



Enrollment with ICT

A Step by Step Guide



Eliana

Introduction Icebreaker

Name

Where you are from

(originally—where you were born)

Favorite cuisine/favorite dish of that cuisine

Foundation Communities



empowerment, education and financial stability



Foundation Communities: Housing

22 Affordable Housing Sites in Austin and North Texas

6 Single Occupant Residencies housing 600 single adults

17 Family Communities that house over 2,800 families

Community Learning Centers

Future Sites

The Jordan—Opening in 2019

The Waterloo—Opening in 2020



Foundation Communities: Community Financial Centers

College HUB
Financial Coaching
Tax Services
Health Insurance Enrollment



One Number for Both Locations and all Programs!



TAX SERVICES



INSURE CENTRAL TEXAS



COLLEGE HUB



FINANCIAL COACHING

Consumers can call

737-717-4000

To set appointments or
learn more about all our CFC Services

The ICT Program



's
Volunteers!

ICT's Mobile Mamas! (both sites)

KORI HATTEMER

**DIRECTOR OF FINANCIAL
PROGRAMS**



JULIE KILLINGSWORTH

DATA MANAGER



ANA SANCHEZ-NAVARRO

ICT & TAX MANAGER



ICT 's Sweet Ladies of the South Site

ISAMAR REYES

ICT MANAGER



ELIANA BRANT

VOLUNTEER COORDINATOR



ICT's Northern Roses

ARIANNA ANAYA

**SENIOR ENROLLMENT
MANAGER**



MIRIAM JAIMES

INTAKE MANAGER



The Northern Thorn



ISAAC ROSALES

ICT MANAGER

(*We love you, Isaac! JK about the thorn thing!)

Volunteer Leadership Team

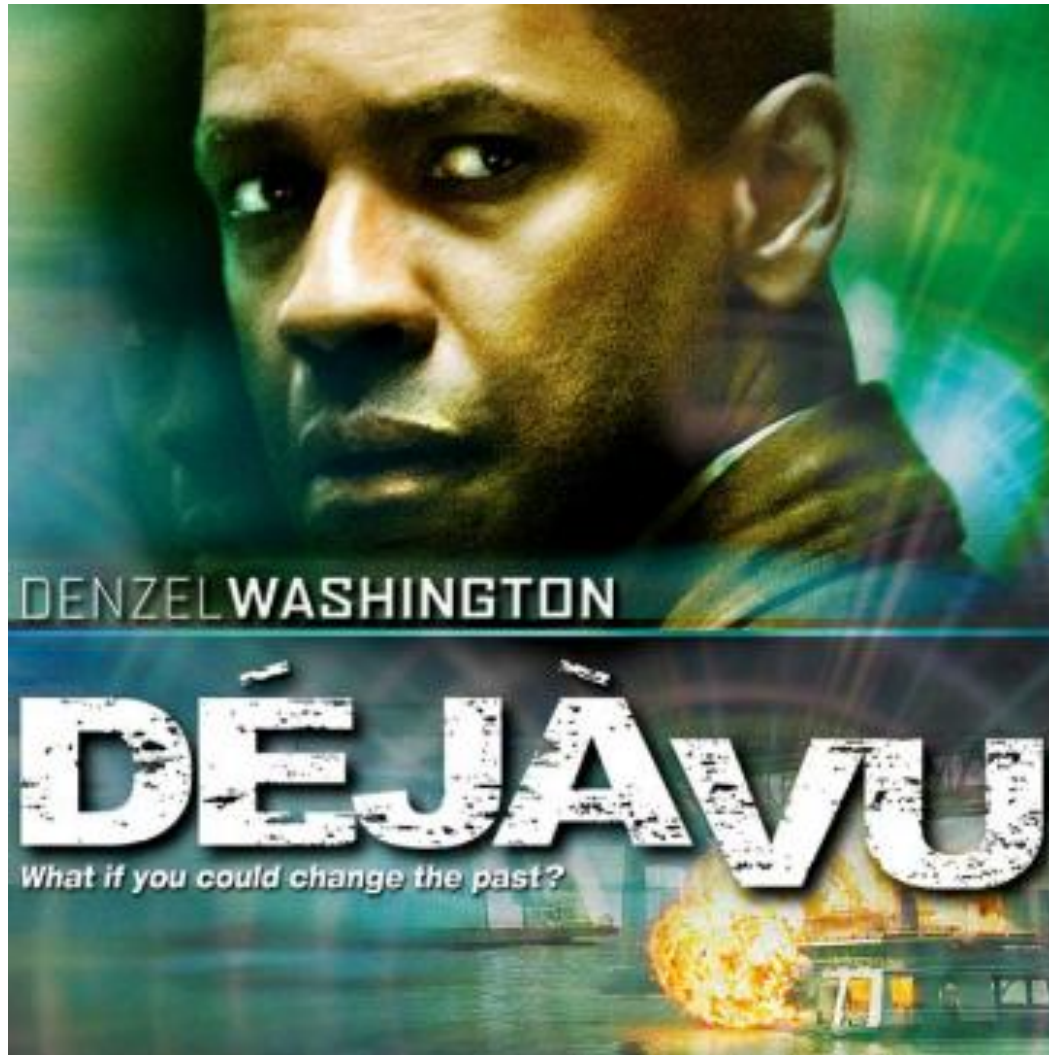
Our experienced, kindly team of volunteers

- Provide the site orientation for new CACs
- You will shadow them until you are comfortable
- They will shadow you until you are comfortable assisting solo

VLT can be identified by yellow name tags

Look for their names in the volunteer area

Some of you have been here before...



Welcome
back, ICT
Returning
Volunteers
!!!!

Insure Central Texas Impact: Open Enrollment 2017 vs 2018



2017: 11/1/16 - 1/31/17

2018: 11/1/17 - 12/31/17

4,376

Marketplace
enrollments

5,336

Marketplace
enrollments

22%

increase



4,705

total enrollments
(including Medicaid
& CHIP)

5,634

total enrollments
(including Medicaid
& CHIP)

20%

increase



VOLUNTEERS

Open Enrollment 2017 vs 2018



2017: 11/1/16 - 1/31/17

2018: 11/1/17 - 12/31/17

61

volunteers
completed

2,101

hours

155

volunteers
completed

3,932

hours

154%

increase

87%

increase

A consumer walks into ICT for the first time...

1. Signs In
2. Completes Intake and Authorization Form
3. Screened and initial data entered at intake
4. Queued for next available enrollment CAC



A volunteer walks into ICT for their first shift...

- Be initially mistaken for a consumer
- Be directed to the volunteer area
- A VLT tour of the site and first day check list
- Shadow
- Be shadowed



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

Resources

- **Reference Package**
- Activity Sheet
- Tracking Sheet
- FPL Chart

Learning Reality Check

- EVERY CASE IS DIFFERENT
 - Everyone is an expert
 - why y'all have questions
 - why experienced managers lurk nearby
- Jargon Giraffe
- ELMO—enough, let's move on

The Affordable Care Act



Major Provisions of the Affordable Care Act

- Guaranteed Issue
- Minimum Standards
- Health Insurance Exchanges
- Subsidies for Low Income Households

- Medicaid Expansion*
- Individual Mandate*

Talking Points

Nothing (MAJOR) has changed.

Pending Lawsuit connected to pre-existing conditions

2019 Marketplace plans must still meet the law's provisions

Financial help a part of the law

-Admin no longer pays CSR; insurance companies do



The Marketplace, Locally



What We Expect

Same Enrollment Period as 2018: Nov 1 – Dec 15

Navigator Funding = Basically Gone in Texas!

—But does not impact us

Short Term Junk Plans

Sendero

Notice of Proposed Rule Change to Public Charge

Notice of Proposed Rule Change

– Early Drafts

- Expanded Public Charge to consider:
 - earned income tax credit
 - educational assistance
 - marketplace assistance
 - Medicaid/CHIP/SNAP

– More recent information

- No mention of safety net health programs!!
 - Marketplace assistance
 - Medicaid/CHIP/SNAP only considered if applicant received

Our Role: Public Charge Concerns

- Provide information, not immigration advice
- PIF Document for Community Members
- Grab a manager

Enrollment

How we do all that we do

THE TRACKING SHEET

STEP 1: CONSENT & SURVEY

Today's Date _____ Spanish speaker?
 Eligible to purchase MP plan (not Medicare, undocumented, DACA (C33))
 Authorization form complete & signed HAAM/SIMS consent, if applicable
 Intake entered / County where lives: _____

STEP 2: EMPLOYER COVERAGE FOR YOU/SPOUSE

No employer: Self-employed/contractor Not working Retired
Employer(s): _____
 Employed but No Coverage(why? _____)
 Verified: fewer than 50 FTE, no coverage offered or not offered to part-time
 Gave letter to take to employer (m/d: _____)
Has offer but: Not Adequate Not Affordable to Employee Only: _____%
OR *Attach calculation to this form.*
 Full-Price Plans Only Confirmed offer is adequate & affordable. CAC: _____m/d: _____

STEP 4: ESTIMATE HOUSEHOLD INCOME FOR 2019

Do NOT include: Supplemental Security Income (SSI), student loans, bank loans, cash gifts, child support, VA benefits, workers' comp, scholarships for tuition/books

Self-Employment: Income minus expenses _____
 Paychecks: Hourly rate x # Hours? _____
 Social Security _____
 Pensions / Annuity / Retirement _____
 Unemployment _____
 Investment / Rental / Royalties _____

in Household: _____ Est Total for 2019: \$ _____

FPL: <100% 100-150% 151-200% 201-250% 251-400% >400%

If <100%, eligible for PTC? YES NO (See Step 4 <100% Tool)

STEP 3: 2019 TAX HOUSEHOLD

Relationship (A)	Age	Immigration Status (B)	If LPR/EAD, Immigration Category? (C)	Current Source Coverage (D)	If uninsured, how long? (E)	Circle T if Tobacco user (F)	Referred from the following? (G)	Step 5	Plans to Enroll	
								ID on MP appl (H)	Likely to Enroll in MP	Today's Date (mo / day)
						T	LSCC PCC		YES	
						T	CC DP		YES	
						T	ASA WH		YES	
						T	SO TO		YES	
						T	AC BCRC		YES	
						T	CH RS		YES	
						T	WF		YES	
						T	Other _____		YES	

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

Resource Page organized by the Steps!

Step 1: Intake Resources

- Training on Step 1
- **Link:** Enter Intake Form
- **Links for Appointments**
 - Acuity
 - Airport: (shepard)
 - Stassney: (terrier)
- Form: Additional Dependents
- **How to:** Access Language Line
- **How to:** Determine who is eligible for HAAM
- **Consumer:** Medicare Resources
- **Consumer:** MAP Appt / Spanish

Step 2: Employer Coverage

- Training on Step 2
- **How to:** Calculate Affordability
- **Tip:** Info collected on Employers
- Tools for possible employer offer:
 - **Script:** Ask HR about offer
 - **Script:** Explain impact of Employer Offer
 - **Consumer:** Impact of Offer – Chart
 - **Consumer:** HR Letter + Employer Coverage Tool / Spanish
- **Tip:** Insurance offers that do NOT disqualify you from PTC, including types of Tricare.
- **Link:** See Plans & Prices before I apply
- **Cheapest Full-Price Plans in Hays, Travis & Wlmsion**
- **Cheapest Full-Price Plans in Bastrop & Caldwell**

Step 3: Tax Household

- Training on Step 3 / Tax Guide for CACs
- **Key:** Tracking Tool Codes
- Form: Additional Dependent

Step 4: Income

- Training on Step 4
- **Resource:** Types of income to include
- **Key:** 2018 FPL Chart

Step 6: Plan Selection

- Training on Step 6
- **Network Notes**
 - **Key:** Compare Insurance Companies (updated 4/1/18)
 - **Key:** Compare Bronze & Catastrophic Plans
 - **Key:** How to use this insurance outside of Austin
- Examples of Medical Costs & How Plans Work
 - Sample Medical Costs
 - Example of Bronze versus Silver Costs
- **Provider Directories & More Network Notes**
 - Ambetter (EPO no referral needed)
 - Ambetter State Coverage
 - Ambetter Texas Counties
 - Ambetter+Vision info
 - BCBS (Blue Advantage HMO)
 - Oscar (EPO no referral needed)
 - Hospitals in network with Oscar
 - People's Community Clinic NOT in-network
 - Sendero Idealcare (HMO)
 - Sendero Local Pharmacies
- **Drug Formularies**
 - **How to:** Navigate a Drug Formulary
 - Ambetter
 - BCBS
 - Oscar
 - Sendero
- **Reference**
 - Insurance Terms / Spanish
 - HSA = Health Savings Accounts
- **Vision Discount Plans**
 - **Tip:** NOT for medical issues; only discount on glasses/contacts
- **Dental Discount Plans**
 - **Tip:** Recommend Manos de Cristo over buying dental plan
 - **Tip:** NO advantage to buying Marketplace dental plan unless consumer has existing dental plan they want to renew.
 - **Link:** Dental Plan search tool
 - **Consumer:** Dental Plans / Spanish
 - **Script:** Explain Dental Plans
 - **Consumer:** Dental access for CHAP participants

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

Generally,

- Steps 1 through 3 completed by Intake CACs
 - (staff and not volunteers)
- Enrollment CACs do Steps 4 through 7

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 and work in order!

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

Having really emphasized the whole “work in order of steps” thing...



INSURANCE 101



Defining Health Insurance:

What it is and What it does

What is it?

A **contract** between an individual and an insurance company.

Contract Basics

Insured pays a Monthly Premium

Insurance company covers part of the costs of the insured's care

=Cost Sharing

Important Insurance Terms

- Premium
- Deductible
- Out of Pocket Maximum
- Co-Payments
- Co-Insurance

Page 8 in Reference
Package

Important Insurance Terms

- HMO, EPO, POS, PPO
- Provider
- Network
- Primary Care Provider
- Specialist

Insurance Plan Network Types

	PPO Preferred Provider Organization	EPO Exclusive Provider Organization	POS Point-of-service	HMO Health Maintenance Organization
Primary Care Physician (PCP) required?	No	Sometimes	Yes	Yes
Referral required to see a specialist?	No	No	Sometimes	Yes
"In-network" benefits	Yes	Yes	Yes	Yes
"Out-of-network" benefits	Yes	No	Yes	No
Flexibility	Highest	High	Medium	Low
Cost	\$\$\$\$	\$\$\$	\$\$	\$

Note: These are general guideline, not absolutes
MP ONLY has EPOs and HMOs

What it Does: The Summary of Benefits

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

HUMANA HEALTH PLAN OF TEXAS, INC.: TX NCR HUMANA HMO 16 - SEP ACC&CPY
OV&DED/COINS IP

Coverage Period: Beginning on or after 01/01/2018


Coverage for: Individual + Family | Plan Type: HMO

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$5,000 Individual / \$10,000 family Doesn't apply to <u>prescription drugs</u> and network <u>preventive services</u> . <u>Coinsurance</u> and <u>copayments</u> don't count toward the <u>deductible</u>	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your deductible?	<u>Network Providers</u> : Yes. Preventive, Certain Office Visits, <u>Emergency Room Care</u> , <u>Urgent Care</u> , <u>Prescription Drugs</u> and Certain Therapies. <u>Non-Network Providers</u> : Not Applicable.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet <u>deductibles</u> for specific services.
What is the out-of-pocket limit for this plan?	\$6,500 individual / \$13,000 family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.



Summary of Benefits

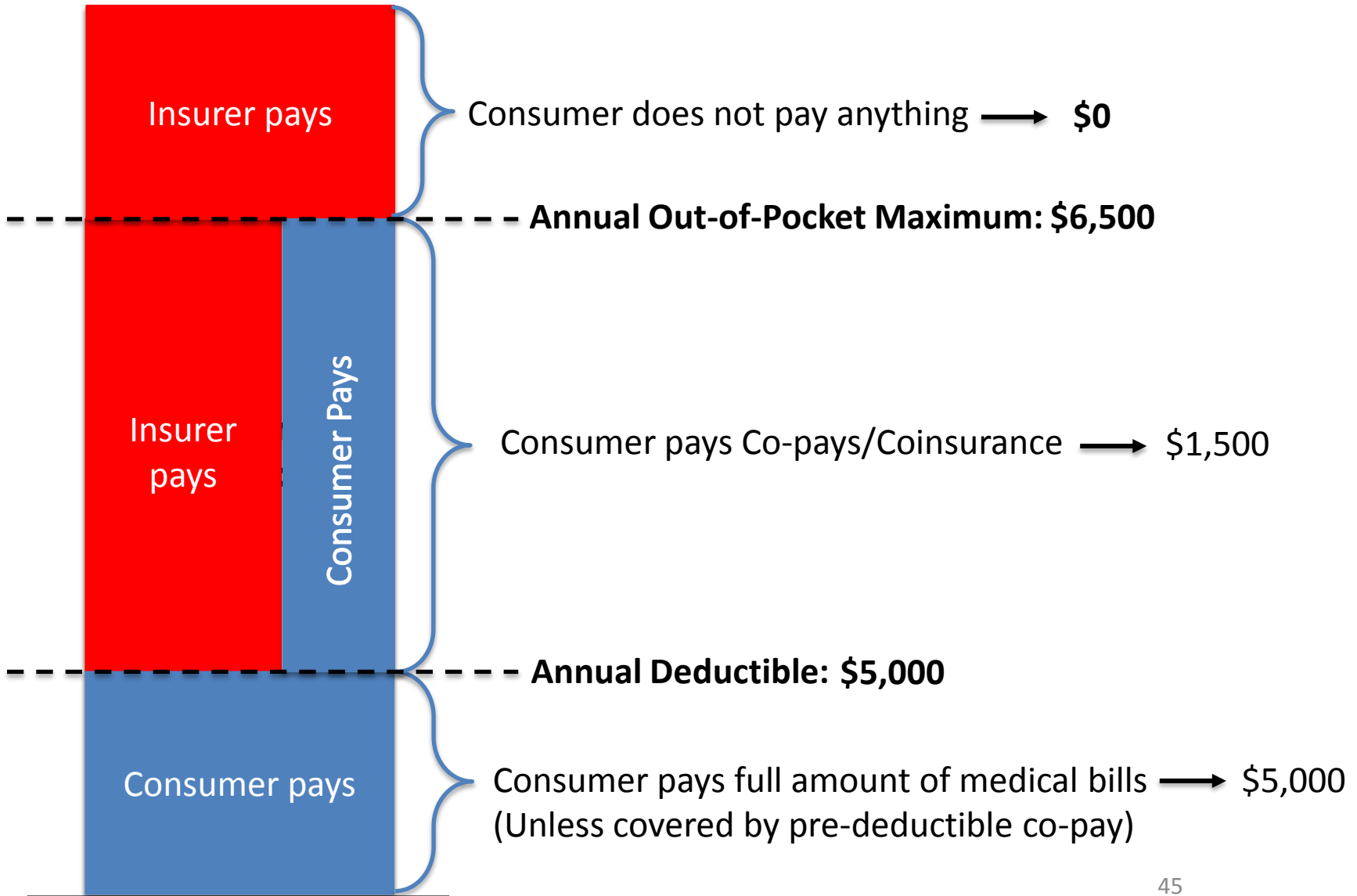
Do you need a <u>referral</u> to see a <u>specialist</u>?	No	You can see the <u>specialist</u> you choose without a <u>referral</u> .
--	----	--

 All copayment and coinsurance costs shown in this chart are after your deductible has been met, if a deductible applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$30 copay/office visit; <u>deductible</u> does not apply	Not Covered	None
	<u>Specialist</u> visit	\$55 copay/visit; <u>deductible</u> does not apply	Not Covered	None
	<u>Preventive care</u> / <u>screening</u> / immunization	No charge	Not Covered	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge; <u>deductible</u> does not apply	Not Covered	<u>Diagnostic Test</u> : <u>Cost share</u> may vary based on where service is performed
	Imaging (CT/PET scans, MRIs)	50% <u>coinsurance</u>	Not Covered	



Explaining Cost-Sharing Terms



Summary of Benefits

- Susie Q needs an x-ray. The x-ray will be done at an in network provider and usually costs \$3,200.
- What will Susie Q pay for the x-ray?



What Will Susie Pay for her \$3,200 x-ray?

\$55 co-pay

\$3,200
deductible

\$1,600 in
co-insurance

\$0

Summary of Benefits

- What if Susie Q now needs an MRI?
- If the MRI was done at an in network provider and usually costs \$10,000, what will Susie Q pay?



What will Susie pay for her \$10,000 MRI?

\$5,000

\$7,500

\$ 6,500

\$ 0

Summary of Benefits

- After her x-ray and her MRI, Susie will need a follow up visit with her specialty doctor?
- What will she pay for this visit?



What will Susie Q pay for her two follow up doctor's visits?

\$55

\$30

Visit is preventative. Susie would never have had to share costs for it.

\$0

The Value of Insurance Misunderstood:



“But I’m not sick! I don’t
need insurance!”



Number one cause of Bankruptcy



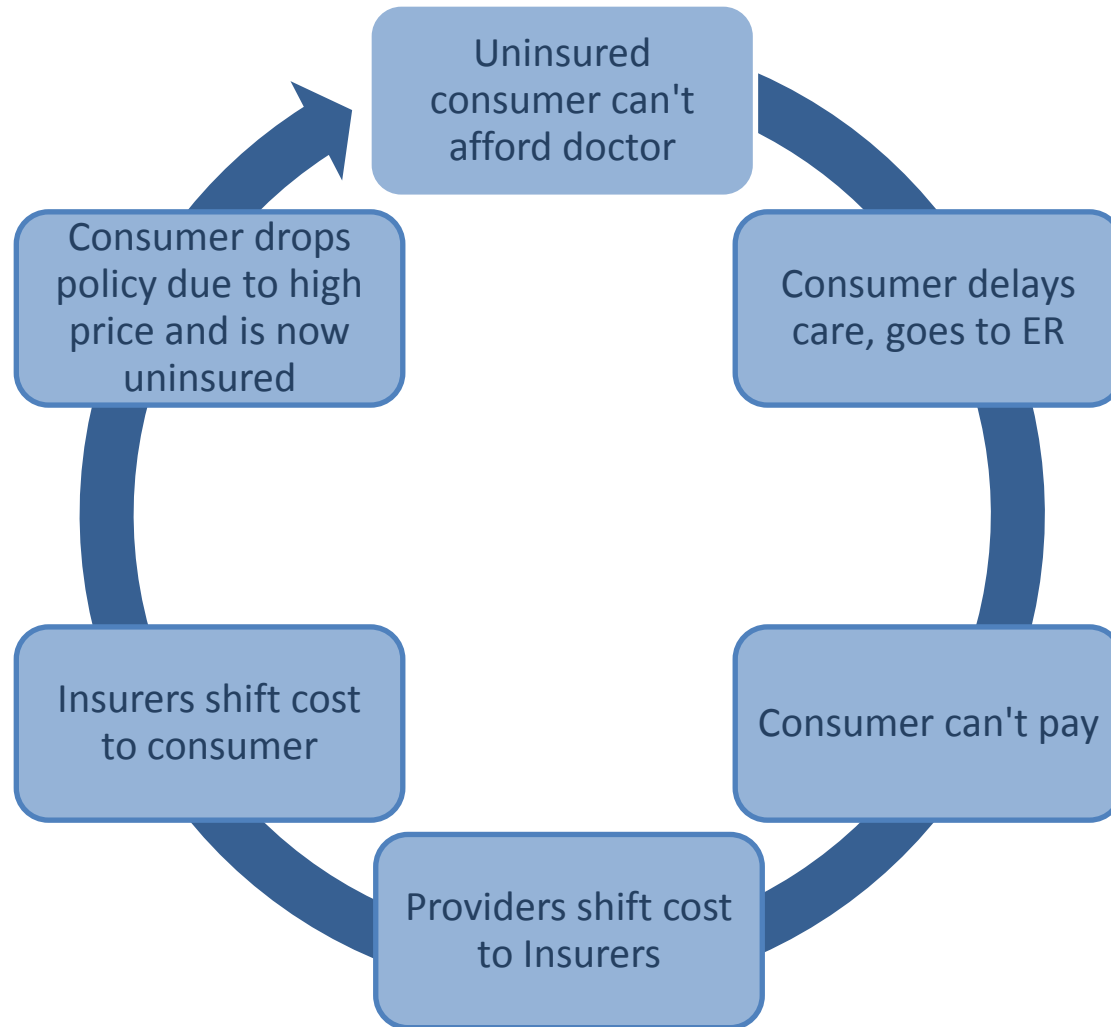
= Medical Debt



Having a baby =	\$9,000
8 Weeks of Chemotherapy =	\$30,000
Appendectomy =	\$33,000
Coronary artery bypass surgery =	\$45,000
Open Heart Surgery =	\$324,000
Intestine transplant =	\$1,000,000+



The Social Cost of the Uninsured



Medicaid for Pregnant Women & Children's Medicaid Age <1		Children's Medicaid Age 1 to 5	Children's Medicaid Age 6 to 19	Medicaid for Caregivers		MAP CAP 50% of FPL		Full MAP 100% of FPL	Full MAP for Elderly and/or Disabled 200% of FPL	Children's Health Insurance CHIP 206% of FPL	Children's Health Insurance CHIP Perinatal 207% of FPL	
203% of FPL		149% of FPL	138% of FPL			Pink Card		Pink	Pink			
Texas Resident: <ul style="list-style-type: none"> • Pregnant woman; and/or • Child < Age 1 • U.S. Citizen or LPR on or before 8/22/96 • Abused/Battered, Ameriasian, Asylee, Conditional Entrant, Cuban/Haitian, Parolee, Refugee, Victim of Crime/Trafficking, and/or Withheld Deportation • LPR continuously in the US since 8/21/96 • LPR for at least 5 years with 40 quarters of SSA wage credits including applicable credits from spouses or parents if child is < age 18 • Veteran LPR or has a US military connection • Child if Mother is not Medicaid eligible 		Texas Resident <ul style="list-style-type: none"> • Child age 1-5 • US Citizen or LPR • Abused/Battered, Ameriasian, Conditional Entrant, Cuban/Haitian, Parolee, Refugee, Victim of Crime/Trafficking, and/or Withheld Deportation 	Texas Resident <ul style="list-style-type: none"> • Child age 6-19 • US Citizen or LPR • Abused/Battered, Ameriasian, Asylee, Conditional Entrant, Cuban/Haitian, Parolee, Refugee, Victim of Crime/Trafficking, and/or Withheld Deportation 	Texas Resident: <ul style="list-style-type: none"> • Non-pregnant adult(s) with child age < 19 if in school; • U.S. Citizen or LPR on or before 8/22/96; • Abused/Battered, Afghani or Iraqi, Amerasian, Asylee, Conditional Entrant, Cuban/Haitian, Parolee, Refugee, Victim of Crime/Trafficking, and/or Withheld Deportation; • LPR continuously in the U.S. since 8/21/96; • LPR for at least 5 years with 40 quarters of SSA wage credits • Veteran LPR or has a U.S. military connection • <i>Count Resources for TANF (below \$1,000)</i> 		Travis County Resident: <ul style="list-style-type: none"> • Undocumented • Legal status but no LPR: <ul style="list-style-type: none"> ○ Abused/Battered ○ <i>Afghan/Iraqi Immigrant</i> ○ Asylee ○ Conditional Entrant ○ <i>Citizen of Micronesia, Republic of Palau or Marshall Islands</i> ○ Cuban/Haitian ○ <i>NACARA 203 Relief</i> ○ Parolee ○ <i>Pending Adjustment of Status</i> ○ Refugee ○ <i>Temporary Protective Status</i> ○ Victim of Crime/Trafficking ○ Withheld Deportation 		Travis County Resident: <ul style="list-style-type: none"> • U.S. citizen • LPR or Conditional Permanent Resident • Meets the Travis County Resident Grandfather Clause 	Travis County Resident: <ul style="list-style-type: none"> • Have been determined disabled through SSA including homeless and do not have Medicare • Elderly (67 or older) and do not have or do not qualify for Medicare • Undocumented and elderly (67 or older) and can show 20 continuous years of residency in the US. 	Texas Resident: CHIP: <ul style="list-style-type: none"> • Child age <19 • U.S. Citizen or LPR NOT Medicaid eligible • No private health insurance 	Texas Resident CHIP Perinatal <ul style="list-style-type: none"> • All pregnant woman not eligible for Medicaid regardless of immigration status 	
Family Size	203% of FPL	149% of FPL	138% of FPL	1 parent	2 parents	Family Size	50% of FPL	100% of FPL	200% of FPL	Family Size	206% of FPL	207% of FPL
1	\$2,041	\$1,499	\$1,388	\$103	n/a	1	\$503	\$1,005	\$2,010	1	\$2,072	\$2,082
2	\$2,748	\$2,017	\$1,868	\$196	\$161	2	\$677	\$1,354	\$2,707	2	\$2,789	\$2,802
3	\$3,456	\$2,537	\$2,350	\$230	\$251	3	\$851	\$1,702	\$3,404	3	\$3,507	\$3,524
4	\$4,162	\$3,055	\$2,830	\$277	\$285	4	\$1025	\$2,050	\$4,100	4	\$4,224	\$4,244
5	\$4,869	\$3,574	\$3,310	\$310	\$332	5	\$1200	\$2,399	\$4,797	5	\$4,941	\$4,965
6	\$5,577	\$4,094	\$3,792	\$356	\$367	6	\$1374	\$2,747	\$5,494	6	\$5,659	\$5,687
7	\$6,284	\$4,612	\$4,272	\$389	\$412	7	\$1548	\$3,095	\$6,190	7	\$6,376	\$6,407
8	\$6,991	\$5,132	\$4,753	\$441	\$447	8	\$1722	\$3,444	\$6,887	8	\$7,095	\$7,129

Coverage Categories in the United States

Medicare

- SSA Administered
- Contributory Benefit
- For the retired, disabled or individuals with specific conditions
- Divided into Parts

Medicaid

- State Administered
- Means-tested benefit up to 138% FPL
- **In Texas:** For citizens, residents and most humanitarian statuses:
 - **Children**
 - Pregnant women (203%)
 - Elderly or disabled citizens
 - Breast or Cervical Cancer
 - Parents with VERY low income

CHIP Children's Health Insurance Program

- State Administered
- Means-tested benefit betw. 139% -207% FPL
- For:
 - **Children** (citizens and residents)
 - Pregnant Woman (all women not eligible for Medicaid =**CHIP Prenatal** eligible, regardless of immigration status)



The Affordable Care Act: Filling Gaps

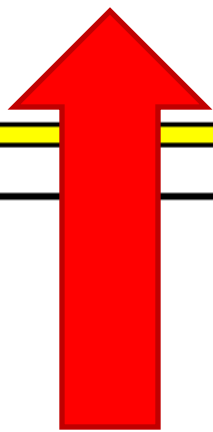
- Expanded Medicaid
 - for low income adults
- Marketplace Plans
 - Private insurance with gov financial assistance
 - Reduced premiums
 - Reduced costs of care

2019 Federal Poverty Levels & Brackets for

Number in Tax Household and Estimated Income for 20

#	<100%	100%	150%	150
1	Limited eligibility for PTC & CSR based on immigration status	\$ 12,140	\$ 18,210	\$ 18
2		16,460	\$ 24,690	\$ 24
3		20,780	\$ 31,170	\$ 31
4		25,100	\$ 37,650	\$ 37
5		29,420	\$ 44,130	\$ 44
6		33,740	\$ 50,610	\$ 50
7		38,060	\$ 57,090	\$ 57
8		42,380	\$ 63,570	\$ 63
		CSR 94% (06)		C
Premium Tax Credit + Cost Sharing Reduct				
		100%	150%	150

The Texas Medicaid Gap



Covering the GAP in Central Texas

MAP

Travis County's
indigent health
program

PROJECT ACCESS

A network of
volunteer physicians
and community
partners donating
care

SFS

Sliding Fee Scale
payment system
offered by FQHCs
(and Community
Health Clinics)

**Travis County
Residents Only**



Resource Card



Foundation Communities

foundcom.org

Obamacare Health Insurance, MAP, CHIP & Medicaid

North 512.496.3786 / South 512.610.7386

enroll@foundcom.org / InsureCentralTexas.org

Free Tax Preparation: 512.610.7374

Financial Coaching: 512.610.4026

Self-Employed Coaching: 512.610.4026

Money Management Class: 512.815.7184

Cash for College: 512.610.4012

Scholarship Mentoring: 512.610.4012

Homebuyer Education: 512.815.7184

ESL Classes: 512.815.7381

Free Minds (College Humanities Classes): 512.610.7961

Housing: 512.610.7392

foundcom.org/housing

Community Resources

General Information Call 2-1-1 (option 1)

Local Clinics / Sliding Fee Scale

CommUnity Care: 512.978.9015

El Buen Samaritano: 512.439.0701

Lone Star Circle of Care: 1.877.800.5722

People's Community Clinic: 512.478.4939

Seton Kozmetsky: 512.324.4940

Seton McCarthy: 512.324.4930

Seton Topfer: 512.324.6850

Volunteer Health Clinic: 512.459.6002

CHIP/Medicaid Applications

Central Health: 512.978.8130

Medical Access for Travis County Residents

MAP: 512.978.8130

Project Access: 512.206.1164

Medicare / Services for Seniors

Area Agency on Aging: 512.916.6062

Social Security Office: 1.866.627.6991

Dental: Manos de Cristo: 512.477.2319

Marketplace: 1-800-318-2596

healthcare.gov/see-plans

Questions?



Let's do a 15 Minute Break!

ICT's Enrollment Steps!

STEP 1: CONSENT & SURVEY

- Today's Date _____ Spanish speaker?
- Eligible to purchase MP plan (not Medicare, undocumented, DACA (C33))
- Authorization form complete & signed HAAM/SIMS consent, if applicable
- Intake entered / County where lives: _____

STEP 2: EMPLOYER COVERAGE FOR YOU/SPOUSE

- No employer:** Self-employed/contractor Not working Retired
- Employer(s):** _____
- Employed but No Coverage(why? _____)
- Verified:** fewer than 50 FTE, no coverage offered or not offered to part-time
- Gave letter to take to employer (m/d: _____)
- Has offer but:** Not Adequate Not Affordable to Employee Only: _____%
- OR**
Attach calculation to this form.
- Full-Price Plans Only** Confirmed offer is adequate & affordable. CAC: _____m/d: _____

STEP 4: ESTIMATE HOUSEHOLD INCOME FOR 2019

Do NOT include: Supplemental Security Income (SSI), student loans, bank loans, cash gifts, child support, VA benefits, workers' comp, scholarships for tuition/books

- Self-Employment:** Income minus expenses _____
- Paychecks:** Hourly rate x # Hours? _____
- Social Security** _____
- Pensions / Annuity / Retirement** _____
- Unemployment** _____
- Investment / Rental / Royalties** _____

in Household: _____ Est Total for 2019: \$ _____

FPL: <100% 100-150% 151-200% 201-250% 251-400% >400%

If <100%, eligible for PTC? YES NO (See Step 4 <100% Tool)

STEP 3: 2019 TAX HOUSEHOLD

Relationship (A)	Age	Immigration Status (B)	If LPR/EAD, Immigration Category? (C)	Current Source Coverage (D)	If uninsured, how long? (E)	Circle T if Tobacco user (F)	Referred from the following? (G)		Step 5	Plans to Enroll	
									ID on MP appl (H)	Likely to Enroll in MP	Today's Date (mo / day)
						T	LSCC	PCC		YES	
						T	CC	DP		YES	
						T	ASA	WH		YES	
						T	SO	TO		YES	
						T	AC	BCRC		YES	
						T	CH	RS		YES	
						T	WF			YES	
						T	Other _____			YES	

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

Updated 08/30/18

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

Step 1: Authorization and Intake

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

HAAM SIMS New HAAM/SIMS CHAP SFS

STEP 1: CONSENT & SURVEY
Today's Date _____ Spanish speaker?
 Eligible to purchase MP plan (not Medicare, undocumented, DACA (C33))
 Authorization form complete & signed HAAM/SIMS consent, if applicable
 Intake entered / County where lives: _____



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?

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

Consumers read and complete:

Authorization Form



Intake 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: _____

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

Step 1: INTAKE FORM – PLEASE WRITE CLEARLY! Date: _____

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

Did anyone in your household use their Marketplace health insurance in 2018? Yes No

If Yes, how many people used their Marketplace insurance? _____

Are you an FC resident or have you used any of these Foundation Communities programs?

Resident Taxes Financial Coaching College Hub Food Pantry

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

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

Step 1: INTAKE FORM – PLEASE WRITE CLEARLY! Date: _____

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

Did anyone in your household use their Marketplace health insurance in 2018? Yes No

If Yes, how many people used their Marketplace insurance? _____

Are you an FC resident or have you used any of these Foundation Communities programs?

Resident Taxes Financial Coaching College Hub Food Pantry

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

Intake CAC Enters the Intake Form!

REVIEWS Survey info
with Customer

ENTERS Info into
Quickbase

On the Tracking Sheet

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

STEP 1: CONSENT & SURVEY

Today's Date _____ Spanish speaker r

Eligible to purchase MP plan (not Medicare, undocumented, DACA (C33))

Authorization form complete & signed HAAM/SIMS consent, if applicable

Intake entered / County where lives: _____

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

ALL “LAWFULLY PRESENT” INDIVIDUALS
ARE ELIGIBLE FOR PLANS THROUGH
THE MARKETPLACE EXCEPT:

Undocumented

DACA / Dream Act

Incarcerated

Enrolled in free Medicare Part A

Visitor Visa Statuses