



Enrollment with ICT

A Step by Step Guide



2017

Computer Log In/Network In

5900 Airport

Password: f1nanc1al

Resource page: helpenroll.org

Look for 2018 Tab at the top

Password: ICT

Foundation Communities





Foundation Communities: Housing Sites

22 Affordable Housing Sites in Austin and North Texas

6 Single Occupant Residencies that House 600 single adults

16 Family Communities that House over 2,800 families

On Site Community Learning Centers:

For Adults: English as Second Language, Money Management and Fitness and Nutrition

For Children and Teens: Afterschool and Summer Learning

Future Sites:

Cardinal Point in the Four Points Area—2017

The Jordan in the Mueller neighborhood—2019



Foundation Communities: Community Financial Centers

College HUB
Financial Coaching
Tax Services
Health Insurance Enrollment



Our Financial Center Navigators!

North Navigator



Susie Garcia

Consumers can call
737-717-4000
to speak to
our
Navigators!

South Navigator



Bernie Villalpando

Insure Central Texas Impact: Open Enrollment 2017

November 1, 2016 through January 31, 2017



Enrolled **4,709 individuals** in health insurance

Claimed **\$15.6 million** in Premium Tax Credits

Helped **1,798 Austin Musicians** access health coverage



Open Enrollment 2017:

How we did it



Referrals from our **86** Local Partners

Donation of **2,264** hours from **61** volunteers

Our **local** Funding



Open Enrollment 2018: Our Funders



Central Health

City of Austin

St. David's Foundation

Seton





Insure Central Texas: Our Cumulative Impact Since 2014

Enrolled **22,800 + individuals** in health insurance

Claimed **\$61 million** in Premium Tax Credits



What We'll Cover Today

- Affordable Care Act overview
 - 7 Steps of Enrollment
 - Premium Assistance Programs
-
- Big topics
 - Immigration, Tax Household, Health Insurance
 - Lots of resources & help
 - CACs shadow an enrollment and are shadowed doing their first enrollment

7 Steps of Enrollment

Step 1: Consent and Survey

Step 2: Employer Coverage

Step 3: Tax Household

Step 4: Income

Step 5: Application and Eligibility Letter

Step 6: Plan Selection

Step 7: Next Steps

The Affordable Care Act



Major Provisions of the Affordable Care Act

- Guaranteed Issue
- Minimum Standards
- Individual Mandate
- Health Insurance Exchanges
- Subsidies for Low Income Households
- Medicaid Expansion*

The Affordable Care Act's Current Status: Talking Points

MOSTLY: Nothing has changed.

Repeal/Replace efforts did not pass the Senate

- The health plans available now haven't changed.
- The health plans for 2018 must still meet the law's provisions
 - Essential Health Benefits
 - Insurers cannot deny or charge more for pre-existing conditions



What We Know

Mandate is still in effect

Shorter Enrollment Period for 2018: Nov 1 – Dec 15

- The Good News? One Deadline & One Start Date for plans!

Limited Federal Funding for 2018 Outreach

- The Good News? Our amazing local partnerships!

The Marketplace, Locally

- We are not losing any insurer in Central Texas!



The Marketplace, Locally

- In fact, we are **adding** an insurer for 2018!



Unique ID: _____ - _____ - _____
Last 4 phone # Last 2 # ZIP 3rd ltr 1st name/3rd ltr last name

Spanish Basic Intermediate Advanced

STEP 1: CONSENT & SURVEY

- North CFC South CFC
- Eligible to purchase MP plan (not Medicare, undocumented, DACA (C33))
- Authorization form completed and signed
- Intake entered / County where lives: _____
- HAAM consent completed by HAAM or SIMS member

STEP 2: EMPLOYER COVERAGE FOR YOU/SPOUSE

- No
- Emp
- P
- M
- M

STEP 4: ESTIMATE HOUSEHOLD INCOME FOR 2018

- Self-Employed: Total income minus expenses for coverage year
- Paychecks: Hourly rate? # Hours? Unpaid time off? Any overtime?
- Cash income
- Social Security before withholdings, SSDI, Survivor Benefits (*no SSI*)
- Pensions / Annuity / Retirement
- Investment Income / Rental Income / Royalties
- Alimony Received (not child support): EXTREMELY RARE
- Foreign income will earn working abroad in coverage year: EXTREMELY RARE

MEET: THE TRACKING SHEET

Or, ICT's Most Important Piece of Cardstock, ever

STEP 3: 2018 TAX HOUSEHOLD

Relationship (A)	Age	Immigration Status (B)	If LPR/EAD, Immigration Category? (C)	Current Source Coverage (D)	If uninsured, how long? (E)	2017 PAP? (F)	For 19+yo, patient at clinic? (G)	Need specialist? (H) SSSmeds? Y/N Tobacco user=T
								Yes No T
								Yes No T
								Yes No T
								Yes No T
								Yes No T

Step 5

Plans to Enroll

ID on MP appl (I)	Likely to Enroll in MP	Today's Date (mo / day)
	YES	
	YES	
	YES	
	YES	
	YES	

More Dependents? Use "Additional Dependents Form" on Resource Page to add more family members and staple to this form.

MANAGER #:

Just a
reminder...



MIND the STEPS

On the Tracking Sheet
&
On Resource Page



- Orders the process
- Increases speed
- Increases accuracy
- Allows for better quality control
- **DESIGNED** to make this easy for you!

Tips on Steps

Don't be derailed!

Have all info before you start the application!

Complete Tracking sheet as you go!

Arianna's Secret Program Goal:
One Hour Enrollments, more often than not

Step 1: Consent & Survey

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How it looks on
the Tracking Sheet

How it looks on
the Resource Page



Step 1: Intake Resources

- [Link: Consent Form and Survey](#)
- [Link: Database Look Up](#)
- [How to: Access Language Line](#)
- [How to: Access In-Person Interpreters](#)
- [Consumer: Medicare Resources](#)
- [Consumer: Local HHSC CHIP/Medicaid Offices](#)

Why Consent and Survey?

- CMS Requirements
- Our Own Enrollment Data
- Reports for Partners and Funders
- Yearly Enrollment Report

1st, consumers read and complete Authorization Form



YOUR AUTHORIZATION, RIGHTS & RESPONSIBILITIES (For STAFF: _____)

General Consent: This form gives Foundation Communities (FC) and its staff, volunteers and partners permission to hear, discuss, review, type, enter and retain your personally identifiable information (PII) for the purpose of determining eligibility, completing an application, enrolling you in health coverage, maintaining your coverage, and carrying Marketplace functions as Certified Application Counselors.

Your signature is required before we can hear or discuss any of your personal information.

Rights & Responsibilities of FOUNDATION COMMUNITIES (FC) and its Staff, Volunteers and Partners

- FC's services are FREE. FC will not charge you a fee for any assistance provided.
- FC is required to act in your best interest and inform you of any possible conflicts of interest.
- FC will inform you about the full range of Marketplace plans and subsidies for which you are eligible;
- FC will help you complete and update your Marketplace application through healthcare.gov;
- FC will help you enroll in a qualified health plan and Marketplace subsidies, if applicable;
- FC will follow privacy and information security standards when creating, collecting, disclosing, accessing, maintaining, using, typing and/or storing your PII.
- FC is not required to maintain any PII, other than this form, but will follow privacy and information security standards for any PII it chooses to maintain or store.
- FC will refer you to another resource if they are unable to assist you.
- FC may follow up with you on matters related to your eligibility, application or enrollment if you choose to provide your phone number and/or email address. Any PII that is retained will be securely stored and will not be shared or used for any purpose not related to the services provided by FC.

Your Rights & Responsibilities

- You do not have to give FC more information than you choose to provide. FC may not be able to provide all the assistance available for your situation if the information you provide is incomplete.
- FC cannot and will not choose a health insurance plan for you. You are solely responsible for your choice of an insurance plan and your participation in insurance affordability programs.
- The assistance provided by FC is based only on the information you provide, and you are solely responsible if that information is inaccurate or incomplete.
- You are solely responsible for any premiums, medical costs or penalties that you may incur.
- You understand that FC will also collect enrollment, demographic and survey information to report in the aggregate to philanthropic funders and supporters and used make improvements to the program.
- You may revoke this authorization at any time by notifying Foundation Communities by mail or written notice delivered to Insure Central Texas, 5900 Airport Blvd, Austin, TX 78752.

Foundation Communities is not affiliated with any insurance company. This service is made possible through generous donors, dedicated volunteers, and valued partners. Your signature indicates that you have read, understand, and agree to the rights and responsibilities explained in this Authorization Form.

Disclaimer: The people serving you today are not acting as tax advisers or attorneys and cannot provide tax or legal advice in their role as Certified Application Counselors.

Authorized to sign for Consumer

SIGN HERE: _____ DATE: _____

Legal First Name: _____ Legal Last Name: _____

Spouse First Name: _____ Spouse Last Name: _____

Phone: _____ Zip Code: _____

2nd, consumers complete Intake Form



This line for STAFF only: Sign-in #: _____ Appt: _____

Step 1: INTAKE FORM – PLEASE WRITE CLEARLY!

Legal First Name: _____ Legal Last Name: _____

Spouse First Name: _____ Spouse Last Name: _____

Primary Phone #: _____ Cell Home Work Other

Alternate Phone #: _____ Cell Home Work Other

Email: _____

Where you live: ZIP Code: _____ County (travis, williamson, etc.): _____

Do you speak a language other than English? YES NO If yes, what language: _____

Preferred language to be served in today: English Spanish Other: _____

Are you a returning insurance customer? Yes No

Are you associated with or referred by any of the following groups?

HAAM SIMS MAP / CHAP MAP/CHAP # _____

Central Health CommUnity Care Lone Star Circle of Care People's Community Clinic

David Powell ASA RBJ / Wright House / Austin Outreach

Seton Clinic Seton Oncology Other Seton office: _____

Texas Oncology BCRC Other medical office: _____

Refugee Services: Refugee Clinic RST / MRC Catholic Charities Caritas

Foundation Communities: Taxes Financial Coaching Student Services Resident

If you didn't check one of the boxes above, how did you hear about our program?

Your Race/Ethnicity: American Indian Asian Indian Black/African American Chinese

Hispanic/Latino Other Asian/Pacific Islander Vietnamese Mixed/Other White/Caucasian

Spouse Race/Ethnicity: American Indian Asian Indian Black/African American Chinese

Hispanic/Latino Other Asian/Pacific Islander Vietnamese Mixed/Other White/Caucasian

3rd, Intake Enters the Intake Form!

Primary Phone #: _____ Cell Home Work Other

Alternate Phone #: _____ Cell Home Work Other

Email: _____

Where you live: Zip Code: _____ County (Travis, Williamson, etc.): _____

Do you speak a language other than English? YES NO If yes, what language: _____

Preferred language to be served in today: English Spanish Other: _____

Are you a returning insurance customer? Yes No

Are you associated with or referred by any of the following groups?

- HAAM SIMS
 MAP / CHAP CommUnity Care Lone Star Circle of Care People's Community Clinic
 David Powell ASA RBJ / Wright House / Austin Outreach
 Seton Clinic Seton Oncology Shivers Cancer Center Other Seton office
 Texas Oncology BCRC Other medical office: _____

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If you didn't check one of the boxes above, how did you hear about our program?

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Spouse Race/Ethnicity: American Indian Asian Indian Black/African American Chinese
 Hispanic/Latino Other Asian/Pacific Islander Vietnamese Mixed/Other White/Caucasian

REVIEWS Survey info
with Customer

ENTERS Info into
Quickbase

On the Tracking Sheet

STEP 1: CONSENT & SURVEY

- North CFC South CFC
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- Paper consent form completed and signed
- Consent entered / County where lives: _____
- HAAM consent completed by HAAM or SIMS member

Consumers eligible or enrolled in free Medicare Part A are **NOT eligible** for the Marketplace.

Deferred Action for Childhood Arrivals, aka Dream Act, aka Dreamers. **Not MP eligible.** Will have an Employee Authorization Card and be 25-35 years old

To participate in Central Health Premium Assistance Programs, **must** live in **Travis** County