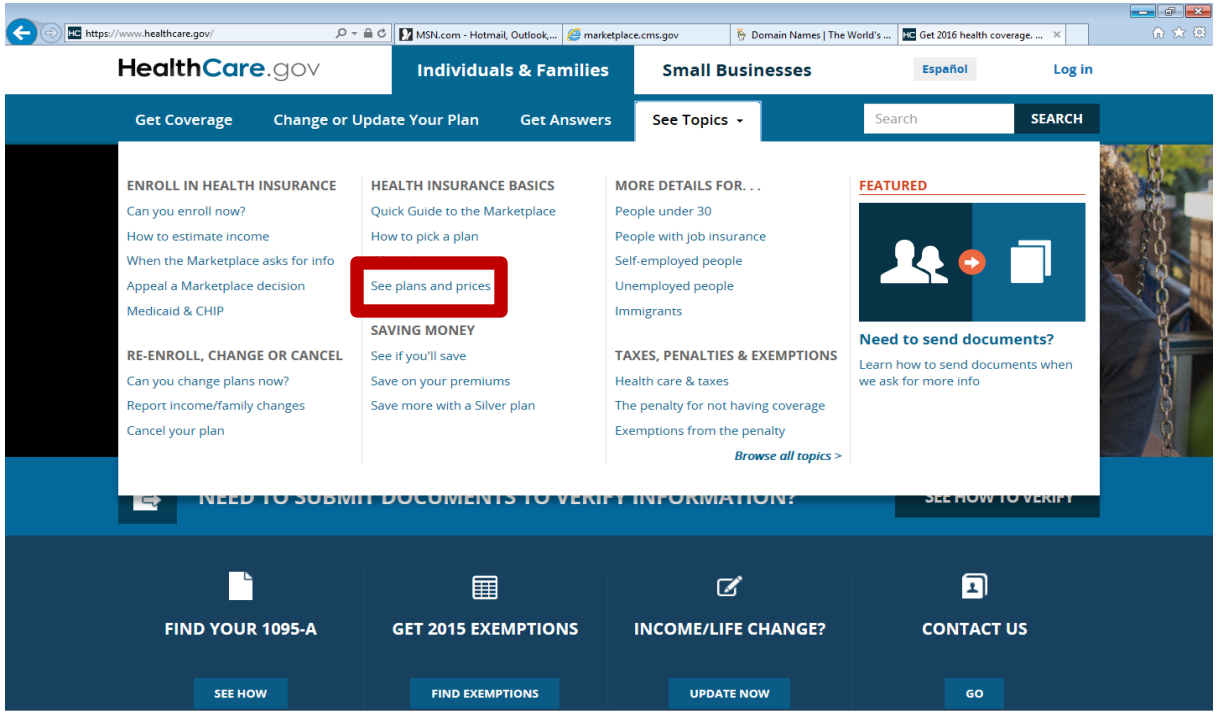
Assisters are not expected to help consumers file appeals

Assist consumers understand the process

Plan Selection

Plan Selection

https://www.healthcare.gov/see-plans/



HealthCare.gov

Assister Help Resource Center (AHRC)

The AHRC is a dedicated call center for assisters that provides timely information and solutions for resolving complex application and enrollment issues that assisters may encounter while helping consumers enroll in health insurance coverage through the Marketplaces. The AHRC is an additional source of **policy guidance** for assisters in states using the HealthCare.gov platform. The AHRC can provide guidance to assisters who are helping consumers with complex issues related to completing the Marketplace application, receiving eligibility determinations and redeterminations, enrollment, re-enrollment, and appeals policy.

The Marketplace Call Center will remain the central point of contact for applications and technical system issues.

HICS

Health Insurance Casework System

Escalation path for specific issues with cases.

Issues are sent to issuer or CMS for resolution

https://marketplace.cms.gov/technical-assistance-resources/ahrc-questions-and-answers.pdf

Q & A
Discussion