

HealthSherpa Broker Platform Training





CMS Security

CMS tightens requirements for Agent authentication

 CMS issued a change request (CR-55) requiring all EDE partners to implement Agent/Broker (A/B) user authentication through CMS IDM-Okta via the EDE Pathways

Integrate My FFM Account	
By selecting 'Link My FFM Account' you will be directed to <	portal.cms.gov> to verify your log in credentials.
FIRST NAME	
Agent	1
LAST NAME	
Name	
NPN	
17169718	
FFM USERNAME	
DATA1EXPO1179	
Your FFM Username is the same login you use when logging into portal.cms.gov.	1

1. If you haven't already, agent accounts needs to be integrated with their FFM account. Agents will be prompted to integrate their accounts when they log in to HealthSherpa.



2. When the agent clicks the "Integrate My FFM Account" button, it will open a new window that asks the agent to login into CMS.gov.

TEND A		
FFM Account Integratio	Your FFM account has been integrated successfully	
Remove My FFM Account 🖄		
e e e e e e e e e e e e e e e e e e e		
By selecting 'Remove My FFM Account	t' you will be directed to <portal.cms.gov> to verify your log in credent</portal.cms.gov>	ials.
By selecting 'Remove My FFM Account	' you will be directed to <portal.cms.gov> to verify your log in credent</portal.cms.gov>	ials.
By selecting 'Remove My FFM Account	' you will be directed to <portal.cms.gov> to verify your log in credent</portal.cms.gov>	ials.
By selecting 'Remove My FFM Account FIRST NAME Agent	you will be directed to <portal.oms.gov> to verify your log in credent</portal.oms.gov>	ials.
By selecting 'Remove My FFM Account FIRST NAME Agent LAST NAME	you will be directed to <portal.oms.gov> to verify your log in credent</portal.oms.gov>	tials.
By selecting 'Remove My FFM Account FIRST NAME Agent LAST NAME Name	you will be directed to <portal.oms.gov> to verify your log in credent</portal.oms.gov>	ials.
By selecting 'Remove My FFM Account FIRST NAME Agent LAST NAME Name NPN	you will be directed to <portal.oms.gov> to verify your log in credent</portal.oms.gov>	ials.
By selecting 'Remove My FFM Account FIRST NAME Agent LAST NAME Name NPN 17150718	you will be directed to <portal.oms.gov> to verify your log in credent</portal.oms.gov>	ials.
By selecting 'Remove My FFM Account FIRST NAME Agent LAST NAME Name NPN 17169718	you will be directed to <portal.oms.gov> to verify your log in credent</portal.oms.gov>	ials.
By selecting 'Remove My FFM Account FIRST NAME Agent LAST NAME Name NPN 17169718 FFM USERNAME	r you will be directed to <portal.oms.gov> to verify your log in credent</portal.oms.gov>	ials.

3. Once the account is integrated, the agent will see a green check mark noting their successful account integration upon logging in to HealthSherpa.



Broker Dashboard Overview

StartApplication

• Start, search or continue an application from the 'Start Application'.





United Healthcare

(801) 123-1234

Español

Search Marketplace

- With EDE, you'll have the ability to search any Marketplace client.
- Quickly import any existing Marketplace application to your HealthSherpa dashboard.

Search for an application

Retrieve existing Marketplace applications and add them to your account.

Contractory and	
Select state	
	sumer to work on their behalf.

Or search by SSN

Search results

By selecting a result, you attest that you are speaking to and have permission from the consumer to access their information.

Applicant	Address	Applicat	tion		
mickey mouse	1234 TEST STREE	2020	ID: 12901170	Add to clients	
DOB: 1980-01-01	PHOENIX, AZ 85001			Contraction of the second second	

Not the results you were expecting? Create a new application.

Clients Tab

- Displays all your successfully enrolled applications. This tab give you access to book of business reporting, bulk renewal emails and overview of your clients statuses.
- Click on a client's name to view their details page.

United Healthcare Exchange Plans	Carrier Name Test NPN: 17169718						Sta	art application Sea	rch Marketplace	Quote ⑦ 贷
Ø Clients	Clier	nts							Q Searc	h.
🍼 Leads			C = 1			B contribution of		A set to set		- [] [
, Insights	Select	~	Select V	Select	×	Select		Yes No	Yes	No
🖹 Marketing	_									
🖉 Settings	4 clients	Renewal emai						C Export	1 Import	View import history
		Client	Plan	Gross premium	Net premium	Effective 🗘	Created 🗘	Documents	Payment	Actions
		Dwayne Curtis Email	Value Bronze 3 Free Telehealth Visits	\$346.24	\$117.24	7/1/2021	6/8/2021	 Action needed As of today 	Action neededAs of today	View 💌
		Tom Brady Email	Balance Silver 3 Free Visits	\$478.47	\$287.47	3/1/2021	2/8/2021	● Action neededC As of 6/8/2021	Action neededAs of 6/8/2021	View -
		Bugs Bunny	Balance Plus Silver 3 Free	\$476.14	\$246.14	2/1/2021	2/8/2021	Action needed	Action needed	View - View

Filtering Submitted Applications



Client Details Include:

- Effectuation to-do list
 - Upload required documents
 - Ability to make first binder payment
- Quick action buttons
 - Renew
 - Report a change
 - Term/cancel a policy

United Healthcare Exchange Plans	Carrier Name Test IPN: 17169718				Start appl	lication Search Marketp	ace Quote ⑦ හි
② Clients	Dwayne Curtis			5 EDE synced a few seccond second	onds ago	Report changes	₩ Change plans
🧭 Leads							
.1 Insights	Your follow-ups There are just a few more steps	s to ensure you	are covered.				
Marketing	Item		Member	Status	Deadline	Action	
Settings	Verify loss of coverage		Dwayne Curtis	 Action Needed 	7/8/2021	Verify	
	Client				View application	Report changes	
	Applicant	Gender	Tobacco	Date of birth	SSN	Eligibility	
	Dwayne Curtis	Male	No	3/17/1986	***-**-1410	Subsidy	

Client Details Continued:

- Broker of record visibility
- Eligibility letters and 1095As
- Marketplace notices
- Much more!

Coverage 2021				
公 Health plan				
Value Bronze 3 F UnitedHealthcare EXPANDED BRON \$117.24 Premium Was \$346.24	ree Telehealth Vi IZE \$6,500 Deductible	sits - HMO \$8,550 Out of pocket max	Status Members Subscriber ID FFM ID Effective: Documents	 Pending followups Dwayne Curtis 0000528320 15950546 7/1/2021 Summary of benefits
	<u>View plan details</u>		Change plan	Cancel plan

Marketplace notices								
Date	Subject	Plan Year	Documents					
6/8/2021	Eligibility determination results		<u> </u>					
6/8/2021	Important! – Follow-ups are required – act now to secure your coverage.		Section 10 Notice					
6/8/2021	Eligibility determination results		Notice					
6/8/2021	Eligibility determination results		■ <u>Notice</u>					
	Date 6/8/2021 6/8/2021 6/8/2021 6/8/2021 6/8/2021	Date Subject 6/8/2021 Eligibility determination results 6/8/2021 Important! – Follow-ups are required – act now to secure your coverage. 6/8/2021 Eligibility determination results 6/8/2021 Eligibility determination results 6/8/2021 Eligibility determination results 6/8/2021 Eligibility determination results	Date Subject Plan Year 6/8/2021 Eligibility determination results 6/8/2021 Important! – Follow-ups are required – act now to secure your coverage. 6/8/2021 Eligibility determination results 6/8/2021 Eligibility determination results 6/8/2021 Eligibility determination results 6/8/2021 Eligibility determination results					

Confirming AOR:

- Client detail page under "Status"
 - \circ Agent of record is listed



Import Client Book of Business

 Easily upload existing clients into the HealthSherpa Broker dashboard

United Healthcare Exchange Plane	Carrier Name Test NPN: 17169718			Star	t application Search Mar	ketplace Quote 🧿 🔅
② Clients	Clients					Q Search
🌀 Leads	-					
	Carrier	State	Documents	Payment	Archived	Renewal needed
.11 Insights	Select 🗸 🗸	Select 🗸 🗸	Select 🗸 🗸 🗸	Select	Ves No	Yes No
🕒 Marketing						
🖉 Settings	5 clients Renewal er	mail			C Export	
		Inconstruction	eliente te UselthChevro		~	T
		Import you	r clients to HealthSherpa.	. These clients will sho	w up on your	

Step 1: Download the HealthSherpa client import template
Download CSV template

Step 2: Fill in all the required information per client. The required headers are: first_name, last_name, dob, street_address, city, state, zip_code, plan_name, effective_date, and gross_premium. A phone number or an email is also required. If you have the plan_hios_id please add it, this is the surest way for us to find the plan.

Tips:

more.

1. Remove the sample client from the sheet before uploading.

After completing the template, do not transmit using insecure methods (e.g. email, FTP).
 For Cost Sharing Reduction, CSR - please use the values: none, 73%, 87% or 94%.
 Optional fields: FFM App ID, CSR Level, Plan HIOS, Subsidy, Issuer, County, & SSN

Step 3: Import the completed CSV file

Click here to select file



8

Leads Tab

Displays all leads that have begun quoting, shopping or applying, but have not yet submitted an application.

Additional features

- Filters
- Resume lead
- Dynamic search
- Contact information
- Chosen plan
- Notes

Leads				Q Search	
Select	State St	Shopping Applying	g Confirming	Archived Yes No	
howing 1 - 6 of 6			Vie	w import history	🛛 🖄 Export
Lead	Plan		Gross Net premium	Cast active	Actions
Test Test Email (303) 222-2222	Value Bronze 3 Free Vi	isits	\$342.14 \$232.87	3/16/2021 Applying	Resume
	Lead			View application Report changes	
	Applicant C	Gender Tobacco	Date of birth SSN	Eligibility	
	Tom Cruise N	Male No	1/1/1990 -	Subsidy and 73% CSR	
	Contact Email: <u>test.email@email.</u> Phone: (919) 123-1234 Address: 123 test street, Status	.com , raleigh, NC, 27513	Current quote Cost Sharing Reducti Subsidy: - Net premium: \$0.00 Resume shopping	ion: -	
	Status: Confirming Last update: 1/29/2021				



"Sale" versus "Service"

The "**Sale button**" allows agents to update a consumer's application and <u>will</u> assign them to be the agent of record (AOR)

The "**Service button**" allows agents to update a consumer's application <u>without</u> updating the agent of record (AOR)

Search results



Not the results you were expecting? Create a new application.



• Quickly quote and shop for plans in matter of seconds!

United Healthcare Exchange Plans	Carrier Name Test NPN: 17169718						Sta	art application Sea	rch Marketplace	Quote ⑦ 贷
Ø Clients	Client	S							Q Searc	
🍼 Leads	Carrier		State	Documents		Payment		Archived	Panow	al needed
,, Insights	Select	~	Select	Select		Select	\sim	Yes No	Yes	No
🐚 Marketing										
🖉 Settings	4 clients	Renewal email						2 Export	t Import	<u>View import history</u>
		Client	Plan	Gross premium	Net premium	Effective 💭	Created 🗘	Documents	Payment	Actions
		Dwayne Curtis Email	Value Bronze 3 Free Telehealth Visits	\$346.24	\$117.24	7/1/2021	6/8/2021	 Action needed As of today 	Action neededAs of today	View -
		Tom Brady Email	Balance Silver 3 Free Visits	\$478.47	\$287.47	3/1/2021	2/8/2021	● Action neededC As of 6/8/2021	Action neededAs of 6/8/2021	View -
		Bugs Bunny	Balance Plus Silver 3 Free	\$476.14	\$246.14	2/1/2021	2/8/2021	Action needed	• Action needed	View -

"Household Members" includes ALL members included on tax returns, regardless if they are applying for coverage or not.

Additional features

- Dynamic and streamlined approach
- Basic screening information
- Eligibility determination
- Save lead
- Email quote to client



Quickly quote and search for Marketplace plans

Filters

- Premium •
- Deductible •
- Provider •
- Metal level •
- Network .

Monthly premium max			
09	CinitedHealthcare Value	Bronze 3 Free Visits - HMO	D
Max deductible	Premium	Deductible	Out-of-pocket
\$8,550	\$7 /mo	\$7.500/vr	Doctor visits
0	was \$342	10001	Specialist visit
			Generic drugs
	Compare	Drugs Docto	rs Benefits
octor or hospital			
h Savings	CinitedHealthcare Value	Bronze 3 Free Telehealth	Visits - HMO
nt Eligibility			
	Premium	Deductible	Out-of-pocket
e for an HSA	\$11 /ma	\$6 500/	Doctor visits
	was \$346	0,000/91	Specialist visit
			Generic drugs
bhic	Compare	Drugs Docto	ors <u>Benefits</u>
ze			
panded Bronze	CinitedHealthcare Value	Bronze - HMO	
lver			
ld	Premium	Deductible	Out-of-pocket
	\$ 15 /mo	\$7,000/yr	Doctor visits
	was \$350		Specialist visit
orks			Generic arugs
IMO	Compare	Drugs Docto	rs Benefits



CnitedHealthcare Value	Bronze 3 Free Telehealth	Visits - HMO	EXPANDED BRONZ
Premium	Deductible	Out-of-pocket max	\$8,550
\$11 /mo	\$6.500/vr	Doctor visits	\$25
was \$346	0,000,0	Specialist visit	40% after deductible
		Generic drugs	\$20
€ UnitedHealthcare Value	Bronze - HMO		EXPANDED BRON:
Premium	Deductible	Out-of-pocket max	\$8,550
\$15 /mo	\$7 000/vr	Doctor visits	\$25
////0	, ,000, ,1	Constanting which	25% ofter deductibl

Plan details Enroll now

\$20

Compare up to 5 plans side by side.

Additional features

- Plan Comparison
- Email to client

9	CinitedHealthcare Value	Bronze 3 Free Visits - HM	0	EXPANDED BRONZ
Max deductible \$8,550	Premium \$ 7 /mo was \$342	\$7,500/yr	Out-of-pocket max Doctor visits Specialist visit Generic drugs	\$8,550 50% after deductible 50% after deductible \$20
Providers Add a doctor or hospital	Compare	Drugs Docto	ors Benefits Plan	details Enroll now
Health Savings	CinitedHealthcare Value	Bronze 3 Free Telehealth	Visits - HMO	EXPANDED BRONZ
Health Savings Account Eligibility (HSA) Eligible for an HSA	ChitedHealthcare Value Premium \$11 /mo was \$346	Bronze 3 Free Telehealth Deductible \$6,500/yr	Visits - HMO Out-of-pocket max Doctor visits Specialist visit	 EXPANDED BRONZ \$8,550 \$25 40% after deductible

Compare plans side by side

J

Additional features

- Compare plans
- Email to client

United Healthcare Exchange Plans				Español	(801) 123-1234	Save lead
ack					Send to client	B Print
	UnitedHealthcare × Value Bronze 3 Free Telehealth Visits	UnitedHealthcare × Value Bronze 3 Free Visits	UnitedHealthcare × Value Bronze Enroll	UnitedHealthcare × Value Silver 3 Free Visits 2-D	UnitedHealthcare > Value Plus Silver 3 Free Visits-D	K
	Enroll	Enroll		Enroll	Enroll	
Summary						-3
Monthly Premium	^{\$} 11 for household wes-\$346	^{\$} 7 for household www.\$342	⁵ 15 for household w ww.5380	^{\$} 107 for household w ww.\$442	^{\$} 110 for household was \$445	
Deductible	^{\$} 6,500 per person	\$7,500 per person	\$7,000 per person	\$1,000 per person	\$800 per person	
Max OOP	^{\$} 8,550 per person	⁵ 8,550 per person	^{\$} 8,550 per person	\$2,850 per person	^s 2,850 per person	
Estimated All-in						
Network	НМО	НМО	НМО	НМО	НМО	
Primary Care	\$25	50% after deductible	\$25	15% after deductible	\$10	

Share these plans

Broker Quoting

 $\cdot \,$ Send to client

Begin quote and email to client.

Additional features

- Add custom message
- Includes resume link

Email anyone a direct link to this page





Message

Email



X

Client phone

(XXX) XXX-XXXX

Link

https://staging.healthsherpa.com/marketplace/compare?_agent_id=Un

Copy link to clipboard

Share

· Add to Cart

Select the health plan your client would like to enroll in and click "Add to cart".

Consecureasinate	Value Bronze 3 Free Visits -	- HMO	EXPANDED I	BRONZI
Premium	Deductible	Out-of-pocket max	\$8,550	
\$7 /mo	\$7.500/	r Doctor visits	50% after dedu	uctible
was \$342	. / = = =	Specialist visit	50% after dedu	uctible
		Generic drugs	\$20	
Compare	Drugs [Doctors Benefits P	lan details Enro	ll now
(UnitedHealthcare	Value Bronze 3 Free Telehe	ealth Visits - HMO	expand	NZ
CinitedHealthcare Premium	Value Bronze 3 Free Telehe Deductible	ealth Visits - HMO Out-of-pocket max	• EXPAND \$8,550	NZ
ClaitedHealthcare Premium \$11 /mv	Value Bronze 3 Free Telehe Deductible 5 \$6,500/y	ealth Visits - HMO Out-of-pocket max Doctor visits	• EXPAND \$8,550 \$25	NZI
ClaitedHealthcare Premium \$11 /m was \$346	Value Bronze 3 Free Telehe Deductible o \$6,500/y	r Out-of-pocket max Doctor visits Specialist visit	• EXPAND \$8,550 \$25 40% after dedu	NZI
CinitedHealthcare Premium \$11 /ma was \$346	Value Bronze 3 Free Telehe Deductible o \$6,500/y	r Out-of-pocket max Doctor visits Specialist visit Generic drugs	• EXPAND \$8,550 \$25 40% after dedu \$20	NZI



Privacy and use of information

With Enhanced Direct Enrollment the application is completed on HealthSherpa.

Additional Information

• Renewals are prefilled

Privacy statement



Here at UnitedHealthcare, we work with the Health Insurance Marketplace to help you get health coverage. Learn more about the Marketplace

Privacy and the use of your information

Important Marketplace Emails: If the Marketplace has your email address, they'll automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Privacy and the use of your information: The Marketplace will keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. The Marketplace will check your answers using the information in their databases and

To continue, you must agree and check each of the following statements:

I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data

Primary contact information

United Healthcare Dotware Park	Español (801) 123-123	4 Primary contact Your information	Primary contact	Primary contact	Primary contact
Primary contact Your information	Primary contact	Home address Contact details Household	Home address Enter your permanent address.	Home address Contact details	Contact details
Home address Contact details		Additional information	Street address Apt. / Ste. (Optional)	Household	Email address
Household	This is your application's primary contact in HealthCare.gov. Due to restrictions imposed by HealthCare.gov we cannot allow you to update this person's SSN or	Income	100 N 3rd St	Additional information	laken@healthsherpa.com
Additional information	DOB once set. If you are unable to verify this person's identity or need to change/remove your primary contact you'll either need to start a new application or do so on HealthCare.cov's website.	Additional questions	City State Zip code Phoenix Ari × 85001		Go paperless! Get your notices by email, instead of paper copies in your mailbox.
Income		Finalize	County Mariano	Additional questions	Phone number Extension Type
Additional questions	Your information First name Middle (Optional) Last name Suffix (Optional)		Click here if you don't have a permanent address.	Finalize	(503) 123-123 Ho X V
	Dwayne Curris Select 🗸		Is your mailing address the same as your permanent address?		Written language () Spoken language () English × V English
	03/17/1986 Male Female What is your Social Security Number (SSN)? (Optional) This helps us wrify your identity, If you're applying for coverage and have an SSN, enter it		• Yes No		
	here now, or you may not be able to proceed. If you don't have an SSN, leave this field blank.		Back Continue		Back Continue

Household Information

Know exactly where you're at in the application process with completed indicator.



Applicants



Income

ausahold			
dditional information	To determine if you're a	icials for savings we need to ask about your	View liet v
lembers 🥑	income. Click to view a l	ist of acceptable types.	<u>Hewnor</u> ,
icome			
Dwayne Curtis			
udditional questions			
inalize	Current income for	Dwayne Curtis	
	Does Dwayne currently g	get any income?	
	Yes	lo	
	Tell us about any income	Dwayne will have this month. ③	
	Туре	How much	Remove all
	Self-employment	\$3,000.00 per month	Edit Remove

Add new income source Deductions for Dwayne Curtis Does Dwayne have any deductions for 2021? 🔘 No O Yes Yearly income for Dwayne Curtis Based on what you entered, Dwayne's income minus any deductions for 2021 will be about

\$36,000.00. Is this correct? ③



Additional Questions



Additional questions

Unemployment income

Have any of these people gotten, or been approved to get, unemployment compensation for 2021?

Dwayne Curtis

Extra help

Do any of these people have a disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? (Optional) ③

Dwayne Curtis

Do any of these people need help with daily activities (like dressing or using the bathroom), or

live in a medical facility or nursing home? (Optional) ③

Dwayne Curtis

Finalize



Finalize

Primary contact	0	Finalize
Household	0	
Additional information	0	
Members	0	Sign
		Please
Income	0	
		l know
Additional questions	0	can ma
		(TTY: 1
Finalize		houser
Review	~	۲
Agreements	~	
Tax attestation	~	If anyo
Sign and submit		health
orgit and sublinit		plan co

n and submit

ease read the attestations below and select a response for each statement.

now that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I n make changes in my Marketplace account or by calling the Marketplace Call Center at 1-800-318-2596 TY: 1-855-889-4325). I know a change in my information could affect eligibility for member(s) of my usehold. ©

Agree O Disagree

If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost.

I agree to allow the Marketplace to end the Marketplace coverage of the people on my application in this situation.

I don't give the Marketplace permission to end Marketplace coverage in this situation. I understand that the affected people on my application will no longer be eligible for financial help and must pay full cost for their Marketplace plan.

Sign

I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.



Dwayne Curtis, type your full name below to sign electronically.



Additional Questions -Special Enrollment

Additional Information

- Qualifying Life Events
- Only displays during SEP

	0
Household	0
Additional information	0
Members	0
ncome	0
Additional questions	
Extra help	~
Coverage	~
Employer coverage	~
Additional question	IS
Finalize	
Additional question	IS

Additional questions

Upcoming changes

Will anyone lose qualifying health coverage before 12/7/2020?

You may need to submit documents to confirm that you recently lost coverage before your new coverage can start.

Client Smith

Recent changes

Select any of the life changes that apply to any of the applicants. This must have taken place within the last 60 days (since 8/9/2020)

You may attest to a lost of qualifying health coverage as late as January 1, 2020 if you previously qualified for a loss of coverage but missed your enrollment deadline due to COVID-19.

Lost qualifying health coverage	
Got married	
Changed primary place of living	
Released from incarceration (detention or jail)	

Agreements and Tax attestation

Additional Information

• Quickly complete agreements and electronically sign an application.

Primary contact	0
Household	0
Additional information	0
Members	0
Income	0
Additional questions	0
Finalize	
Review	~
Agreements	
Tax attestation	
Sign and submit	

Finalize

Agreements

Please read the attestations below and select a response for each statement.

Renewal of coverage

To make it easier to determine my eligibility for help paying for coverage in future years, I agree to allow the Marketplace to use my income data, including information from tax returns, for the next 5 years. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time. (9)



Tax filer attestation

Did Client reconcile premium tax credits on their tax return for any past years? $\ensuremath{(\mbox{Optional})}$

Learn more about reconciling premium tax credits.

Check the box below if all these apply to you:

- · You got premium tax credits to help pay for Marketplace coverage.
- The tax filer(s) on your application filed a federal income tax return for the same year you
 used tax credits. For example, in 2018, you got help paying for coverage, then and you
 also filed a tax return for the same year.

Eligibility Results

Additional Information

• You must download the eligibility letter in order to review the plan

Eligibility Results

Name	Eligibility
	Eligible to enroll in a Marketplace plan, due to a
	Special Enrollment Period (loss of coverage)
Ø Dwayne Curtis	Eligible for a tax credit
	Follow-ups required:
	Verify loss of coverage by 6/25/2021

Your household qualifies for a total monthly tax credit of \$215.

Your coverage will have an effective date of 06/01/2021.

For more details on your eligibility, download the official letter here. You must download this document to finish your enrollment.

Download Eligibility Letter

Review plan

Confirmation Page

Additional Information

 Review effectuation documents and return to the clients details page to effectuate the policy.

Confirm your plan

Based on your eligibility results, here's what your plan will look like.

in summary		Coverage begins on 6/1/202
UnitedHealthcare	Value Bronze 3 Free Visits - HMO	EXPANDED BRONZE
Premium	Deductible	Out of pocket
\$127.14 / mo \$342.14 list price	\$7,500/yr	^{\$} 8,550/yr
vings r household qualifies for a \$ I want to apply all of my sa	3215 per month savings on your prer vings	กในกา.
vings r household qualifies for a \$ I want to apply all of my sa gibility	:215 per month savings on your prer vings	nium.
vings r household qualifies for a \$ I want to apply all of my sa gibility ame	215 per month savings on your prer vings Covered by this plan	nium. Next step
vings r household qualifies for a \$ 1 want to apply all of my sar gibility ame Dwayne Curtis	5215 per month savings on your prer vings Covered by this plan Yes	nium. Next step Enroll

Confirmation



Español (801) 123-1234

A verification email has been sent to your email. Please click the link to claim this application.

You've chosen a plan.

You can start using your health coverage after you submit documents and the Marketplace confirms you're eligible to enroll through a Special Enrollment Period. The sooner you submit documents, the sooner your coverage can become active. See below for more information about next steps. Pay your premium after your eligibility is confirmed. You'll receive

3 another notice when it's time to take this step. Log into your dashboard to pay your premium of \$127.14 by 5/31/2021. You will not be able to pay until you verify your eligibility.

Note: Remember that you can't start using your coverage until the Marketplace reviews your documents and confirms your information, and you pay your premium.

Log into your dashboard to complete these last few steps:

What should I do now?

1 You must submit documents to the Marketplace for:

Dwayne Curtis
 Verify loss of coverage by 6/25/2021

Log into your dashboard to submit these documents.

UnitedHealthcare

Value Bronze 3 Free Visits

\$127.14/mo

Go to my dashboard

Expect communications from us and from the Marketplace. When you hear from HealthCare.gov:

Read your notices and emails.

HealthCare.gov may send you notices and communications about your coverage. Log in to your account with us to view your Marketplace notices, make updates to your application or coverage, and manage your information.

Upload documents through UnitedHealthcare. We can help you submit documents if the Marketplace needs to confirm your information.

Download forms you'll need when you file your federal income tax return.

What if I need to update my information later?

If you have a life change, like you move, have a change in income, or get married, please let us know right away. To do this, log in to yourUnitedHealthcare dashboard and click the "Update" button.

² Watch for a notice with the results of the Marketplace's review of your documents. You may access your Marketplace notices by logging into your dashboard.

EDE Application experience is the same for brokers and consumers.

Note: If client is self-enrolling using your enrollment site, there is an ID proofing step for the client.



Marketing Tab

Contains a unique link that allows consumers to self quote and selfenroll retaining the broker's NPN on the application!

Additional features

- Generates a record in your leads tab
- Retains brokerNPN
 - Enrollment credited to the agent who sent link, not the agent during the prior year





Shared Book

Let agents within agencies help each other's clients

The Shared Book feature makes it easy for agents within agencies to access each other's clients and leads.

This will be crucial for call centers or other agency setups that rely on agents being able to help out each other's clients.

Selecting agents for Shared Book:

Agency Admins will be able to select which agents they want in their Shared Book. For example, they may want to add only call center agents, or the entire downline. To select Shared Book agents, just go to the Agency page and check the boxes under the "Shared Book" column.

- You can select any agent in your direct downline (not sub-agencies) who've enabled <u>EDE</u>.
- You'll probably want to select your own account too.
- Any agents selected will have access to each other's clients and leads.
- Any agents who are not selected will have the regular account experience, seeing only their own clients and leads.

Name	Clients	NPN	Override NPN (3) (?)	Shared Book (3) (7)	Admin 🕜
Jennifer Grayson	184	19338001			
Juan Diaz	33	3232245			
Gerald Gordon	56	2382335		0	
David Crandall	111	4365442			



Broker Renewal Quickly quote and search applications on the Marketplace



Broker Renewal

Quickly renew clients with a prefilled renewal application

Search results

By clicking "Add to clients" you attest that you have permission from the client to access their information.

Applicant	Address	Application	Actions
John Smith SSN: ***-**-2424 DOC: 08-12-1988	12 Sylvan Ave Newark, NJ 07071	2019 ID: 2348394320832	Renew
		2018 ID: 2348394320832	Update
John Smith SSN: ***-**-2424 DOC: 08-12-1988	1003 Jeffrey Ave Austin, TX 73301	2018 ID: 2348394320832	

Not the results you were expecting? Start a new application.



Quickly effectuate plans all within your HealthSherpa Platform

Document Management and Binder Payment

- Identify required documents
- Upload documents
- Ability to make first binder payment
- Alerts and updates

our follow-ups				
nere are just a few more steps to er	isure you are covered.			
Item	Member	Status	Deadline	Action
Verify loss of coverage	Client Smith	Action Needed	11/7/2020	Verify
Pay health premium	N/A	Action Needed	11/1/2020	Pay now
Verify income	Client Smith	Action Needed	1/6/2021	Verify
Verify citizenship	Client Smith	Action Needed	1/11/2021	Verify

nce you submit your documents, the Mar	ketplace will review and verify them. Mak	e sure to check back periodic	ally for updates.
Verify Loss of coverage for Christo	pher Client by <mark>3/12/2019</mark> .		
Select document type	Select file	Upload	
	Туре	Submitted	Status
Document	31-		

Reporting a Change

 Easily update applications and report changes within the clients detail page.

② Clients	Client Smith	S EDE synced 24 minut	es ago 🖉 🖉 Repo	ort changes	₩ Change plans
🍼 Leads					
.1 Insights	Your follow-ups There are just a few more s	steps to ensure you are covered.			
③ Referrals	Item	Member	Status	Deadline	Action
连 Marketing	Verify loss of coverag	e Client Smith	Action Needed	11/7/2020	Verify
	Pay health premium	N/A	O Action Needed	11/1/2020	
Associates	Verify income	Client Smith	Action Needed	1/6/2021	Verify
🖉 Settings	Verify citizenship	Client Smith	4 Action Needed	1/11/2021	Verify

Marketplace Documents

- Easily view and print client documents
 - \circ 1095-A Tax Form
 - Eligibility Letters
 - Marketplace Notices

Plan	Effective	Subsidy	Documents	FFM ID	Submitted
Insurance Company - Bronze 5000	1/1/2019	\$2,049.00	Eligibility		11/9/2018
Insurance Company - Bronze 4000	1/1/2018	\$1,784.00	Eligibility IRS 1095 A Initial Form		11/9/2017

Cancel /Terminate Plan

• You can now easily cancel a plan within your HealthSherpa platform.

Coverage 2020	0				
AdvanceHealt MaricopaFocu Blue Cross Blue SILVER + CS \$4,000 Deductible	h HMO 6500 73A s Network - HMO Shield of Arizona, Ir \$6,500 Out of pocket max View plan details	V - s157.90 <u>Premium</u> Was \$422.90	Status Members Subscriber ID FFM ID Effective: Documents Carrier phone: Payment phone: Agent of record: Change plan	 Pending followups Client Smith 0000332429 13391898 11/1/2020 Summary of benefits (555) 555-5555 (602) 864-4115 NPN 17169718 Cancel plan 	
			C	Cancel or terminate	:
			By m	y cancelling or terminating this policy, any othe ay have will be terminated as well. ffective date: MM/DD/YYYY	r active health or dental policies you
				Back Cancel or	terminate your policy



Window Shopping: Brokers

Time period when users can see PY2024 plans prior to 11/1

New Lead

- The broker will quote for plan year 2024 with the plan year toggle on the "All plans" page.
- Once plans have been selected, clicking "Start application" will prompt the broker for email and phone number (optional).
- This creates a lead record with the plan selection saved to the account.
- An email will not be sent to broker leads or clients automatically. The broker follows up directly with their leads.





Renew Plan

For existing clients who are renewing, the broker can:

- Click "Renew plan" on the client view and it will pull up the window shopping experience for that particular client.
- Shop and select plans as typical.
- Clicking "Start application" will save the plan selection to the client profile.
- An email will not be sent to broker leads or clients automatically. The broker follows up directly with their leads.

Mark Smith NPN: 3456777889	Start application Search Marketplace Quote 🕜 🗘 🔯
Jane Esposito	Report changes 🔀 Change plans S Renew plan





Features For PY2024

Enhanced Virtual First display

Make it easier to find VF plans within quoting experience and understand their unique benefits

• New indicator to HealthSherpa plan cards

Prescription drugs

- Added link to additional VF information
- New language Pre & Post enrollment to emphasize care through Galileo app

<u>د</u> ک	Your Virtual First plan treated for anything f	i includes unlimited, 24/7 access to qual rom everyday issues to complex conditio	lity care through the Galileo app. G ons with Galileo's easy-to-use app.	et
		Before deductible is met	After deductible is met	0
Primary ca	are visit	Full price	Free	~
5pecialist	visit	Full price	Free	~
Preventive	e care visit	Free	Free	~

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes



Non-Filled Benefits

Refreshed UX experience to highlight new 2024 nonfilled benefits within HealthSherpa

- UHC-only enhancement HC.gov has no way of displaying this information
- Located in the selected plan details section
 - UX dynamic depending on selected plan
 - Ex: Virtual First benefit will only show for virtual plans

In addition to the standard benefits offered, your plan offers the additional benefits below.	
O` Virtual First with Galileo ⑦	
00 Gift Card 💿	
22014 Prescriptions 🕤	
2014 Discount 🕤	
ual Urgent Care 💿	
ntal 💿	
ntal coverage included in your plan with a \$0 copay for 2 routine visits per year and preventive care wit aximum of \$1,000	h an
on 🕐	
on coverage included in your plan with a copay as low as \$10 for exams and eyewear up to \$130	
itness Classes 🕥	
One-Year AARP Membership 🕥	
	Addition to the standard benefits offered, your plan offers the additional benefits below. O O O O O O O O O O O O O

PCP Copy On Enrollment Success Page

New callout on the HealthSherpa confirmation page for subscribers to add their PCP

 Helps sets expectations for consumer as they leave HealthSherpa to go to myUHC.com

Unite Healt	ed thcare	Dashboard		Log out
•			Congratulations! Ou're enrolled in Marketplace coverage through UnitedHealt What should I do now? 1 Make your first premium payment of \$0.00 by 4/30/2022 by clicking the "Pay Premium" button below vicking the "Pay Premium" button below Volume vicking the "Pay Premium" button below 0.00 by 4/30/2022 by clicking the "Pay Premium" button below vicking the "Pay Premium" button below 0.00 by 4/30/2022 by clicking the "Pay Premium" 1 Aster vicking the "Pay Premium" button below 0.00 by 4/30/2022 by clicking the "Pay Premium" 1 Aster vicking the "Pay Premium" button below 0.00 by 4/30/2022 by clicking the "Pay Premium" 2 Aster Select your preferred care provider also known as your "PCP". Your dependents will select their PCP at a later date. Log text your databased to complete these last few stees: Log text your databased to complete these last few stees: Log text your databased to complete these last few stees: Log text your databased to complete these last few stees: Log text your databased to complete these last few stees: Log text your your databased to complete these last few stees:	hcare BBA + #Cone 00
			Expect commonships and many and some to management within you may man man manufacture gen Read your runnings and emails. HealthCare gen may and you notice and communications about your coverage. Log in to your account with us to view your Marketplace notices, main your application or coverage, and manage your information.	e updietes to

Off-Exchange Medical Plans

Off-Exchange Capabilities:

- Available to Brokers, Telesales, and Direct to Consumers
- Same basic flow as On-Exchange
 - Will leverage Pay Now + PCP selection capability (Outside Virtual First and Kelsey-Seybold plans)

	"Quote Off-Ex Medical dropdown button
Start application	Search Marketplace Quote On-Ex - ⑦ 錄
	Quote Off-Ex Medical Quote Off-Ex Dental
Renewal needed	Exchange

Off-Exchange Dental Plans

Off-Exchange Capabilities:

• Available to Brokers, Telesales, and Direct to Consumers





Updates For PY2024

Platform Improvements

Agent Consent:



Platform Improvements

Agent Consent:

 Consent information is included in each client record and HealthSherpa stores required documents for the minimum of 10 years.

Health plan 5 Ambetter from 1 and and 2 for an and 2 for a state of the state of th	illver HMO 1250 Asgrolia Health ^{\$} 1,250 Deduction View full plan details -	\$5,250 Out-af-socker max	Status Mombers FFM ID FFM Subscriber ID Effective Documents Carrier phone Payment phone Pay premium Ch	 Enrollod Jane Esposito, Danny Esposito 872490 32322323214 1/1/2021 Summary of Benefits (916) 456-7776 (916) 456-7778 wange plan. Cancel plan
Consent reco Method	ords Collection date	Consent status	Plan year Do	ownload files Action
	01/03/2023	Collected	2023	Consent_01/02

Platform Improvements

Bronze-to-Silver Nudge:

- CMS Requirement
- Appears when the user selects (either by attempting to enroll or adding to a cart) a non-silver plan (e.g., a Bronze plan) when they are eligible for CSR which would make a Silver plan a better option.
- If the user selects "Browse Silver Plans", they will be taken to a Silver compare screen.





Ensure your account is setup correctly and completely

Settings Tab

All the information within the settings tab is captured when the account is created.

To update or make corrections please make sure to hit 'update' in order to save any changes made.



Payment Emails

Send automatic Payment Reminder emails to your clients.

⊙ On ⊖ Off

Client Notification Emails

Receive a daily summary email of your clients' pending followups

⊖ On ⊖ Off



HealthSherpa Resources



HealthSherpa Broker Support

Broker Support Representatives strive to provide top-tier support to HealthSherpa Brokers, agencies, and health insurance carriers. In the event of feature questions or technical issues, HealthSherpa's broker support is available.



agent support@healthsherpa.com

EMAIL



Chat from dashboard

CHAT

PY2024 Hours of Operation:

Open Enrollment Period (11/1/23 - 1/15/24)

Mon - Fri 6AM - 5PM PST

Special Enrollment Period (1/16/24 - 10/31/24)

Mon - Fri 6AM - 4PM PST



Thank You!