

MARKETPLACE ASSISTER TOOLKIT

Standard Operating Procedures Manual for Assisters in the Individual Federally-facilitated Marketplaces

SOP 2—ASSESS CONSUMERS’ KNOWLEDGE & NEEDS



Version 7.0 November 2020. This information is intended only for the use of entities and individuals certified to serve as Navigators or certified application counselors in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFMs where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.



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SOP 2—Assess Consumers' Knowledge & Needs

A. Introduction

Standard Operating Procedure (SOP) 2 will assist you in assessing consumers' knowledge and understanding the type of support consumers require so that you can assist them.

B. Procedures

1. Assess Consumers' Knowledge

As a best practice, have a conversation with consumers to gauge their knowledge of health coverage, the Patient Protection and Affordable Care Act (PPACA), and the Marketplace. The Knowledge Checks and Sample Questions listed in Exhibit 1 provide ideas to help you start a conversation to assess consumers' understanding.

Exhibit 1—Knowledge Assessment Guide

Knowledge Category	Knowledge Checks	Sample Questions
Health Coverage	<p>Determine whether consumers:</p> <ul style="list-style-type: none"> • Understand the basics of health coverage. • Know that with individual market health insurance coverage, both consumers and insurance companies pay for health care. • Understand key terms such as premiums, deductibles, coinsurance, and copayments. • Know that health insurance companies contract with different networks of doctors and that their health care providers may not be included in some insurance networks. 	<ul style="list-style-type: none"> • What questions do you have about health coverage? • How have you managed your health care costs in the past? • Do you understand how premiums, deductibles, coinsurance, and copayments function? • Do you have a doctor you visit regularly? Do you have prescriptions that you fill regularly? Do you know the difference between an in-network and out-of-network provider? • Do you understand the difference between the emergency department and primary care?



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Knowledge Category	Knowledge Checks	Sample Questions
<p>Patient Protection and Affordable Care Act (PPACA)</p>	<p>Determine whether consumers:</p> <ul style="list-style-type: none"> • Are aware of the preventive services available to them without cost sharing through a Marketplace plan (and other non-grandfathered health insurance plans and coverage). • Understand that there are limits on the amount they will pay in cost sharing for essential health benefits (EHB) each year under individual market health insurance coverage (excluding grandfathered coverage). However, be aware that consumers may be eligible for non-individual market coverage that is not required to cover EHB (e.g. Medicare, a large group employer plan, or short-term, limited-duration health insurance). • Are aware that they cannot be denied health insurance coverage or charged more in the individual market for having a pre-existing medical condition. • Understand that taxpayers must continue to report minimum essential coverage (MEC) or qualify for an exemption from the PPACA's individual shared responsibility requirement, and, for tax years prior to 2019, if they fail to do so, pay an individual shared responsibility payment. Starting with the 2019 tax year the individual shared responsibility payment was reduced to \$0. However, some consumer protections under federal law continue to depend on whether someone has MEC. For example, certain special enrollment periods (SEPs) to enroll in health insurance coverage in the individual market outside of the yearly open enrollment period are only available to individuals who had or lost MEC. MEC Depending on your SEP type, you may have 60 days before or 60 days following the event to enroll in a plan. Also, individuals age 30 or older who want to enroll in a Catastrophic plan must claim a hardship or affordability exemption to qualify. 	<ul style="list-style-type: none"> • What questions do you have about how the PPACA can lower the costs of your coverage? • What questions do you have about the requirement to maintain MEC or qualify for an exemption from the PPACA's individual shared responsibility requirement? • Are you aware that some consumers may be exempt from the requirement to maintain MEC?

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Knowledge Category	Knowledge Checks	Sample Questions
Marketplace	<p>Determine whether consumers:</p> <ul style="list-style-type: none"> • Understand the eligibility requirements for health coverage, premium tax credits (PTC), and cost-sharing reductions (CSRs) available through a Marketplace. • Are aware of the special protections available to members of the American Indian and Alaska Native communities. • Are aware of the key dates for the Marketplace annual Open Enrollment Period (OEP), during which eligible consumers can apply for health coverage. • Are aware of different health coverage options, like employer-sponsored coverage, Medicare, and Medicaid. • Are aware of the available programs to lower the costs of health coverage. • Understand the EHB covered by all qualified health plans (QHPs) offered through a Marketplace (as well as most individual and small group coverage outside the Marketplace). 	<ul style="list-style-type: none"> • What questions do you have about applying for and enrolling in health coverage through a Marketplace? • Are you aware of the start and end dates for the Marketplace annual Open Enrollment Period? • How can I help you apply for health coverage through a Marketplace? • What questions do you have about the health coverage available through a Marketplace? • What are your concerns about paying for coverage? Are you aware that in addition to your premium, you may also be paying out-of-pocket costs, such as a deductible, coinsurance, and copayments? • Are you aware of the types of services covered by health coverage available through a Marketplace?

2. Assess Consumers' Needs

As a best practice, have conversations with consumers to learn about their health coverage status, any questions they might have about the enrollment process, and problems they might have with completing their Marketplace applications. During this discussion, you should attempt to find out:

- Whether consumers have existing health coverage or an offer of coverage and, if so, whether that coverage continues to meet their needs (e.g., if it is ending, benefits are changing, costs are changing);
- Who is in need of health coverage (e.g., consumers and/or family members); and
- Whether consumers have started the Marketplace eligibility application process, and if they have, what stage in the application process they have reached (e.g., submitted the application, received an eligibility determination, ready to select a QHP).

C. Next Steps

1. If consumers require additional information about health coverage, the PPACA, or the Marketplace, a good place to start is to refer them to information available on HealthCare.gov and consumer-facing resources on Marketplace.cms.gov.

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2. If consumers are ready to begin eligibility and enrollment activities or have questions about the PPACA's individual shared responsibility requirement to maintain MEC or qualify for an exemption, proceed to the appropriate SOPs in this Manual.
3. For more help answering consumers' specific questions, refer to [Appendix A: Frequently Asked Questions \(FAQs\)](#).



Appendix A: Frequently Asked Questions (FAQs)

The FAQs below are designed to help assisters answer consumers' specific questions on how assisters assess consumers' knowledge of and needs within the Individual Marketplace.

- FAQ 1. Why do assisters ask questions to assess my knowledge and needs before helping me with eligibility and enrollment activities in the Individual Marketplace?
- Answer: For an assister to help you make the most informed choices about your health coverage, an assister needs to understand how much you know about health coverage, the PPACA, and the Marketplace. You might also have specific health needs that should be taken into consideration when you are comparing health coverage options. Therefore, assisters want to understand your needs to tailor their assistance to meet your unique circumstances.
- FAQ 2. How do assisters assess my knowledge and needs?
- Answer: Assistors will have an informal conversation with you and ask you a number of questions designed to evaluate your knowledge about and needs for health coverage. For example, an assister might ask if you have concerns about paying for coverage and whether you know that you may be eligible for help paying for coverage. They may also ask you whether you understand how premiums, deductibles, coinsurance, and copayments work.