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Course 1

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Overview of the Training and Certification Program

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Overview of the Training and Certification Program

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Course Overview

This course provides background information on the training and certification program for different consumer assistance entities.

It discusses:

- How to navigate through the training
- An overview of the program
- An outline of what to expect in the courses, exams, job aids, and additional resources
- Different consumer assistance entities available to help consumers
- Funding streams available to each entity
- Roles and responsibilities of each entity
- How to act in the best interest of consumers

As an introductory note, the Affordable Care Act and associated regulations refer to Health Insurance Marketplaces as Health Insurance Exchanges. Throughout the courses in this training, you will see the term "Marketplace" used instead of "Exchange" because "Marketplace" better describes what an Exchange does and is easier for consumers to understand.

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Introduction to the Training Certification Program

Welcome to the Federally-facilitated Marketplace Training and Certification Program. This curriculum prepares you to assist consumers interested in finding out about their health coverage options through the Marketplace.

You're responsible for helping consumers learn about the basics of health coverage, identify and compare their coverage options, and helping them select health coverage that best fits their budget and specific needs.

This training and certification program covers a wide variety of topics that will prepare you to fulfill your responsibility to provide accurate and complete health coverage information to consumers. Successful completion of the training courses and examinations is required for certification before you can begin assisting consumers.

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Goals of the Training Program

The primary goal of this training is to ensure that you're knowledgeable about health insurance and the Marketplace so that you can provide consumers with accurate and complete information and help them understand their health coverage options.

This training will cover the basics of health insurance, different options for health coverage, the Affordable Care Act, the Marketplace, and how to assist consumers in a way that is culturally and linguistically appropriate.

This training program is designed to be in-depth, comprehensive, and interactive. It includes a series of realistic situations that you may face while working with consumers.

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How to Navigate this Training

Before you begin, take a moment to review the navigation features of the courses

- The **BACK** button is located in the bottom right corner of the page. It allows you to go to the previous page of the course. NOTE: Use the **BACK** button at the bottom of the page — not the back arrow in your browser window — to go to the previous page.
- The **NEXT** button is also located in the bottom right corner of the page. Click the **NEXT** button to go to the next page of the course.
- The **Menu** button, located at the bottom center of the page, allows you to navigate to any module within a course.
- The **Help** button, also located at the bottom center, allows you to review these navigation features at any time if you need help.
- The **Glossary** button, also at the bottom center of the page, allows you to access a collection of important terms in a course. You can access the **Glossary** from any page. You can use the **Glossary** button to find important terms and acronyms.
- The **Resources** button is located on the lower right center of the screen. Clicking the **Resources** button opens the **Resources** section of a course in a new window. **Resources** are designed to help you and reinforce your learning on a daily basis with key reference information. The resources section provides convenient access to documents (e.g., Standard Operating Procedures (SOP) manual) for reference after course completion. It provides a concise description of each document and a link to the document file.
- The **Exit** button is located in the upper right corner of the page and closes the course. When you exit the course, the last screen you viewed is bookmarked automatically. If you wish to return to the last page that you viewed, you can do so when you return to the course.

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Additional Information About the Training System

This training doesn't contain audio. You don't need speakers, a headset, or volume settings to view this training, unless you're using assistive technology for accessibility. For assistance with accessibility options, please select the Help button located at the bottom center of the page throughout this course.

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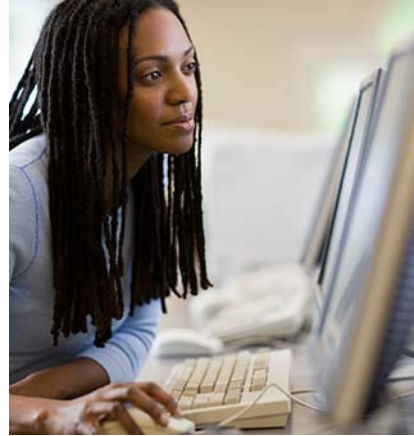
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Training Format

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

This training is web-based and self-directed. You can take this training at your own pace and you can access the material at any time of the day. You can take the training all at once, or you can take a few hours of training a day until you complete all required courses.

More information about course requirements is included in your grant award terms and conditions or contract, if applicable.

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Certification Requirements

Now that you understand how to navigate the system, let's discuss the training and certification requirements.

As part of the standards for certification, you must:

- Register with the Marketplace
- Complete the training courses
- Pass an examination at the end of each course
- Disclose any conflicts of interest (if applicable)
- Comply with the Marketplace's privacy and security standards
- Enter into an agreement with the Marketplace

Your certification will be valid for 12 months and must be renewed at least on an annual basis in order for you to continue performing your duties. There will be additional guidance in the future on recommended continuing education and recertification requirements.

This training program focuses on two of the above requirements: completing the training courses and passing the examination at the end of each course.

More information about the other requirements is included in your grant award terms and conditions or contract, if applicable.

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Training Course Information

The training program includes multiple courses which provide approximately 5-20 hours of training, depending on the type of assister role you have. In order to be certified, you must complete all required courses and pass a certification examination at the end of each course. The different courses in this training prepare you for your certification examination at the end of each course and teach you how to help consumers understand their health coverage options.

The courses, listed on the next page, are designed to be taken in order. Each course should be completed before you begin the next one. Optional courses may be included, and we strongly recommend that you complete these courses as well.

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Training Course Information (continued)

The courses include:

1. Background Information*
2. Health Insurance Basics*
3. Affordable Care Act Basics
4. Marketplace Basics*
5. Eligibility and Enrollment through the Individual Marketplace*
6. Standard Operating Procedures (SOP) Manual*
7. Assistance in the Individual Marketplace*
8. Assistance in the Small Business Health Options Program (SHOP) Marketplace
9. Cultural Competence and Language Assistance
10. Working Effectively with Vulnerable and Underserved Populations
11. Working with Consumers with Disabilities
12. Community Outreach
13. Privacy and Security Standards*
14. Customer Service Standards

*Courses 1, 6, 7 and 13 are required for certified application counselors (CACs). Courses 2, 4, and 5 are optional but strongly recommended for CACs.

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Knowledge Check and Certification Exam

This course contains knowledge checks or practice exercises to help prepare you for the exam you're required to take at the end of each course. Your score on these practice questions won't be recorded.

After completing each course, you're required to take a course examination. You must get a score of 80% or higher to pass the exam. Once you have started an exam, you must complete it. If you need to stop and return to it later, your progress will not be saved. You will need to start the exam over from the beginning. If you don't pass an exam, you can retake the exam one more time. If you're unable to pass the exam after two attempts, it's recommended that you review the course before you attempt to complete the exam again. If you would like to move on to the next course and return to the exam later, you may do so.



As a reminder, this training program includes multiple courses which provide approximately 5-20 hours of training, depending on the type of assister role you have. You must successfully pass all exams with a score of at least 80% or higher to get a completion of training certificate.

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Resources for Self-Directed Learning

Remember that references, job aids, and helpful links included in the "Resources" section are available from all screens within the course by selecting the "Resources" button at the bottom of the page. Resources include key reference information that is designed to assist you while you're completing each course and support you on a daily basis.

You can also download, print, and save any resources that will help you provide the best possible assistance to consumers.

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

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Key Points

This training is designed to prepare you to help consumers learn about their health coverage options through the Marketplace.

The courses are designed to be taken in order and each course should be completed before you begin the next one.

To be certified, you must complete all required courses, successfully pass all course exams with a score of at least 80%, and meet any other certification requirements.

You have successfully completed this module.

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Marketplace Consumer Assistance Entities Roles and Responsibilities

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Introduction to Marketplace Consumer Assistance Entities Roles and Responsibilities

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

This training will provide you with the skills to:

- Identify the different types of consumer assistance entities in the Marketplace
- Identify the roles and responsibilities of each consumer assistance entity

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Terms in the Marketplace

Basic terms to know in the Marketplace include:

Consumer. Consumers are defined as individuals, families, small business owners, and their employees who may get health coverage through the Marketplace.

Consumer assistance entities. Consumer assistance entities are individuals or organizations that are trained, certified, and able to provide help to consumers, small businesses, and their employees as they look for health coverage through the Marketplace.

Facilitate enrollment. To facilitate enrollment means assisting the consumer with submitting the eligibility application, helping clarify distinctions among qualified health plans (QHPs), and helping a qualified consumer make an informed decision during the health plan selection process.

Marketplace. The Marketplace is a way to find health coverage that best fits consumers' budgets and specific needs. When consumers shop for health coverage through the Marketplace, they'll fill out an application and find out if they qualify for programs to help lower their costs. The Marketplace will also help consumers find out if they qualify for public health coverage programs, including Medicaid and/or the Children's Health Insurance Program (CHIP). Marketplaces can be operated by a state (State-based Marketplace), by the federal government (Federally-facilitated Marketplace), or through a partnership between a state and the federal government (State Partnership Marketplace).

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Marketplace Consumer Assistance Entities Roles and Responsibilities

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Consumer Assistance Entities

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

These entities include:

- Navigators
- Non-Navigator assistance personnel (also known as in-person assistance personnel)
- Certified application counselors (CACs)
- Agents and brokers

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Additional Consumer Support

In addition to consumer assistance entities, a Call Center is also available for consumers to ask questions about their health coverage options and get help with the Marketplace application process. To find more information about the Call Center, visit: <https://www.healthcare.gov/help-center/>.

Many states also already have Consumer Assistance Programs (CAPs) to address consumers' problems or questions about health coverage by phone or email. To find more information about CAPs, visit: <https://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/>.

Additionally, consumers still have the option to call or visit the health insurance Ombudsman in their state to help them with grievances, complaints, appeals, and questions about health coverage.

All consumer assistance entities should be familiar with the other consumer support entities and refer consumers to these entities as appropriate.



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Consumer Assistance Entities Roles and Responsibilities

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

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

Differences may relate to:

- Roles and responsibilities
- Different operational aspects (e.g., funding, training standards)
- Affiliations that may impact the information provided to consumers

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Roles and Responsibilities: Navigators and Non-Navigator Assistance Personnel



The following are the roles and responsibilities for different consumer assistance entities (Navigators and Non-Navigators) in the Marketplace. Click on each picture to read an overview of his or her role.

- Navigators

- Non-Navigator Assistance Personnel

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Roles and Responsibilities: Certified Application Counselors, and Agents and Brokers



The following are the roles and responsibilities for different consumer assistance entities (CACs, Agents and Brokers) in the Marketplace. Click on each picture to read an overview of his or her role.

- Certified Application Counselors (CACs)

- Agents and Brokers

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Knowledge Check

Which of the following consumer assistance entities will exist only in a State-based Marketplace (SBM) or a State Partnership Marketplace (SPM)?

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

- A. Navigators
- B. Non-Navigator assistance personnel (i.e., in-person assistance personnel)
- C. Certified application counselors (CACs)
- D. Agents and brokers

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Summary of Roles and Responsibilities of the Consumer Assistance Entities

	Navigators	Non-Navigator Assistance Personnel	Certified Application Counselors (CACs)	Agents and Brokers
Conduct Outreach	♦	♦		
Help Individual Consumers with Eligibility	♦	♦	♦	♦
Help Small Business Employers and their Employees with Eligibility	♦	♦	Employees only. May help employers, but not required	♦
Facilitate Enrollment	♦	♦	♦	♦
Provide Information in the Best Interest of the Consumer	♦	♦	♦	
Adhere to Conflict of Interest Standards	♦	♦	Must submit conflict of interest disclosures, but potential conflicts will not bar participation	
Refer Consumers	♦	♦	♦	
Provide Special Accommodations	♦	♦	Yes, direct or by appropriate referral	♦
Uphold Marketplace Privacy and Security Standards	♦	♦	♦	♦

Note: For a larger version of the consumer assistance entities roles and responsibilities, click [here](#).

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Knowledge Check

Which of the following roles and responsibilities apply to all Navigators, non-Navigator assistance personnel, certified application counselors (CACs), and agents and brokers in the Marketplace?

Select **all that apply** and then click **Check Your Answer**.

- A.** Help individual consumers with eligibility
- B.** Conduct outreach activities
- C.** Facilitate enrollment
- D.** Uphold Marketplace privacy and security standards

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How Consumer Assistance Entities Are Funded

Funding sources for consumer assistance entities vary.

Navigators. Navigators are funded through state or federal grant programs. At least two types of entities will receive a grant in each state (one must be a community or consumer-focused nonprofit).

Non-Navigator assistance personnel. Non-Navigator assistance personnel are funded through separate grants or contracts administered by the state.

Certified application counselors (CACs). CACs will not receive federal grant money through the Marketplace. Federal funding through other grant programs or Medicaid may be available.

Agents and brokers. Agents and brokers are compensated by health insurance companies, consistent with state law.

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Training and Certification

To ensure consumers get accurate information, consumer assistance entities are required to complete training and become certified. The training and certification standards vary depending on who operates the Marketplace. For example:

	Navigators	Non-Navigator assistance personnel	Certified applicaton counselors	Agents and Brokers
State-based Marketplace	State training and certicaton (state may choose to use federal training)	State training and certification (state may choose to use federal training)	State training and certification (state may choose to use federal training)	State training and certification (state may choose to use federal training)
State Partnership Marketplace	Federal training and certification, which may be supplemented by the state	Federal training and certification, which may be supplemented by the state	Federal training and federal designation of organizations, which may be supplemented by the state	Federal training and registration
Federally-facilitated Marketplace	Federal training and certification	Not applicable	Federal training and federal designation of organizations	Federal training and registration

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Consumer Assistance Entity Perspectives

Consumers may want to know what the differences are between the types of consumer assistance entities and how those differences affect the help they get.

They should be aware that:

- All consumer assistance entities must comply with the Marketplace's privacy and security standards.
- Navigators and non-Navigator assistance personnel are required to provide fair, accurate, and impartial information to consumers.
- CACs are required to act in the best interest of consumers.
- Agents and brokers may receive payment for enrolling consumers into certain plans, and depending on the state, are required to provide complete or unbiased information.

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Best Practices for Navigators, CACs, and other Consumer Assistance Entities

When you're working with consumers, you should follow these tips:

- Avoid making unsolicited calls or sending unsolicited e-mails or other unsolicited social media messages about enrolling in a QHP sold in the Marketplace or any other health insurance plan.
- Calls to individuals who attended an outreach or educational event shouldn't occur, unless the individual gave permission at the event for a follow-up call (including documentation of permission to be contacted).
- If an individual would like to refer a friend or relative to a Navigator, a CAC, or another consumer assistance entity, the Navigator, CAC, or other consumer assistance entity may provide contact information such as a business card that the individual may give to the friend or family member. Otherwise, a referred individual needs to contact the Navigator, CAC, or consumer assistance entity directly.

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Marketplace Consumer Assistance Entities Roles and Responsibilities

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Knowledge Check

The requirements, funding, and training for consumer assistance entities can be different. Which of the following is NOT a true statement?

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

- A. Certified application counselors (CACs) must act in the best interest of the consumers that they help.
- B. Navigators and non-Navigator assistance personnel have more comprehensive training requirements than CACs, agents, and brokers.
- C. All consumer assistance entities must comply with the Marketplace's privacy and security standards.
- D. Agents and brokers are required to conduct outreach to vulnerable and underserved populations.

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Key Points

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

Consumer assistance entities should be aware of the specific differences in funding, training, and certification requirements that may vary on a state-by-state basis.

Navigators and non-Navigator assistance personnel are required to provide unbiased information.

Agents and brokers aren't required to provide unbiased information because they are compensated by insurance companies.

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Best Interest of the Consumer Standard

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Introduction to Best Interest of the Consumer Standard

You're responsible for acting in the best interest of the consumers that you assist.

This training will provide you with the skills to:

- Determine how to act in the best interest of consumers in specific situations
- Identify consumers' needs when talking about qualified health plans (QHPs) or programs to help lower their costs

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Best Interest of the Consumer

You must always act in the best interest of consumers that you assist. This means that even if you have a relationship with a health insurance company offering a particular health plan, you must provide help to consumers that focuses only on their best interests and not your own.

To act in consumers' best interests, you must help them choose health coverage that meets all of their needs, including:

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

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An Accurate Description of the Marketplace

To act in consumers' best interests, you should be able to accurately describe the Marketplace.

You may be required to:

- Access information online to help keep consumers informed while they make their decisions.
- Establish operating procedures for finding information that will help you effectively assist consumers (e.g., create a list of key resources and contacts).
- Let consumers know that your help is free of charge and that you're there to help them make decisions that best fit their budget and specific needs.

In interactions with consumers, you should remain flexible, ask questions, listen, and provide information that they need to make an informed decision.

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Best Interest of the Consumer Standard

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Tips on Effectiveness

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

- Understand and educate them about health plan options, as well as Medicaid and the Children's Health Insurance Program (CHIP)
- Tell them about health plan options that best fit their budget and specific needs
- Use language assistance, cultural information, and materials that will be more accessible to consumers with disabilities
- Comply with privacy and security standards
- Conduct community outreach to learn more about your community's needs

There are many resources available to you, such as language assistance (e.g., translation services), educational materials, and community organizations. These can help you provide consumers with information that best fits their budget and specific needs.



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Questions to Consider When Helping a Consumer

To act in consumers' best interests, you should ask yourself a few questions to help gather information. Doing this helps you provide health coverage options and services specific to their needs.

Ask yourself these questions to gather the right information:

Consumer needs

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

Available health coverage options

- Which health coverage options are consumers eligible for, and do those options meet their needs?
- Once a consumer's eligibility has been determined, can they enroll in options to help lower their health care costs?

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

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

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Best Interest of the Consumer Standard

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Knowledge Check

You meet with Ebele, who would like to enroll in a specific health plan that has low monthly costs. Six years ago, you worked for the health insurance company that offers this health plan. To be fully open and honest, you let Ebele know that you previously worked for this insurance company. But after reviewing the health plan that she requested, you realize that while it has low monthly costs, it doesn't cover her specific diabetes needs. What should you do to act in her best interest?

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

- A. You tell her that she is not eligible for health coverage because of her pre-existing condition.
- B. You encourage her to sign up for the health plan because it has low monthly costs and she can afford it.
- C. You show her health plans with similar premiums that also offer coverage for her diabetes needs, and let her make her own decision.
- D. You encourage her to sign up for the health plan because you used to work for the health insurance company and think it's the best option.

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Coverage that Best Fits Consumers' Needs

As you help consumers choose a health plan, you should work on a case-by-case basis to help them find the best option for their budget and specific needs. You should start by thinking about a consumer's individual needs. Ask yourself what types of coverage or services best fit a consumer's needs now and in the future.

It might be helpful to gather information from the consumer to help you determine:

- Support needed to start the process of finding available health coverage options (e.g., accommodations for consumers with disabilities)
- The consumer's current needs
- Health coverage options available to the consumer
- Health plan(s) to review in more detail

The more information you gather, the better the assistance that you can provide.



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Best Interest of the Consumer Standard

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Additional Tips on Customer Service

When helping consumers, always remember to provide information about all health plans and options that they may be eligible for through the Marketplace to help lower their health care costs.

But be sure not to:

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

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Best Interest of the Consumer Standard

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Consumer Referrals to Other Appropriate Services

There may be times when you need to refer consumers to other services (e.g., you may need to refer consumers with limited English proficiency to foreign language professionals).

You should also be familiar with trusted community-based organizations that can provide additional consumer support. Always use the relationships that you have and continue to build on them to provide resources and support that consumers need.

For example, after your initial meeting with consumers, it may be clear that they need help you can't provide (e.g., services on topics other than health coverage).

Based on consumers' needs, some organizations you may refer them to include: the American Red Cross, Gay Men's Health Crisis, National Association for the Advancement of Colored People, League of United Latin American Citizens, or the Association of University Centers on Disability.

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Best Interest of the Consumer Standard

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Knowledge Check

DeShawn comes to you to discuss health coverage options available to him through the Marketplace. After discussing his unique needs, you think that he should enroll in one of the QHPs offered by the same health insurance company where you also have health coverage. Which of the following represents an example of working in the best interest of the consumer?

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

- A. Refer him to a health plan offered by your health insurance company. After all, you have always had a positive experience with them.
- B. Identify the available options based on his needs. Let him decide which option he prefers.
- C. Provide all of the available options, except for the one that you have not heard positive feedback about.
- D. Identify the positives and negatives of each of his available options.

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Best Interest of the Consumer Standard

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Key Points

You must always act in consumers' best interests.

You must tell consumers about all of their health coverage options, so that they can choose coverage that meets their budget and specific needs.

You have successfully completed this course.

Click **EXIT** to leave the course.

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