



Helping Consumers Complete an Enrollment Starting December 1st: Tips for Agents and Brokers

The following is a step by step guide for agents and brokers to follow so that they can help consumers get through the enrollment process.

I. How can I assist consumers who have not already started the enrollment process?

You have two primary options to help consumers who have not previously started an application: (1) a direct enrollment pathway, through which you can use an issuer's website to assist the consumer; or (2) a Marketplace pathway, through which you can help the consumer using the Marketplace website.

Option 1: Direct Enrollment Pathway for Agents and Brokers to Assist Consumers

Direct Enrollment is currently available to all issuers in all states. In addition, CMS recently launched a direct enrollment pilot in three states (Texas, Florida and Ohio) to expand and improve the implementation of the direct enrollment pathway, so that issues and fixes identified during the pilot will be shared with the broader community. If you are affiliated with an issuer that supports direct enrollment (irrespective as to whether the issuer is participating in the pilot), you will be able to use the issuer's online agent/broker platform to complete an application on the Marketplace website for the consumer and help the consumer to select a qualified health plan.

Through this pathway, you can log on to an agent/broker landing page available through direct enrollment on the Marketplace website and can complete an application *for the consumer*. Please note that you must be working with an issuer that supports direct enrollment in order to access that agent/broker landing page on the Marketplace website.

Agents/brokers assisting consumers using this pathway will follow these general steps:

1. Work with the consumer to determine whether he or she would like to apply for qualified health plan coverage through the Federally-facilitated Marketplace. If necessary, you can use the plan landscape and premium estimator available on the Marketplace website to help the consumer determine which plan and issuer would meet the consumer's needs.
2. Advise the consumer to gather the appropriate documents he or she will need to complete the application.

3. Log on to the issuer's agent/broker portal and supply your agent or broker credentials as required by the issuer.
4. Using the issuer's online portal, you will be securely redirected from the issuer's agent portal to an agent/broker landing page on the Marketplace website;
5. Log into the agent/broker landing page on the Marketplace website.
6. With the consumer, complete the eligibility application on the Marketplace website for the consumer. Please note that the consumer will not set up his/her own MyAccount username and password through an agent or broker, but can return to the Marketplace website separately or call the Marketplace call center to set up his/her MyAccount username and password.
7. Once you have completed the application with the consumer and received the consumer's eligibility determination from the Federally-facilitated Marketplace, you will be securely redirected to the issuer's website. Once back on the issuer's site, compare and select a plan with the consumer. Please note that through this process you will only be able to help the consumer choose among plans offered by that specific issuer.
8. If applicable, select the amount of the advance premium tax credit that the consumer would like to apply.
9. At this point, the issuer will submit the enrollment information to the Marketplace. Your agent or broker identifying information will be included in the official Federally-facilitated Marketplace enrollment record sent to the issuer.

Note: If your client wants to select a plan whose issuer does not support the direct enrollment pathway, or if the direct enrollment pathway is temporarily not available, you can always default to the Marketplace pathway and assist the consumer as he or she completes the application and plan selection process online through the Marketplace website.

Option 2: Marketplace Pathway for Assisting Consumers

You can also assist a consumer he/she completes an application directly on the Federally-facilitated Marketplace website using the Marketplace pathway. To help a consumer using this pathway, follow these general steps:

1. Advise the consumer to gather the appropriate documents he or she will need to complete the application. This information can be found at: [link to healthcare.gov page](#).
2. Help guide the consumer in setting up his or her own Marketplace account. The agent or broker can assist the consumer in creating his or her account if needed, but the consumer or a legally authorized representative must create his or her own Marketplace username and password and should not share this information with third parties, including agents and brokers.
3. You can then help guide the consumer as he or she completes the eligibility application on the Marketplace website.

4. In the application, the consumer will be prompted to enter your Federally-facilitated Marketplace user ID and NPN on the application to indicate that an agent or broker assisted him or her. You should provide this information to the consumer and help ensure that the consumer correctly fills in this information.
5. The consumer will then receive an eligibility determination; please have the consumer print this for his or her records.
6. If determined eligible, have the consumer use the plan shopping feature on Healthcare.gov. You can assist the consumer in comparing qualified health plans (QHPs) on the Marketplace website and submitting the consumer's selection.

If for some reason the Marketplace website is not available:

Arrange a 3-way call between yourself, the consumer and the Federally-facilitated Marketplace Call Center (1-800-318-2596) to fill out the application over the phone, receive an eligibility determination and choose a plan. The consumer must be on the phone with the agent or broker and Call Center representative to complete an application and/or make a plan selection. The Call Center will record the agent's information when the agent and consumer conduct a 3-way call with the Call center.

II. My client is stuck somewhere in the application. What can I do to help them?

If your client previously created his/her own account and tried to file an application online through the Marketplace but the application became stuck, please advise your client that he/she has options that include:

1. Remove his/her ongoing or submitted application – You client will login to his/her account and then click “Remove” application in the My Account section. Have your client then close out their web page and then log back in using their same account. You can then help your client start a brand new application.
2. If this option doesn't work, you and your client should conduct a 3-way call with the Call Center, which will either help you and your client walk through the application or start the process from the beginning with a new application. If this does not work, the Call Center can elevate the case to a caseworker.

III. My client has submitted a paper application but hasn't heard anything.

There are several options – as your client may have an eligibility determination in the system even though he/she has not heard back:

1. Advise your client (or you and your client together may) call the Call Center – they can look up whether or not your client has an eligibility determination in the system and can

provide his/her application ID #. Once your client has his/her application ID # and confirmation that an eligibility determination IS in the system, your client can:

- a. Continue the call with Call Center, which can also read the plan options to him/her over the phone and he/she can select a plan over the phone.
- b. Go to healthcare.gov and create an account – once your client has created an account and logged in – he/she can retrieve his/her eligibility determination by entering his/her application ID. He/she can then view plans online and select one to enroll in, as planned in healthcare.gov.
- c. If you are affiliated with an issuer that supports direct enrollment, you can help your client select a plan on an issuer's site. You will need to log on to the issuer's agent portal. With the application ID, the issuer will be able to retrieve your client's eligibility determination. Once the issuer has retrieved the eligibility determination, you will be able to help your client select a plan on the issuer site. Please note that once redirected back to the issuer's site, you will only be able to help your client choose among plans offered by that specific issuer.

If the Call Center was unable to pull up your client's eligibility determination and application ID #, your client could:

2. Start a new application online on the Marketplace website – create an account, fill out the online application, receive a new eligibility determination and select a plan;
3. If you are affiliated with an issuer that supports direct enrollment, use the issuer's online agent/broker platform to complete an application on the Marketplace website and help the consumer to select a plan; OR
4. Call the Call Center (1-800-318-2596) to fill out a new application over the phone, receive an eligibility determination and choose a plan.

IV. My client has an eligibility determination– but is having technical problems picking a plan, or has picked a plan but the insurer doesn't have his/her info.

1. If necessary, you can use the plan landscape and premium estimator available on the Marketplace website to help the consumer determine which plan and issuer would meet the consumer's needs.
2. If your client wants to select a plan and the issuer of the plan supports direct enrollment, you can log onto the issuer's agent portal and you can help your client select a plan on an issuer site.
3. If your client wants to select a plan that is not supported through direct enrollment, you can always conduct a 3-way call with your client and the Call Center. The Call Center

can look up your client's eligibility determination using his/her SSN, name and address and facilitate plan selection over the phone.

IV. My client is eligible for Medicaid or CHIP. What are the next steps?

1. The Health Insurance Marketplace will automatically send your client's information to the state Medicaid or CHIP agency. The Medicaid agency will then send information on benefits and services directly to your client.
 - If the Marketplace says your client *may* be eligible, the Medicaid or CHIP agency may send him/her a letter to ask for more information, if needed, to complete the application and send a decision. Your client should not need to apply again. In most cases, the Medicaid or CHIP agency will have all the information it needs to determine your client's eligibility and process the enrollment. Then your client will receive a notice with information about how to use benefits.
2. If your client has not heard back from the Medicaid or CHIP agency, then he/she can contact the state's Medicaid or CHIP agency to find out if he/she is eligible or if the agency needs more information. Your client can find the contact information for his/her state's Medicaid and CHIP agencies at Healthcare.gov or by contacting the Call Center.
 - As of December 1, 2013 the Marketplace has not transferred the applications (or accounts) over to the Medicaid and CHIP agencies due to systems issues, but it has sent the Medicaid agencies the names of the people who have been determined or assessed as Medicaid or CHIP eligible (called a "flat file"). When your client calls to find out the status of the application, the Medicaid agency can check this list and confirm that the application is in the system and will be processed as soon as it is received.
 - On November 29, 2013, CMS made available a new process for states to enroll people who have been assessed or determined eligible for Medicaid or CHIP based on the information sent to the Medicaid and CHIP agencies through these "flat files." This will help expedite enrollment in states that pick up the new option. CMS will publish the list of states that are taking up this new enrollment option on Medicaid.gov.