

Attachment N: Joint Initiative Marketplace-Medicaid Enrollment Assisters Q&A

Marketplace/Medicaid Managed Care Enrollment Assistance Q&A

February 5, 2023

MARKETPLACE

Q. Does a Tribal representative need to have certification to assist with Marketplace enrollment?

A. No. Individuals and entities in a state with a Federally-Facilitated Marketplace (FFM) that provide application and enrollment assistance related to health insurance or insurance affordability programs do not have to have certification as application counselors, whether by the Marketplace or state Medicaid or CHIP agencies, or receive designation by the Marketplace to continue providing those services or communicating with consumers. This applies to both existing and potential application and enrollment assistance programs.

There are two optional avenues to secure training and certification, if a Tribal representative prefers to do so. The first is the certified application counselor (CAC) program. The certification of an individual as a CAC provides an assurance to consumers that they will receive assistance from individuals trained by the Marketplace and overseen by organizations that protect personally identifiable information. Individuals not certified as application counselors can take the certified application training, which the Centers for Medicare and Medicaid Services (CMS) makes available to the general public and expects to help many types of organizations and assistance personnel provide Marketplace-related education and application and enrollment assistance. However, someone not certified as a CAC cannot present themselves to the general public as a CAC.

The second avenue is the Navigator program. Funded through state and federal grant programs, Navigators assist consumers in completing electronic and paper applications to establish Marketplace eligibility, determine whether they qualify for health insurance affordability programs, and enroll them in coverage. In addition, these individuals provide outreach and education to consumers to raise awareness about the Marketplace and refer consumers to ombudsmen and other consumer assistance programs when necessary. In states with State-Based or State Partnership Marketplaces, non-Navigator assistance personnel, funded through grants or contracts administered by a state, generally perform the same functions as Navigators.

A series of training materials made available by CMS is accessible at <https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>.

For additional information on requirements for individuals providing Marketplace enrollment assistance, see the final rule issued by CMS on July 17, 2013, and titled "Patient Protection and Affordable Care Act; Exchange Functions: Standards for Navigators and Non-Navigator Assistance Personnel; Consumer Assistance Tools and Programs of an Exchange and Certified Application Counselors" at <http://www.gpo.gov/fdsys/pkg/FR-2013-07-17/pdf/2013-17125.pdf>.

For information on any additional requirements on enrollment assisters imposed in states without an FFM (e.g., those with a State-Based Marketplace), you should contact your state department of

insurance. A list of state departments of insurance is accessible at http://www.naic.org/state_web_map.htm.

MEDICAID

Q. Can Indian health care providers (IHCPs) assist their patients with enrollment in Medicaid managed care plans?

A. Yes, with limitations.

IHCPs that receive Medicaid funding to provide enrollment assistance on behalf of a state must comply with new federal regulations, which require individuals or entities that offer patients “choice counseling services” to meet certain independence and conflict of interest requirements. Federal regulations define choice counseling services as answering questions and identifying factors for Medicaid patients to consider when choosing among managed care plans and primary care providers. Under the independence and conflict of interest requirements, **IHCPs cannot have a financial relationship with any managed care plan that operates in the state in which they provide choice counseling services.** Participating with a managed care plan as a network provider constitutes a “financial relationship” for the purposes of these requirements.

The new regulations include an exception for certain IHCPs. **ICHPs and other individuals or entities that receive non-Medicaid federal grant funding (distinct from Medicaid funding) can continue to provide choice counseling services to patients, provided that they do not perform these services under a memorandum of agreement or contract with a state to provide these services on its behalf.**

The new regulations also do not apply to IHCPs that do not receive Medicaid funding or non-Medicaid federal grant funding to provide enrollment assistance on behalf of a state.

For additional information on requirements for individuals or entities providing Medicaid enrollment assistance, see the final rule issued by CMS on May 6, 2016, and titled “Medicaid and Children’s Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability” at <https://www.gpo.gov/fdsys/pkg/FR-2016-05-06/pdf/2016-09581.pdf>.