



CMS Certified Application Counselor User Manual

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW. This information is for the use of organizations designated as certified application counselor organizations and individuals certified as certified application counselors in a Federally-facilitated Marketplace or State Partnership Marketplace.

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Introduction

This manual is intended to serve as a resource for organizations designated by the Federally-facilitated Marketplace (FFM) to serve as CAC organizations as well as for their staff and volunteers serving as CACs. The manual includes the following six major sections: (1) Preliminary Matters—What Happens Next?; (2) Being a Certified Application Counselor organization; (3) Being a Certified Application Counselor; (4) Other Resources and Referrals; and (5) Appendices. Some sections apply to organizations, some sections apply to individuals serving as CACs, and some sections apply to both. Updates to this manual will be made as needed.

Section 1: Preliminary Matters – What Happens Next?

Congratulations on your selection as a CAC! As a CAC designated organization or an individual serving as a CAC, you are a vital part of the Health Insurance Marketplace (Marketplace) (*note: the law and regulations use Exchange; we use the term Marketplace for providing consumer information*). Along with a number of other assistance personnel, you will help consumers find their way through the Marketplace and obtain health coverage. Now that you are certified, you probably have many questions regarding what your next steps should be.

Take particular note of the following to make sure you are ready to assist consumers:

If you are a CAC organization:

- ✓ Make sure that you have appropriately screened your staff and volunteers to ensure that their identity has been verified and they are trained to protect the privacy and security of any personally identifiable information that will be disclosed to them.
- ✓ Verify that all CAC staff and volunteers have completed the required CMS CAC Training and have passed each required examination.
- ✓ Check that you have received conflict of interest disclosures from all CAC staff and volunteers.
- ✓ Ensure that each CAC staff member or volunteer has signed their CAC agreement with you.
- ✓ Issue a certificate to each of your CAC staff or volunteers.

- ✓ Give each of your CAC staff and volunteers a copy of the Health Insurance Marketplace Certified Application Counselor Standard Operating Procedures Manual, which they will use when assisting consumers.
- ✓ Continue to monitor staff and volunteer compliance with requirements.

If you are a CAC staff member or volunteer:

- ✓ Access the CAC training hosted by the Medicare Learning Network (MLN), available at <http://Marketplace.MedicareLearningNetworkLMS.com>, to complete your required training and complete all exams to obtain certification.
 - CMS will verify the training has been successfully completed and will provide the final training certificate.
- ✓ When you have completed the training, remember to print your certificate of completion so that you can provide a copy to your organization.
- ✓ Submit your conflict of interest disclosure forms to your organization's CAC project lead.
- ✓ Make sure you have read carefully and signed your CAC agreement with your organization.
- ✓ After you have been certified by your organization, make sure that you prominently display your CAC certificate whenever you assist a consumer so that they know you are a certified application counselor.

Section 2: Being a Certified Application Counselor Organization

Under 45 CFR 155.225, certified application counselor organizations must:

- Enter into an agreement with the Exchange to comply with the standards and requirements of 45 CFR 155.225.

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- Maintain a registration process and method to track the performance of CACs.
- Ensure that CAC staff members and volunteers disclose to the organization, and to any potential applicants, all conflicts of interest of the individual CAC and the organization, including any relationships the CAC or sponsoring agency has with QHPs or insurance affordability programs, or other potential conflicts of interest.
- Establish procedures to withdraw certification from individual CACs when the organization finds noncompliance with the requirements of 45 CFR 155.225.
- Establish procedures to ensure that applicants are informed of the functions and responsibilities of CACs.
- Establish procedures to ensure that applicants (1) provide authorization prior to a CAC obtaining access to an applicant’s personally identifiable information (PII), and that the organization or CAC maintains a record of the authorization provided, and (2) may revoke at any time the authorization provided to the CAC.

These six duties are discussed below.

Enter into an agreement with the Marketplace to comply with the CAC program standards and requirements

As a CAC organization in a state with a Federally-facilitated Marketplace (FFM) (which we mean here to include a State Partnership Marketplace (SPM)), you have probably already entered into a written agreement with CMS, which operates the FFM. If you have not entered into an agreement with CMS, you have not completed the designation process, and your staff and volunteers cannot yet serve as CACs.

In accordance with federal regulations, the organization’s agreement with the Marketplace contains its assurances that the organization and all of the staff members and volunteers it certifies to be CACs will comply with the applicable requirements of §155.225, including the privacy and security standards established and implemented by the FFMs (including SPMs) under 45 CFR 155.260, disclosure of potential conflicts of interest, and successful training completion. The agreement also contains assurances that your organization will enter into agreements with each of the staff members and volunteers your organization certifies as CACs.

Privacy and Security Standards

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To ensure that your CAC staff and volunteers are in compliance with 45 CFR § 155.260, at a minimum, you will need to ensure that all CAC staff and volunteers are educated regarding CMS expectations and requirements related to protecting personally identifiable information (PII) and related information security practices. CMS documents that include requirements regarding protecting PII include, but are not limited to, the following:

- Agreements between the CAC organization and CMS, and the CAC organization and its staff and volunteers
- Privacy and Security Standards and Implementation Specifications for Non-Exchange Entities, attached as Appendix A of the Agreement Between the Centers for Medicare & Medicaid Services and Certified Application Counselor Designated Organization in a State in which a Federally-facilitated Exchange Is Operating
- Minimum Acceptable Risk Standards for Exchanges (commonly referred to as MARS-E) – These standards are available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Minimum-Acceptable-Risk-Standards-for-Exchanges-ERA-Supp-v-1-0-08012012-a.pdf>.

It is your responsibility to ensure that all CAC staff and volunteers are aware of these documents and their contents and that you have written organizational policies and protocols to ensure that you, and all your staff and volunteers, are compliant with these policies. You should consult these policies regularly, but all are designed to protect consumers by helping to ensure the following:

1. Consumers are aware if any PII is to be used by anyone in your organization
2. Staff and volunteers take appropriate steps to safeguard any PII
3. Consumers are notified of the safeguards taken, and
4. Staff and volunteers take immediate corrective action if there appears to be a breach in security or any PII is compromised. More details regarding safeguards are included in the above-mentioned documents.

Once the designation process is complete, your organization will be listed on HealthCare.gov after October 1 as having CACs available to help consumers applying for and enrolling in coverage through the FFM or SPM, as applicable.

Maintain a registration process and method to track the performance of certified application counselors

One of your key responsibilities as a CAC organization is to oversee the staff and volunteers you certify as CACs. You must maintain a registration process that includes keeping an up-to-date list of your staff and volunteers who are certified as CACs, which you may be asked to provide to CMS upon request. The registration process also includes conducting screening of these individuals before you

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certify them; this screening could involve background checks, calling past employers for references, checking government-issued identification, or other tools that you develop or that your organization already uses. Your goals in conducting this screening are to ensure that your CACs will handle any private consumer information responsibly and securely, that they will adhere to all CAC program requirements and standards, and that they will act in the best interest of the consumers they assist.

It is also your responsibility as a CAC organization to maintain a way of tracking the performance of your staff and volunteers who serve as CACs. This process must include using the unique identification number that you received from CMS in your welcome packet as the first part of the number you assign to the individuals that you certify as CACs. You will need to add five digits to the end of your unique identification number to serve as the individual's own unique CAC identification number. Each time your CAC staff and volunteers provide assistance to consumers, you must ensure that they enter, or ask the consumer to enter, their unique CAC identification number into the appropriate place on the application. You will also have to give each CAC a certificate identifying them as a certified application counselor, with their name and unique CAC identification number included. A sample certificate is included in Appendix J. The organization should ensure that each of its staff and volunteers who serve as CACs display this certificate whenever they are assisting a consumer.

Ensure that your staff members and volunteers inform the organization, and any consumers of any relationships the individual certified application counselor or the organization have with QHPs, public programs, premium assistance, and out-of-pocket cost savings, or other potential conflicts of interest.

The regulations require each individual staff or volunteer seeking certification to agree to disclose to the organization, and to any potential applicants, all conflicts of interest of the individual certified application counselor and the organization, including any relationships the certified application counselor or sponsoring agency has with qualified health plans (QHPs) or insurance affordability programs, or other potential conflicts of interest. By "insurance affordability program" we mean public programs like Medicaid and CHIP, premium assistance through the advance payments of the premium tax credits, and out-of-pocket cost-sharing savings through cost-sharing reductions. Although no conflicts of interest will prevent an individual from serving as a CAC, CAC staff members and volunteers must disclose their conflicts of interest to you, as the CAC organization, and to each consumer they assist. This requirement helps protect consumers' best interests by making sure they have sufficient information about the assistance they receive to make their own educated coverage decisions, without compromising the skilled application and enrollment assistance we expect from a broad range of people serving as CACs.

Your role as a CAC organization is to maintain a process for your CAC staff and volunteers to disclose to you any relationships they have with QHPs or insurance affordability programs or other conflicts of interest, and for you to keep track of them. Because CACs must also tell consumers about the CAC organization's conflicts of interest, you must also maintain a process to keep your CAC staff informed about any relationships they and you have with QHPs or insurance affordability programs or other conflicts of interest.

Examples of relationships your organization and CAC staff and volunteers may have that must be disclosed:

- ✓ If the CAC or CAC organization is a health insurance issuer or issuer of stop loss insurance
- ✓ If the CAC or CAC organization is a subsidiary of a health insurance issuer or issuer of stop loss insurance
- ✓ If the CAC or CAC organization is an association that includes members of, or lobbies on behalf of, the insurance industry
- ✓ If the CAC or CAC organization receives any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP, non-QHP, or insurance affordability program such as Medicaid plans or Medicaid managed care organizations

In order for the conflict of interest disclosure to be meaningful to the consumer, it must be provided before you assist them, not after.

Establish procedures for withdrawal in the event of noncompliance with the CAC program requirements

The regulations require designated organizations to establish procedures to withdraw certification from individual CACs when it finds noncompliance with the requirements of 45 CFR 155.225. As the organization responsible for certifying your staff and volunteers as CACs, you are also responsible for withdrawing certification from any CAC who does not comply with the CAC program requirements and standards.

You should begin developing the procedures you will use to withdraw certification in the event that you find noncompliance. For example, decide whether you will withdraw a CAC's certification based on a single instance of noncompliance or whether only a pattern of noncompliance will trigger withdrawal, and tell your CACs what the standard will be. As a best practice, you should apply a stricter standard to violations of privacy and security requirements. You should also consider the number and severity of the violations, and any corrective action taken by the CAC. Encourage your staff and volunteers to report any noncompliance by CACs that they observe, both to you and to CMS and explain what procedures they should follow when they do. You should also consider whether you

will take any further corrective action when you withdraw a CACs certification, such as terminating that staff member or volunteer's relationship with your organization.

Withdrawal of a CAC's certification will result in the loss of the ability of the staff member or volunteer to be identified as a CAC, to hold themselves out to the public as a CAC, and provide CAC services for the organization. Withdrawal of certification does not relieve an individual CAC of his or her obligations, consistent with 45 CFR 155.225 and their CAC agreement, to protect the privacy and security of any consumer information that has been disclosed to them while providing the services of a CAC. You must maintain a list of individuals whose certification you have withdrawn, and provide this list to CMS, upon request.

In the event that CMS finds noncompliance by your organization and withdraws your organization's designation, you must immediately withdraw certification from all of the staff and volunteers you have certified as CACs, and notify them that they must immediately refrain from holding themselves out as CACs to any consumer or providing CAC services..

Establish procedures to inform consumers about CACs and to obtain authorization

Each time a CAC staff member or volunteer assists a consumer, you should ensure that they:

- ✓ Explain what their functions and responsibilities are as a CAC
- ✓ Have the consumer's consent to provide assistance according to your organization's procedures (for example, in writing with the consumer's signature) before the CAC obtains any access to the consumer's PII
- ✓ Keep a record of the consumer's consent
- ✓ Allow the consumer to revoke consent at any time

You should begin developing a process for your CACs to explain to consumers what their functions and responsibilities are as a CAC. You may choose to have your CACs provide this information orally or with a pre-written form.

You must also have a process in place for each consumer to consent to the CACs obtaining access to the consumer's PII. This consent must be given before the CAC has any access to the consumer's PII. We encourage you to use the sample consent form we have included in Appendix J. The consumer must be able to revoke this consent at any time. If the consumer revokes their consent, the CAC must stop assisting them in any way that may give the CAC access to the consumer's information, such as helping them with their application or enrollment.

You must also develop a process through which either your organization or your individual CACs maintain records of consumer authorization of consent. You may maintain this record electronically or on paper, but the method you use must comply with any privacy and security standards

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established under 45 CFR 155.260, and set forth in the organization's agreement with the Exchange, and your agreement with CMS.

Section 3: Being a Certified Application Counselor

As federal regulations at [45 CFR § 155.225](#) provide, the duties and requirements of individuals who serve as CACs are to:

- Provide information to individuals and employees about the full range of QHP options and insurance affordability programs for which they are eligible.
- Assist individuals and employees to apply for coverage in a QHP through the Marketplace and for insurance affordability programs.
- Help to facilitate enrollment of eligible individuals in QHPs and insurance affordability programs.
- Complete Marketplace approved training regarding QHP options, insurance affordability programs, eligibility, and benefits rules and regulations governing all insurance affordability programs operated in the state, as implemented in the state, and complete and achieve a passing score on all Marketplace approved certification examinations, prior to functioning as a certified application counselor.
- Disclose to the organization, or to the Marketplace if directly certified by a Marketplace, and potential applicants any relationships the certified application counselor or sponsoring agency has with QHPs or insurance affordability programs, or other potential conflicts of interest.
- Comply with the Marketplace's privacy and security standards adopted consistent with § 155.260, and applicable authentication and data security standards.
- Agree to act in the best interest of the applicants assisted.
- Either directly or through an appropriate referral to a Navigator or non-Navigator assistance personnel authorized under §§ 155.205(d) and (e) or 155.210, or to the Marketplace call center authorized under § 155.205(a), provides information in a manner that is accessible to individuals with disabilities, as defined by the Americans with Disabilities Act, as amended, 42 U.S.C. 12101 et seq. and section 504 of the Rehabilitation Act, as amended, 29 U.S.C. 79.
- Enters into an agreement with the organization regarding compliance with 155.225(d), (f), and (g).

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Each of these nine duties is discussed below.

Inform consumers about their health coverage options available through the Marketplace, including information about public programs, premium assistance and out-of-pocket cost savings

Federal regulations require you to inform consumers about the full range of their health coverage options available through the Marketplace and insurance affordability program options. By “insurance affordability programs,” we mean public programs like Medicaid and CHIP, as well as premium assistance through advance payments of the premium tax credit (APTC) and out-of-pocket cost savings through cost-sharing reductions (CSR). To be sure that you are providing this information in the best interests of each consumer, you must inform them about the full range of qualified health plan (QHP) options and insurance affordability programs for which they are eligible.

You are also encouraged to provide information and assistance with exemptions and with other health coverage programs, such as drug assistance programs and programs funded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, but these are not required duties.

Consumer authorization: Whenever you provide one-on-one assistance to individuals, be sure you:

- ✓ Explain what your role and responsibilities are as a CAC
- ✓ Have their consent to assist them and that this consent is confirmed (for example, in writing with their signature, according to your organization’s procedures) before you obtain any access to their personally identifiable information
- ✓ Keep a record of their consent and allow them to revoke consent at any time

Assist individuals and employees with applying for coverage through the Marketplace public programs, premium assistance, and out-of-pocket cost savings

The regulations also require you to assist individuals and employers to apply for coverage in a QHP through the Marketplace and for insurance affordability programs. This process may involve helping the consumer create and maintain a My Account and complete and submit an application.

Remember that you will be assisting consumers with their applications, not submitting applications on their behalf. Consumers who choose to use paper applications (and use of paper applications should be discouraged) should mail the application themselves. CACs are unable to retain personally

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identifiable information aside from consumer authorization forms. If you keep and mail a paper application, then you will have personally identifiable information in your possession.

Each time you provide assistance to consumers, whether they complete an electronic or paper application, you must enter, or ask the consumer to enter, your unique identification number into the appropriate place on every application you help with. This number will be assigned to you by your CAC organization.

Help to facilitate enrollment of consumers in Marketplace coverage, public programs, premium assistance, and out-of-pocket cost savings

Another CAC requirement is to help to facilitate enrollment of eligible individuals in QHPs and insurance affordability programs. This duty involves assisting the consumer with submitting the eligibility application, helping clarify distinctions among QHPs, and helping a qualified individual make an informed decision during the plan selection process.

What facilitating enrollment does not mean: You should remember that your role is one of a facilitator and not an enroller. You will not be making eligibility determinations, and will not be enrolling applicants into QHPs. You will also not be selecting QHPs for applicants. A key aspect of this CAC duty is not to cross the line between facilitating enrollment and giving actual advice on what a consumer should do or which plan the consumer should choose. Your goal is to help individuals make the most informed choice for themselves. Doing this will mean helping individuals with questions they do not understand on their eligibility application, explaining the questions to them, but not completing the application or enrollment without their assistance.

What facilitating enrollment means: Facilitating enrollment means that you will help individuals locate or do searches on the Plan Compare web site, helping them to understand their search results, but not limiting their options for them until they instruct you to do so. You want to be as helpful and responsive as possible in showing individuals all the tools and options available to them and explaining anything they do not understand, but you should not make their choices for them, even if they seem to want or ask you to do so. If an individual makes this request of you, explain to them that your priorities in selecting a health plan might not be their priorities. Help them identify which plan features (e.g. low deductible, low co-pays, coverage of certain kinds of care or certain medicines) are the most important to them, and help them identify a plan that best captures those features.

Consumers who want instruction on which plan to pick may contact agents or brokers who are licensed to sell health insurance. Consumers who want other information, such as assistance with

determining treatment options for a particular condition or disease, may be referred to organizations that focus on that condition or disease. You should not, however, endorse any particular agent, broker, or organization when you make referrals.

Take and pass training

Federal regulations also require individual who serve as CACs to complete Marketplace approved training regarding QHP options, insurance affordability programs, eligibility, and benefits rules and regulations governing all insurance affordability programs operated in the state, as implemented in the state; and complete and achieve a passing score on all Marketplace-approved certification examinations, prior to functioning as a certified application counselor.

Your organization has already demonstrated that it is in a position to help consumers with health coverage issues. To ensure your success in this and other areas, CMS requires that you also successfully complete the CMS-sponsored training for your CAC certification. You must complete this training before assisting consumers with eligibility and enrollment in the Marketplace.

To access the CAC training, hosted by the Medicare Learning Network (MLN), and complete the required training and exams, each CAC staff and volunteer must register on the (MLN) site, <http://Marketplace.MedicareLearningNetworkLMS.com>. After you successfully complete all required training courses and pass all required exams, your organization will verify that the training has been successfully completed and will provide the final certification. You must successfully complete this CMS-developed training and receive your certification before assisting any consumers with eligibility and enrollment in the Marketplace.

In order to help you stay as current as possible on eligibility, enrollment, and other assistance issues, CMS may offer additional trainings as needed on a periodic basis.

It is up to your organization to determine if there are any additional state training or other requirements that apply to you. Section 1321(d) of the Affordable Care Act specifies that state law that does not prevent the application of the provisions of title I of the Affordable Care Act will not be preempted.

Inform the organization and consumers of any relationships you or your sponsoring agency has with QHPs, public programs, premium assistance, and out of pocket cost savings, or other potential conflicts of interest.

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As a CAC staff member or volunteer, you must disclose certain relationships to your organization and to any consumers you assist. As described in 45 CFR 155.225(d)(2), these relationships include, but are not limited to, any relationships that you or your organization have with QHPs or insurance affordability programs.

For example, you should disclose to your organization and to each consumer you assist:

- ✓ If you or your organization is a health insurance issuer or issuer of stop loss insurance
- ✓ If you or your organization is a subsidiary of a health insurance issuer or issuer of stop loss insurance
- ✓ If you or your organization is an association that includes members of, or lobbies on behalf of, the insurance industry
- ✓ If you or your organization receives any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with the enrollment of any individuals or employees in a QHP, non-QHP, or insurance affordability program such as Medicaid plans or Medicaid managed care organizations

Remember that you are only responsible for disclosing your own relationships and those of your organization. You are not responsible for disclosing the relationships of other staff members or volunteers who may work at your organization. Remember that in order for the conflict of interest disclosure to be meaningful to the consumer, it must be provided before you assist them, not after.

If you have not done so already, you and staff working with you should immediately disclose to your organization if you have any of these relationships.

Comply with privacy and security standards and applicable authentication and data security standards.

Another major responsibility you have as a CAC is to protect the privacy and security of those you serve, as well as any personally identifiable information (PII) or you encounter while you are assisting individuals. The federal regulations require you to comply with the Marketplace's privacy and security standards adopted consistent with §155.260, and applicable authentication and data security standards. To be in compliance with 45 CFR § 155.260, your organization will need to comply with the standards set forth in its agreement with CMS and in Appendix A of that agreement. You will also be asked to sign an agreement with your organization that requires you to comply with those standards.

Act in the best interest of the consumer

The federal regulations also require you to agree to act in the best interest of the applicants assisted. As a CAC, it is critical that you act in the best interest of consumers trying to find a QHP or insurance affordability program that meets their needs. This means that even if you have a relationship with a

particular QHP, you must provide help to consumers that focuses only on the consumer's best interest and not your own.

To act in the consumer's best interest, you must help the consumer choose health coverage that meets all of the consumer's needs, including:

- Their financial needs and how much they can afford to pay for health coverage
- Their health care needs, including coverage of treatments for any conditions they have
- Their desire to keep a certain doctor or see doctors in a certain location
- Their family's health coverage needs

Let the consumer know that your help is free of charge and that you are there to help them make a decision that best fits their budget and specific needs. As you help consumers choose QHPs, you should work on a case-by-case basis to help them find the best option for their budget and specific needs. This means that you should also help the consumer consider their coverage needs now and in the coming year.

Remember that you cannot:

- Steer or direct consumers toward certain QHPs that you may favor
- Steer or direct consumers away from QHPs that appear to meet all of their needs
- Act in your own self-interest, or in the interest of a health insurance company.

Provide information in a manner that is accessible to individuals with disabilities

Another requirement in the federal regulations is to, either directly or through an appropriate referral to a Navigator or non-Navigator assistance personnel authorized under §§ 155.205(d) and (e) or 155.210, or to the Marketplace call center authorized under § 155.205(a), provide information in a manner that is accessible to individuals with disabilities, as defined by the Americans with Disabilities Act, as amended, 42 U.S.C. 12101 et seq. and section 504 of the Rehabilitation Act, as amended, 29 U.S.C. 79. Providing information in a manner that is accessible for people with disabilities is important to a CACs ability to provide effective assistance and act in the best interest of the consumers you assist. Below are some tips on providing accessible services and making appropriate referrals.

General advice on disability etiquette

- Communicate directly with the person with a disability even if they have family or support (e.g., authorized representatives) assisting them.
- Ask questions about what accommodations consumers with disabilities may need or want and their preferences as to how best to assist them.
- Use plain language to the extent possible, and always be respectful in communications.

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For people who are blind or have low vision

- For consumers who are blind or have low vision seeking assistance from a certified application counselor, offer printed materials in large print or Braille, and offer electronic materials with modified computer monitors, screen reading software (such as JAWS or Outspoken), or enlarging software (such as Zoomtext).
- CAC staff should also offer to read materials to individuals who are blind or have low vision. However, note that some individuals may have privacy concerns with this approach given that some of the information is sensitive and may bring a friend they trust to read materials to them and write down replies.

For people who are deaf or hard of hearing

- Consumers who are deaf or hard of hearing may request auxiliary aids or services, including ASL interpreters or two-way messaging devices (also known as UbiDuos) so that they can access application assistance services.
- Interpreters are generally preferable if they are available. If interpreters are unavailable, two-way messaging devices are an excellent alternative. They essentially allow the assistance staff and the consumer to communicate by texting each other back and forth.
- If referral to a Marketplace call center or Navigator is necessary, staff should make certain, whenever possible, to provide the TTY number to the deaf individual so he or she can get the necessary services and supports.
- Marketplace call center staff should be trained how to field calls from consumers via TTY and relay communications.

For people who are unable to type or have limited fine motor skills

- For consumers who are unable to use their hands to type, voice dictation software such as Dragon Naturally Speaking for PCs on Windows operating systems or equivalent software such as Speech Recognition which comes with Apple's OS, or Dragon Dictate for Mac for Apple systems are effective alternatives. If these individuals bring along persons whom they trust to assist them, then dictating to such a person would be another viable workaround.
- If the individual can type but needs a modified keyboard, see if the individual is comfortable with available modified or ergonomic keyboards or work stations.

For people with mobility limitations

- If the physical space of the assistance agency is not accessible to individuals with mobility limitations (e.g., individuals using wheelchairs or unable to traverse stairs), the assistance agency should indicate in its voice mail and in a conspicuous location on its website, and

providing immediate referral to other more accessible agencies or Navigators or the Marketplace Hotline.

For people with cognitive disabilities

- Use a calm voice and be reassuring. Use short sentences and simple, concrete words.
- Treat each person as an individual with talents and abilities deserving of respect and dignity. Do not speak to the person in a paternalistic fashion.
- Give extra time for the person to process what you are saying and to respond. Listen for signs of stress or confusion.
- Remember that the person is an adult and, unless you are informed otherwise, can make her own decisions.
- Questions should be phrased in a neutral way to elicit accurate information. Verify responses by repeating each question in a different way.
- It can be difficult for people with cognitive disabilities to make quick decisions. Be patient and allow the person to take their time.

Referrals

We understand that some accommodations may be costly or burdensome for small organizations or volunteers. Therefore, you may satisfy this requirement by either providing these accommodations directly, or by providing an appropriate referral to a Navigator, in-person assistance personnel (also called non-Navigator assistance personnel), or to the Marketplace's toll-free call center.

For example, if a consumer with a visual limitation seeks assistance from a CAC who does not have the appropriate auxiliary aids to assist the consumer, such as materials in large print or Braille, or a modified computer keyboard and monitor, the CAC may refer the consumer to a geographically accessible Navigator or non-Navigator assistance personnel whom the CAC has reason to believe will be able to accommodate and assist the consumer, or to the Marketplace's call center.

How to provide an appropriate referral

- ✓ Navigators are the best referral option for people with disabilities, since Navigators are required to be trained and tested on a disability curriculum and to comply with accessibility laws as recipients of federal funding.
 - You can locate Navigators and in-person assistance personnel in your area after October 1 by using the **Find Local Help tool at HealthCare.gov**.

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- ✓ Be sure that any referral you make is geographically accessible for the consumer. If other geographically proximate referrals are not available or not able to serve the consumer with a disability, then the appropriate referral is to the Marketplace call center.
 - You can help the consumer reach the **National Marketplace Toll-Free Call Center at 1-800-318-2596 (TTY 1-855-889-4325)**
 - Customer service representatives - 24/7
 - Assistance available directly in English and Spanish
 - Language line available for 150 additional languages
- ✓ Information on referrals should be provided in a format or manner that is accessible to the person with a disability.
 - For example, if an individual is blind, the individual may be given a CD ROM with a text file containing instructions and contact information for the referral in a screen reader compatible format. If the individual needs information in large print, the contact information should be provided in large print.
 - If an individual is deaf, the referral should be provided visually, whether in writing, printed, through an UbiDuo device, or other means.

Providing culturally and linguistically appropriate services: Although CMS does not require you to provide services that are culturally and linguistically appropriate, we expect that if you and your organization are unable to assist a consumer with limited English proficiency, you will make appropriate referrals to geographically accessible Navigators, in-person assistance personnel, and/or the Marketplace call center.

Additionally, your organization may already be required by federal, state, and local laws to provide accessible and appropriate services to the individuals it serves. For example, failure by a recipient of federal financial assistance to provide services consistent with Standards 5 through 8 of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care could result in a violation of Title VI of the Civil Rights Act of 1964 and HHS's regulation implementing that statute (See 42 U.S.C. 2000d et seq. and 45 CFR Part 80). Similarly, certain public entities and public accommodations must provide accessible spaces and services in compliance with the Americans with Disabilities Act and section 504 of the Rehabilitation Act.

You and your organization must continue to meet your existing federal, state, and local obligations to provide consumers with information that is culturally and linguistically appropriate and accessible for those with disabilities.

Enter into an agreement with the organization

Before your organization can certify you to act as a CAC, you are required to enter into an agreement with your organization stating that you will comply with the CAC program standards. As part of this agreement, you must agree to comply with the standards of certification specified in 155.225(d), the consumer authorization and availability of information requirements in 155.225(f), and the prohibition on imposing charges on applicants in 155.225(e).

Section 4: Referrals to Health Insurance Consumer Assistance Programs/Ombudsman Programs and Other Relevant Organizations

You may encounter consumers with coverage needs that are beyond your expertise. Below you will find a list of resources to help you make referrals on a variety of topics for consumers who may need additional assistance.

State agencies: You may also be asked to provide referrals to your state's Medicaid office, department of insurance, human or social service agency, and state health insurance assistance programs (for Medicare). Listings for many of these entities are in the appendices.

Internal Revenue Service: Due to questions that might arise regarding the advance payment of the premium tax credit and other tax-related implications for consumers seeking health care coverage, you might also need to refer individuals to one of the Internal Revenue Service's Regional Offices. A listing of these offices is available at <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Chapter-13-1---Exhibit-1-Regional-Offices>.

Navigator or other assistance personnel: In some instances, it might be appropriate to refer individuals to a Navigator or in-person assistance personnel, particularly if you have a consumer with a unique need and the Navigator has expertise in that area. You can find a list of other assistance personnel in your area using the Find Local Help tool on CMS's website at HealthCare.gov after October 1.

Marketplace Call Center: Another resource you may provide to individuals or use while you are assisting individuals is the toll-free Marketplace call or help center. CMS opened a 24-hour national help center in June 2013 to help consumers with general questions. That number is 1-800-318-2596. Assistance is available in English and Spanish, and additional language lines are available.

Consumer Assistance Programs: Consumer Assistance Programs (CAPs) are independent offices of health insurance consumer assistance or ombudsman programs that have been established or expanded to help consumers find affordable health insurance and resolve problems with their health plan. Starting in 2014, CAPs will also help consumers resolve problems with obtaining premium tax

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credits for coverage through the Marketplace. A listing of Consumer Assistance Programs is provided in Appendix E.

Medicare provides health coverage for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). There are four different parts of Medicare to cover specific services: Part A, Part B, Part C, and Part D. Consumers also automatically get Part A and Part B the month their disability benefits begin if they have amyotrophic lateral sclerosis (ALS). Part A covers hospital insurance (inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care). Part B covers medical insurance (certain doctors' services, outpatient care, medical supplies, and preventive services). You may want to direct consumers to www.medicare.gov or to 1-800-MEDICARE (TTY/TDD 1- 877-486-2048) for further information.

CMS' Regional Office Staff may also be a valuable resource for you and the consumers you assist. Similar to many federal agencies, CMS has regional offices around the country. The location of the ten regional offices is located in Appendix D. General contact information for CMS' Regional Offices is available at <http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html?redirect=/regionaloffices/>; please note that at the bottom of this web page, more detailed information is available for each individual office. Regional office staff collectively have longstanding extensive experience conducting outreach and education activities for the public on a variety of CMS programs.

The Social Security Administration pays disability benefits through two programs: the Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program.

- Social Security Disability Insurance (SSDI) pays monthly cash benefits to people who are unable to work for a year or more because of a disability. Benefits usually continue until they are able to work again on a regular basis. Everyone eligible for SSDI is also eligible for Medicare after a 24-month waiting period. Consumers can find out more information about the Social Security Disability Insurance program by visiting <http://www.ssa.gov/pubs/EN-05-10029.pdf> or calling 1-800-772-1213 (TTY 1-800-325-0778).
- Supplemental Security Income (SSI) makes monthly payments to individuals who have low income; who have few or little resources; and who are age 65 or older, blind, or disabled. Disabled or blind children also can receive SSI. When a person gets SSI, they may also get Medicaid, which helps pay doctor and hospital bills. Consumers can find out more information about the Supplemental Security Income (SSI) at <http://www.ssa.gov/pubs/EN-05-11000.pdf> or by calling 1-800-772-1213 (TTY 1-800-325-0778).

Pharmaceutical assistance programs: Some pharmaceutical companies offer assistance programs for the drugs they manufacture. Consumers can see if any programs are available for the drugs they are taking at <http://www.medicare.gov/pharmaceutical-assistance-program/index.aspx>.

The *Ryan White HIV/AIDS Program* provides HIV-related services for those who do not have sufficient health care coverage or financial resources for coping with HIV disease. The program fills gaps in care not met by other payers. You may direct consumers to Ryan White HIV/AIDS Program at <http://hab.hrsa.gov/> or Find HIV/AIDS Care at <http://hab.hrsa.gov/gethelp/index.html>.

TRICARE is the U.S. Department of Defense's health care program for uniformed services personnel, retirees, and their families. Information on TRICARE can be found at <http://www.military.com/benefits/tricare>. TRICARE has multiple toll-free numbers organized by region of the country; these numbers are available at <http://www.tricare.mil/ContactUs/CallUs.aspx>.

The *U.S. Department of Veterans Affairs (VA)*: A directory of local Veterans Benefits Administration offices can be located at http://www2.va.gov/directory/guide/division_flsh.asp?dnum=3. A directory of local Veterans health care facilities can be found at http://www2.va.gov/directory/guide/division_flsh.asp?dnum=1. The VA also has a general toll-free number veterans can call for assistance: 1-877-222-VETS. For veterans in a crisis situation, the Veterans Crisis Line is 1-800-273-8255 (Option 1).

Section 5: Appendices

A: 45 CFR 155.225

§155.225 Certified application counselors.

(a) *General rule* The Exchange must have a certified application counselor program that complies with the requirements of this section.

(b) *Exchange designation of organizations.*

(1) The Exchange may designate an organization, including an organization designated as a Medicaid certified application counselor organization by a state Medicaid or CHIP agency, to certify its staff members or volunteers to act as certified application counselors who perform the duties and meet the standards and requirements for certified application counselors in this section if the organization—

(i) Enters into an agreement with the Exchange to comply with the standards and requirements of this section including the standards specified in paragraphs (d)(3) through (d)(5) of this section; and

(ii) Maintains a registration process and method to track the performance of certified application counselors.

(2) An Exchange may comply with paragraph (a) of this section either by--

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(i) Designating organizations to certify application counselors in compliance with paragraph (b)(1) of this section;

(ii) Directly certifying individual staff members or volunteers of Exchange designated organizations to provide the duties specified in paragraph (c) of this section if the staff member or volunteer enters into an agreement with the Exchange to comply with the standards and requirements for certified application counselors in this section; or

(iii) A combination of paragraphs (b)(2)(i) and (b)(2)(ii) of this section.

(c) *Duties* Certified application counselors are certified to—

(1) Provide information to individuals and employees about the full range of QHP options and insurance affordability programs for which they are eligible;

(2) Assist individuals and employees to apply for coverage in a QHP through the Exchange and for insurance affordability programs; and

(3) Help to facilitate enrollment of eligible individuals in QHPs and insurance affordability programs.

(d) *Standards of certification* An organization designated by the Exchange to provide certified application counselor services, or an Exchange that chooses to certify individual staff members or volunteers directly under paragraph (b)(2)(ii) of this section, may certify a staff member or volunteer to perform the duties specified in paragraph (c) of this section only if the staff member or volunteer—

(1) Completes Exchange approved training regarding QHP options, insurance affordability programs, eligibility, and benefits rules and regulations governing all insurance affordability programs operated in the state, as implemented in the state, and completes and achieves passing score on all Exchange approved certification examinations, prior to functioning as certified application counselor;

(2) Discloses to the organization, or to the Exchange if directly certified by an Exchange, and potential applicants any relationships the certified application counselor or sponsoring agency has with QHPs or insurance affordability programs, or other potential conflicts of interest;

(3) Complies with the Exchange's privacy and security standards adopted consistent with § 155.260, and applicable authentication and data security standards;

(4) Agrees to act in the best interest of the applicants assisted;

(5) Either directly or through an appropriate referral to a Navigator or non-Navigator assistance personnel authorized under § 155.205(d) and (e) or 155.210, or to the Exchange call center authorized under 155.205(a), provides information in manner that is accessible to individuals with disabilities, as defined by the Americans with Disabilities Act, as amended, 4 U.S.C. 1210 et seq. and section 504 of the Rehabilitation Act, as amended, 29 U.S.C. 794; and

(6) Enters into an agreement with the organization regarding compliance with the standards specified in paragraphs (d), (f), and (g) of this section.

(e) Withdrawal of designation and certification.

(1) The Exchange must establish procedures to withdraw designation from a particular organization it has designated under paragraph (b) of this section, when it finds noncompliance with the terms and conditions of the organization's agreement required by paragraph (b) of this section.

(2) If an Exchange directly certifies organizations' individual certified application counselors, it must establish procedures to withdraw certification from individual certified application counselors when it finds noncompliance with the requirements of this section.

(3) An organization designated by the Exchange under paragraph (b) of this section must establish procedures to withdraw certification from individual certified application counselors when it finds noncompliance with the requirements of this section.

(f) Availability of information; authorization An organization designated by the Exchange under paragraph (b) of this section, or if applicable, an Exchange that certifies staff members or volunteers of organizations directly must establish procedures to ensure that applicants—

(1) Are informed of the functions and responsibilities of certified application counselors; and

(2) Provide authorization prior to a certified application counselor obtaining access to an applicant's personally identifiable information and that the organization or certified application counselor maintains a record of the authorization provided.

(3) May revoke at any time the authorization provided the certified application counselor, pursuant to paragraph (f)(2) of this section.

(g) Fees Organizations designated by the Exchange under paragraph (b) of this section and certified application counselors may not impose any charge on applicant for application or other assistance related to the Exchange.

B: Guidance on Certified Application Counselor Program for the Federally-Facilitated Marketplace including State Partnership Marketplaces:

C: 45 CFR § 155.260 – Privacy and Security of Personally-Identifiable Information (PII):

<http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=4053f8fae38b474fe8ea6b5a72c5e0a1&ty=HTML&h=L&n=45y1.0.1.2.70&r=PART#45:1.0.1.2.70.3.27.10>

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D: Regional Office Contacts and Map - <http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/index.html?redirect=/regionaloffices/> and <http://www.cms.gov/About-CMS/Agency-Information/RegionalOffices/RegionalMap.html>.

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

F: Departments of Insurance - http://www.naic.org/state_web_map.htm

G: State Medicaid/CHIP Offices – links for individual states are available by accessing the state from the list at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html>.

H: State Health Insurance Assistance Programs (SHIPs for Medicare beneficiaries) - <https://shipnpr.shiptalk.org/shipprofile.aspx>

I: CMS Call/Help Center – <https://www.healthcare.gov/>

- The help center number for consumers is 1-800-318-2596 (TTY: 1-855-889-4325).
- Small Business Health Options Program (SHOP) Call Center is also available during business hours (Monday through Friday, 9 a.m. to 5 p.m., E.S.T.) at 1-800-706-7893 (TTY: 1-800-706-7915).

J: Forms (e.g., Model Consent Form and Model CAC Certificate)

K: National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice - <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp> (Note: A summary is available at this URL, but to view the entire document, you must register on the site.)

L: Area Agencies on Aging, Aging and Disability Resource Centers, and other Administration for Community Living grantees
http://aoa.gov/AoARoot/AoA_Programs/OAA/How_To_Find/Agencies/find_agencies.aspx