



Tips for Agents & Brokers When Using the Marketplace Call Center

The Marketplace Call Center's top priority is keeping consumers' health care coverage and personal information safe. The Call Center provides objective information about Marketplace coverage options and helps consumers apply and enroll. The Call Center doesn't earn commissions, they're here to assist consumers with any of their application and coverage needs.

Recent Changes to Agent/Broker Processes

To prevent unauthorized activity, the Centers for Medicare and Medicaid Services (CMS) implemented system changes that block certain coverage changes from being made through agent/broker pathways on enhanced direct enrollment (EDE) and classic direct enrollment (DE) websites. As a result of this process change, agents/brokers may receive an error message advising them to conduct a 3-way call with the Marketplace Call Center and the consumer to make changes. Alternatively, consumers may submit the changes through a consumer self-service channel, such as their Healthcare.gov account.

This process change was put in place to protect the clients and businesses of most agents/brokers that are following CMS rules. While the process may require additional steps on the front-end, the goal is to ultimately save time by not having to correct coverage issues because of unauthorized agent/broker enrollments and plan switches.

Contacting the Marketplace Call Center

The Marketplace Call Center is available to help 24 hours a day, 7 days a week (except for the

following holidays: Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day). During these times, limited information is still available for consumers to check through the Call Center voice menu.

Consumers contact the Marketplace Call Center by calling the main line 1-800-318-2596.

Agents/brokers should contact the Marketplace Call Center through the partner line by calling 1-855-788-6275 with the consumer on the line if they do not have a valid Call Center authorization. Please note that agents/brokers will be prompted to enter their National Producer Number (NPN) when asked for their ID number. Agents/brokers should always enter their personal NPN, not an agency NPN (even if they are using an agency NPN on the consumer's application).

While wait times continue to be low, the busiest times at the Call Center are Mondays and Tuesdays between 10 am and 2 pm Eastern Daylight Time. There may be minimal waits during these times.

Language Services

The Call Center can support English and Spanish callers without a third-party interpretation service. Agents/brokers who need to speak with a Spanish-speaking Call Center representative should select the Spanish menu option prompt when contacting the partner line.

The Marketplace Call Center also supports over 200 languages with the assistance of an interpretation service. If an agent/broker is calling with a consumer who speaks another language,

the Call Center representative is required to enlist the interpretation service to at a minimum receive the consumer's verbal authorization or permission.

If an agent/broker and the consumer they are assisting needs interpretation services in a language other than Spanish, the agent/broker should explain this need upfront, and request assistance in the desired language. When utilizing the language interpretation service, the Marketplace Call Center representative will need to place the agent/broker and consumer on hold to connect with an interpreter. This process will take a few moments, and the agent/broker or consumer should not hang up the call. The Call Center representative will bring the interpreter on the line with them to continue the call.

What to Expect When Speaking with the Marketplace Call Center

Prior to contacting the Marketplace Call Center, agents/brokers may want to communicate to the consumer what they may expect when calling.

Once connected with a Marketplace Call Center representative, agents/brokers should begin the call by clearly identifying themselves and the consumer on the line, and the reason they are contacting the Call Center, in a clear, plain language way that the consumer also understands.

Call Center representatives are trained on consumer language. When calling, agents/brokers should use similar language that HealthCare.gov uses. For example, the representatives won't know what an "AOR" or "NPN Override" is and may be confused if an agent/broker calls in mentioning these terms. Instead of referring to "NPN Override," agents/brokers should explain that they work for an agency and need to add the company's NPN information instead of their individual NPN.

Consumer Disclosure & Authorization Process

The Call Center authorization is separate from the CMS requirements for agents/brokers to document consent from the consumer to work on their behalf, and to document that the consumer has reviewed and verified the accuracy of their Marketplace eligibility application and maintain the records. In addition, the Marketplace Call Center doesn't have access to any consumer permission record or documentation the agent or broker may have already obtained for consent that is stored and accessible to the agent/broker.

For all calls with the Marketplace Call Center, including calls using an interpreter, the Call Center representative will need to go through the disclosure process. This process is done to protect the consumer's information and ensure that the correct record is being accessed. The Call Center representative will request to validate a minimum number of personally identifiable pieces of information from the consumer's record.

When the consumer calls in with a third party on the line, including an agent/broker, the Call Center representative will also need to go through the process of obtaining verbal permission or authorization to speak with the third party. Only the consumer can authorize another person to speak with the Marketplace Call Center on their behalf; the Call Center must pass disclosure and attain verbal permission or authorization directly from the consumer before speaking with the agent/broker. The Call Center representative will complete a verbal authorization if the consumer:

- Wants to give long-term permission to another individual to work on their behalf with the Marketplace Call Center
- Doesn't want to remain on the line with a third-party caller.

The authorization can last for one call only, or for up to 365 days as directed by the consumer.

When calling with a new agent/broker, the consumer may request for any previously entered Call Center authorization for other agents/brokers to be revoked immediately so they are no longer effective. Any Call Center authorization additions or revocation requests must be directed by the consumer **only** and may not be directed by any other individual, even if they have a valid authorization.

If the consumer isn't on the line and there is no Call Center authorization still in effect from a prior call, the agent/broker will be asked to put the consumer on the line or add them to the call. If the Call Center representative can't speak to the consumer, the agent/broker will be asked to call back with the consumer or have the consumer update their application themselves using HealthCare.gov.

Once there is an authorization in effect, the Call Center will be able to help the agent/broker. For example, if the consumer granted a Call Center authorization for the agent/broker to last for 365 days, the consumer would not need to be on the line for future calls within the 365-day time period.

Note, however, that if the consumer granted an authorization on a previous call to last for that one call only, the authorization is considered invalid after that call and is no longer considered effective on future calls. A new authorization will need to be granted by the consumer for the agent/broker to assist on any future calls.

In lieu of a verbal authorization, the Call Center may also provide an option for the consumer to provide a verbal permission. Verbal permission is a short-term authorization provided by the consumer for a one-time call, and it is typically intended to streamline the interaction while having a third party on the line. For verbal permission, the consumer must be present during the entire call. If the consumer verbalizes that they need to drop from the call at any time, then a verbal authorization needs to be added to allow the agent to continue the process. If the consumer drops from the call unexpectedly, the agent will be

asked to contact the consumer and get them on the phone again, and if unable to, the agent will not be able to continue the call until they are able to call back with the consumer. It is common for consumers to provide a verbal permission for that one call only.

Call Center Assistance Using HealthCare.gov

To assist consumers and agents/brokers, the Call Center uses HealthCare.gov to update the consumer's application or update the consumer's enrollment. The Call Center representative will need to step through the entire application process if the application needs to be updated, or the entire enrollment process if an enrollment update needs to be made. The Call Center representative will need to step through each applicable screen to make the necessary application and/or enrollment updates. This flow is the same as the consumer flow available online on HealthCare.gov. The Call Center doesn't have special edit or administrative capabilities to make a change. They navigate through the website to update application information or update enrollment information.

It is important that the agent informs the Call Center representative about what blocker and steps that they've already taken in the process. For example, if they've already updated the consumer's application and only need to submit the enrollment, doing so may streamline the process and prevent unnecessary application updates.

HealthCare.Gov Application and Enrollment Example

Here are the steps that a Call Center representative uses when reporting a life change on the Healthcare.gov website. These steps would also be used if the agent/broker has not already updated the NPN on the application, or if there are other changes to report. If the application has already been updated, the Call Center may proceed directly to plan compare (Step 9) to start the process to confirm the enrollment. Here's an

example that highlights parts of what the flow on HealthCare.gov entails:

1. Select the consumer's application.
2. Click the **Report a life change** link from the menu on the left side of the screen.
3. Then, click the **Report a Life Change** button.
4. Click the appropriate button on the **Have you had any changes like these?** pop-up window.
5. Answer the privacy questions.
6. Click the **Continue to application** button.
7. Review the application information with the consumer and make updates as necessary.
 - a. Confirm and update the agent's or broker's name and their NPN on the application.
 - b. Continue through the application to confirm the consumer's information and make changes as necessary.
8. Submit the application, review the eligibility decision, and then click the **Continue to Enrollment** button.
9. Continue through the plan compare tool, verify the consumer's enrollment, and submit the updated information to the plan. Please note that the call center doesn't have access to or receive any "In Progress" enrollment information from DE/EDE partners. Call center representatives will need to start at the beginning of the plan selection process on HealthCare.gov. During this process, the call center may ask additional questions to confirm plan options and choices, even if a particular plan was chosen prior to the call.
 - a. Call center representatives must go all the way through Plan Compare to confirm the enrollment and submit the plan change. This involves answering questions including, but not limited to confirming how much advanced payment of the premium tax credit (APTC) to apply to the enrollment, adjusting enrollment group(s), confirming the consumer's tobacco usage status, entering preferred provider and drug information, reviewing silver plan cost sharing reduction (CSR) benefits, etc.
 - b. Once a plan has been chosen, click the **Enroll** button and then review the health plan details with the consumer and confirm the consumer's selection in the health plan of their choice. Then click the **Select this plan** button.
 - c. When HealthCare.gov asks, check with the consumer if they want a dental plan. Click the appropriate radio button for Yes or No and click the **Continue** button.
 - d. Read the "other coverage" and "tax credit use" attestations to the consumer. Once the consumer agrees, ask for permission to electronically sign the attestation on their behalf with the consumer's name, and click the **Continue** button.
 - e. Clicking the **Continue** button on the final attestation page submits the new enrollment or resubmits the consumer's existing enrollment. The updated information is sent to the consumer's plan to update the enrollment and agent information. Completing this step will allow the new agent to be able to make changes in the future without having to contact the Marketplace Call Center.

Note: The Marketplace Call Center representatives follow the HealthCare.gov Application and Enrollment tools, including reading all privacy statements, attestations, and questions that HealthCare.gov asks along the flow. This may make the call feel longer but the call center representatives are following the required procedures, and all information must be asked.