This document will walk you through selling a health sherpa app. In order to do so there are a few requirements that CMS has put in place this year, we will go through them as well. After you've read this document you will have everything you need to sell applications on Health Sherpa.

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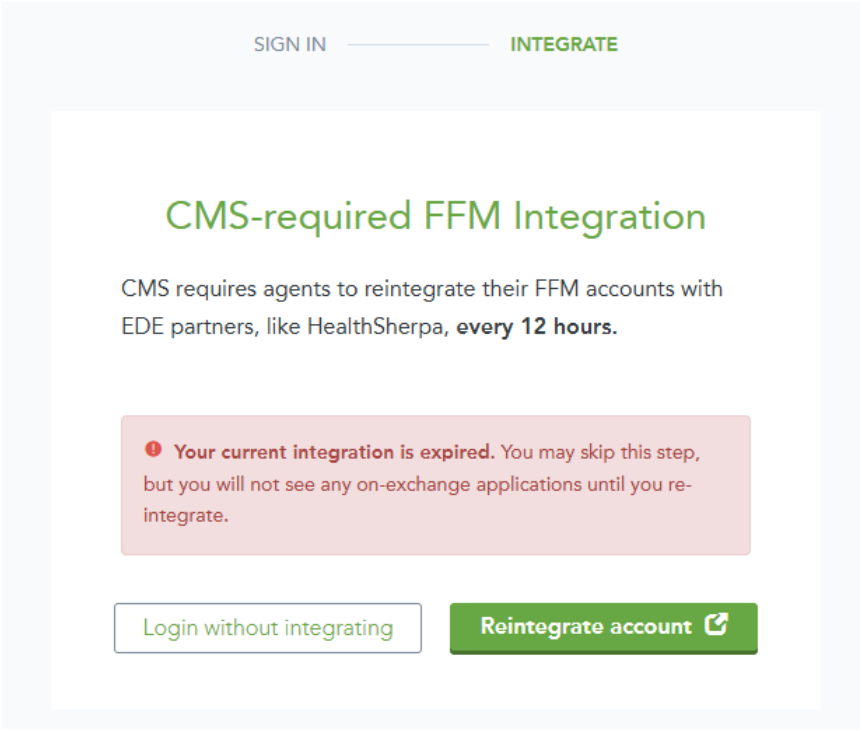
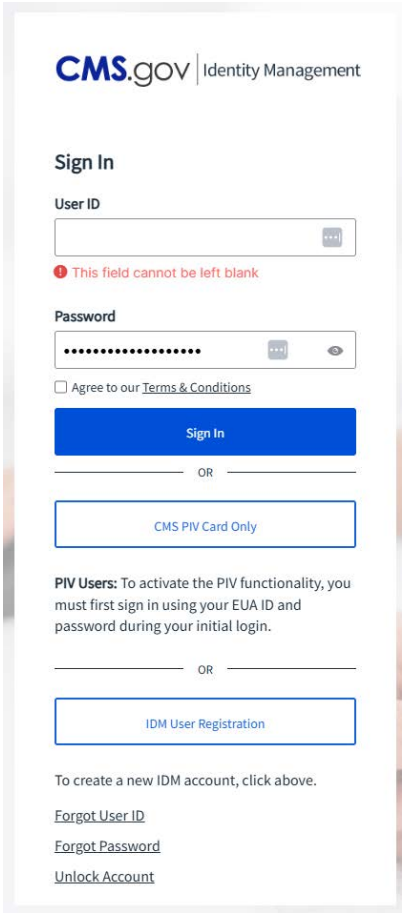
American Online Benefits Group

CMS now requires you integrate your account every 12 hours, this is simply asking you to log into your portal.cms.gov/portal account to make sure your CMS credentials are currently valid. You always want to make sure you complete this when logging in so your account will have access to CMS servers, which enables your full Health Sherpa experience within your account.

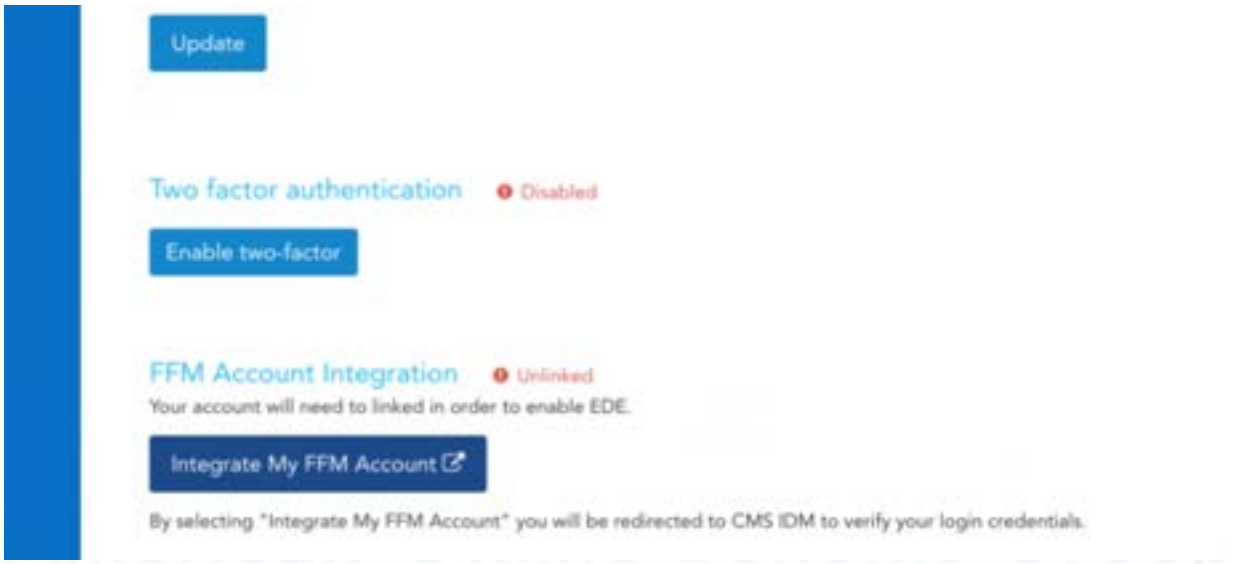




It's important to note that CMS has cracked down on their policy enforcing no account sharing, and no logging into CMS or any programs that access CMS such as Health Sherpa from outside the country. You also agreed on your FFM training to never use a VPN when connecting to CMS. Health Sherpa is required to report any irregularities to CMS, and once CMS finds you're in violation of their regulations you can lose your CMS credentials, and Health Sherpa can permanently ban you from ever using their platform again.

When you first log into your health sherpa account, you'll need to make sure that you've enabled your Enhanced Direct Enrollment (EDE).

This is what allows you to use the hc.gov integration and use health sherpa as an enrollment platform. It will ask you questions that come from your experian credit report. So be sure to enter in your personal address and phone number and not your business information when authorizing your EDE. If for any reason you're not able to move forward, first make sure that your information is accurate and if it is then proceed to call the number on your screen. After you complete your EDE then you'll have to integrate your hc.gov account into health sherpa.

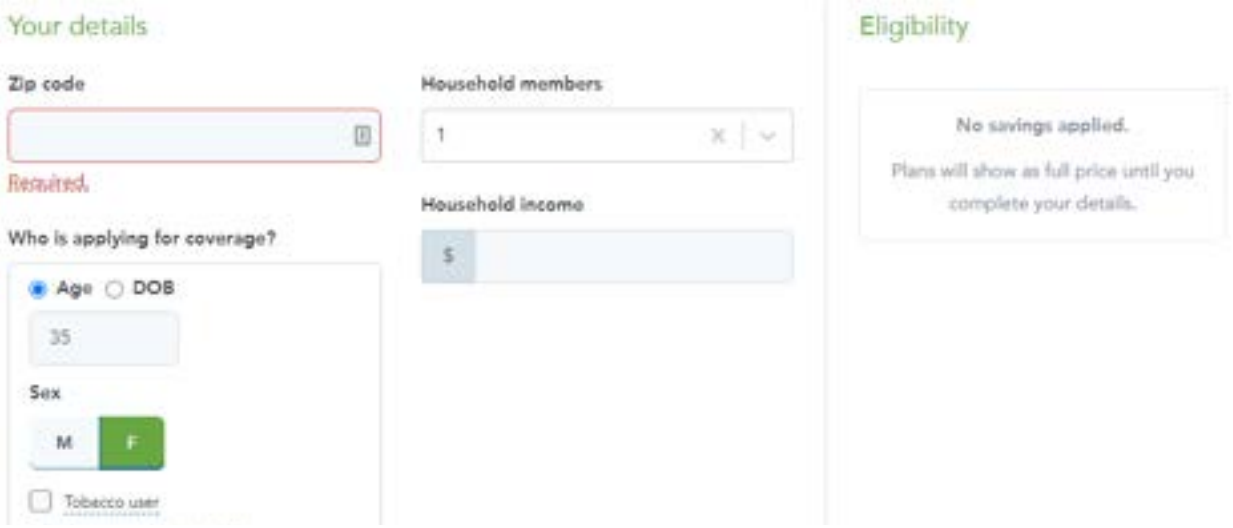


After confirming your identity and enabling EDE, the next step will be to integrate your FFM account. To find this menu, click on the setting menu at the left side of your screen in the banner to the left. Then under Two Factor Authentication you'll now see the Integrate button. When you click on this it will take you back to the CMS website where you will log in with your FFM credentials. You will be required to do this again each time FFM integration expires.

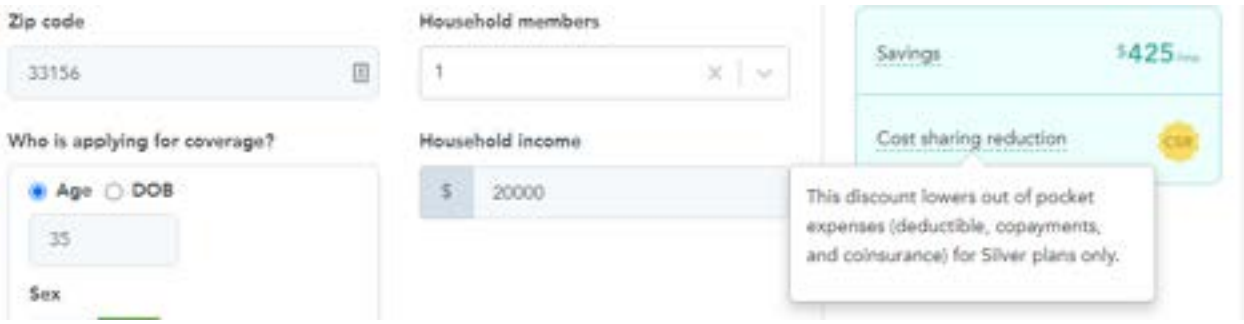
Starting a Quote

At the top right of your screen you should see these buttons. In some instances you will not see these buttons at the top of your screen, if that's the case first make sure you're on the Clients tab. Then scroll down under the names of the clients and you'll find the blue quote button in the center of your screen under the client names.

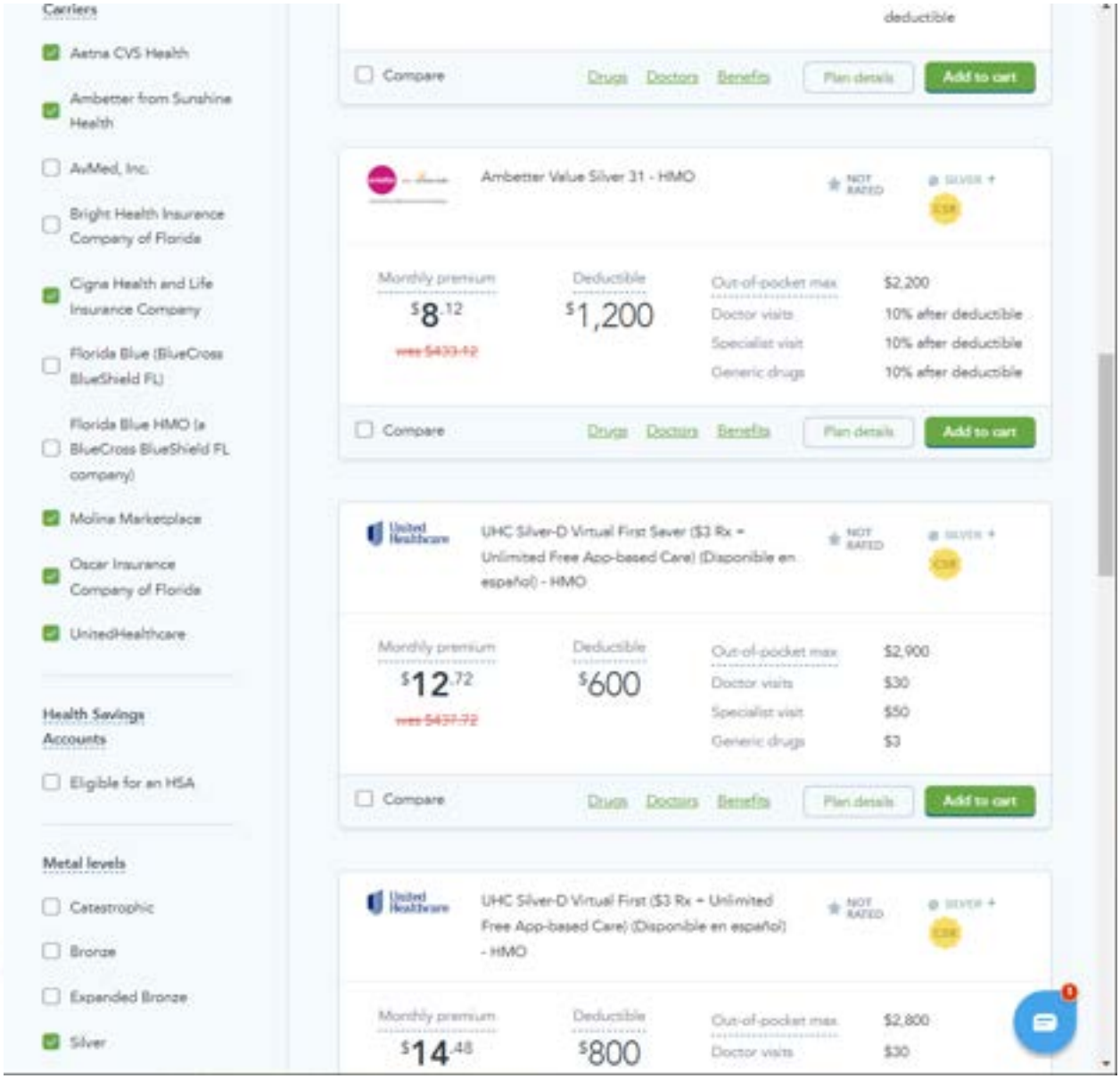
Quoting



After you start a quote you can enter their basic information.
The **Zip code** does matter as some plans are only available in certain zip codes, so if you quote them one plan and then use a different zip code when completing the application that plan you quoted may not be available anymore. Always make sure you have the correct zip code.
For the **Household members** make sure you ask them specifically if they are filing taxes, because they can only get a subsidy if they are, and then how many people will they claim on their taxes. That is the number that goes into this field, not how many people are actually applying for coverage.
Who is applying for coverage? Here is where you enter the actual people looking for insurance. You can either use their DOB or age, it will give the same data. The only important checkbox here is tobacco use, because this quote screen is just to get rough numbers anyway. All of the other questions you'll ask when you do the actual application.
Household income I suggest getting direct and to the point here when talking to the member. A line that I use here is, *"Now you don't need a crystal ball, but what do you estimate will be your adjusted gross combined family income for the concurrent year of coverage? The IRS will check your math when you file your taxes anyway so they'll make corrections if you are off by a bit. And if you're married, to qualify for a subsidy you have to file together so what is the household income?"*



Cost Sharing Reduction (CSR) if their income falls within the lower limits of the federal poverty level, they get additional help in the form of lower copays, deductibles, and coinsurance for the **Silver** plans. If you see a CSR just scroll down on and click on silver plans in the medal levels.

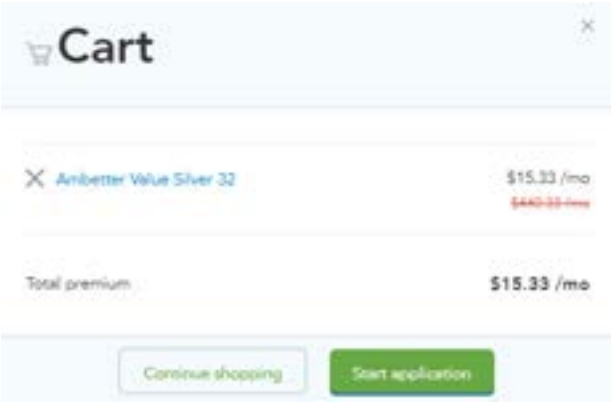


With the **Carriers** you can filter sherpa to only show the main carriers we get paid the most on and offer the best benefits to the members by clicking on **Ambetter, Anthem, Cigna, Molina, Oscar, United, and Wellpoint**. Not all of these plans will always be available in every state and every zip code, but if any of these carriers are available you'll want to start there.

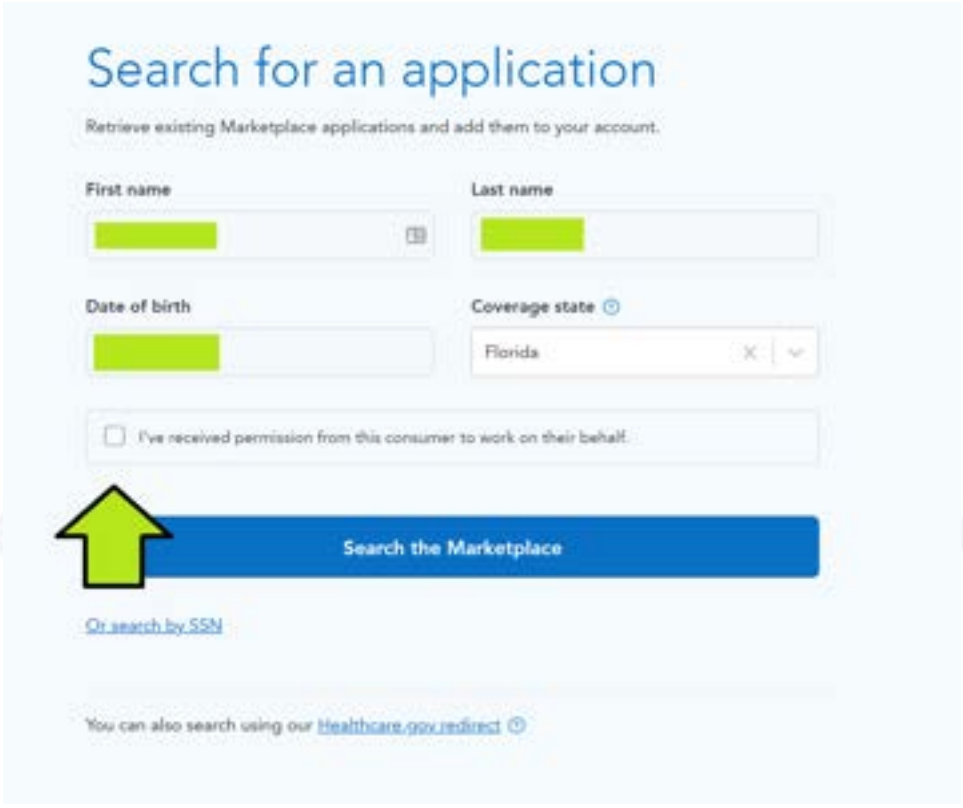
You can also filter out the **Metal levels** by clicking the boxes to the left as well and then you'll only see the options that you're looking for.

When putting your plan offering together, remember that you don't go to the mechanic and expect them to ask you what parts on your car you want them to fix. You showed up with your car making a sound and you want them to fix whatever it is. Your clients are coming to you looking for health insurance, so don't ask them which plan you want. Choose the **one** plan that works best for them based on the questions you asked in the beginning of the application like their doctors etc and present them **only one** plan. If you want to read more about the plan click on the **Plan details** button and you'll see a screen with a breakdown of coverage.

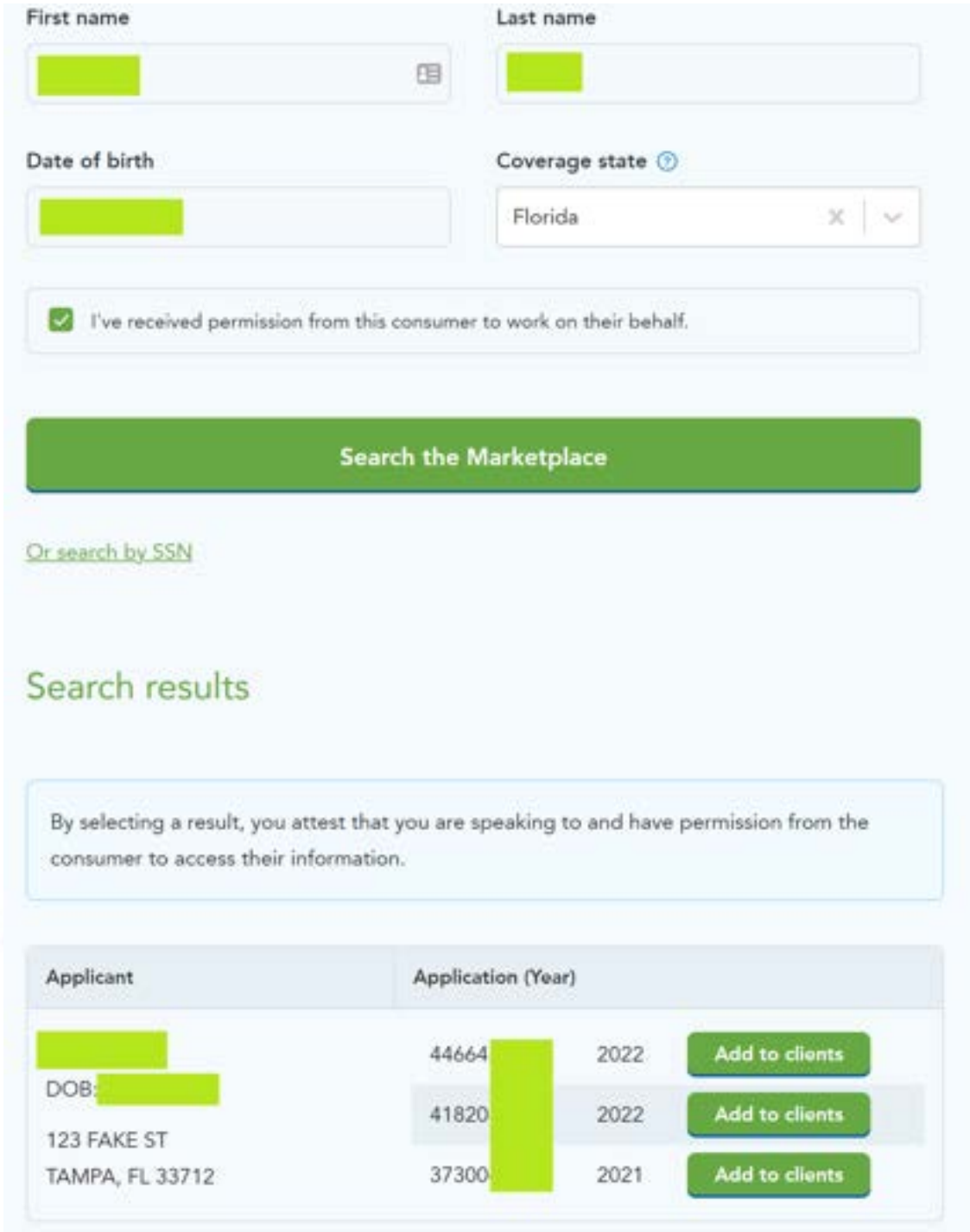
The **Doctors** button will generally open up the link that takes you to the provider lookup for that specific plan so if they have particular doctors you can look that up from here. **Drugs** link will take you to the formulary where you can employ your best friend **Ctrl + F** to search the formulary and answer their questions about if prescriptions are covered and at what tier. For the costs of the medications, reference the **Plan details** screen and scroll down to prescriptions.



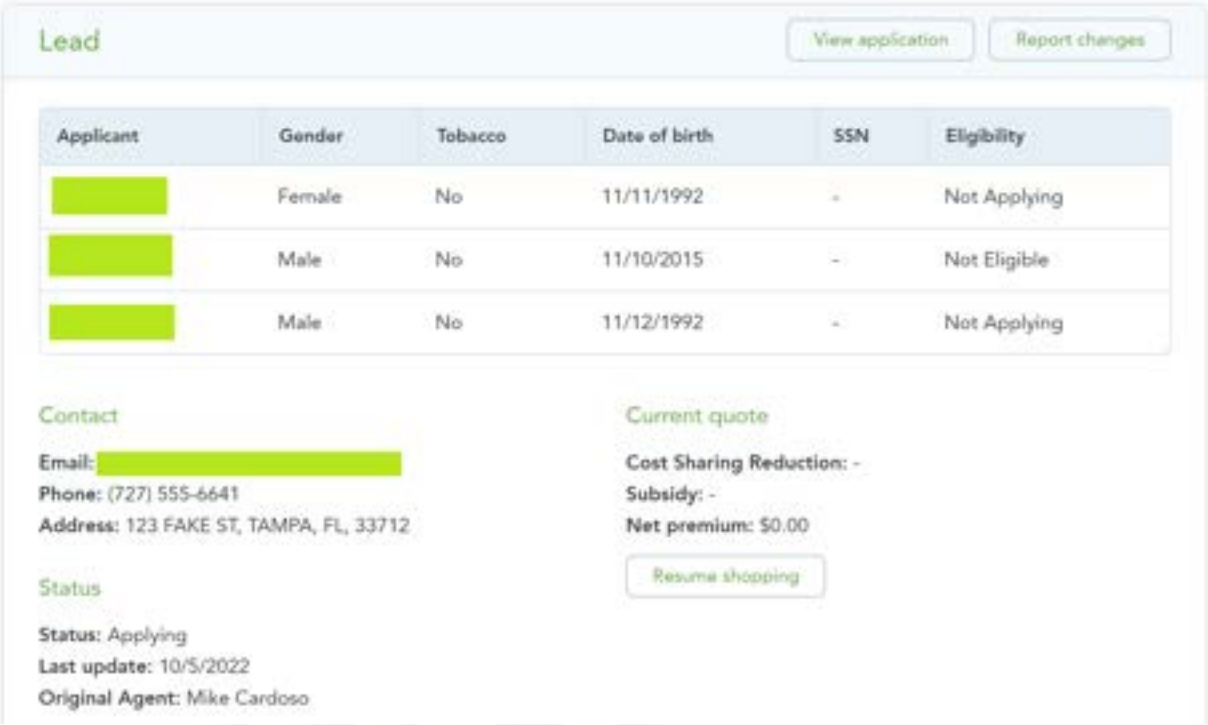
Once you've found the plan that is right for the member click on the **Add to cart** and then **Start application** from the subsequent popup.



At this point you're ready to start the application to get their **Eligibility results** and see the true number as to what their subsidy will be, and if they qualify for a plan through the marketplace. The good news is that you can actually create a **Qualified Life-changing Event/Special Enrollment Period (QLE/SEP)** year round legally by employing a known loophole that CMS has approved, as long as you don't tell the member you're doing it, or don't advertise that it's possible otherwise they will be forced to close the loophole. We'll get to that later in detail. For now all you need to enter is their legal **First name, Last name, Date of birth, and Coverage state** then ask them if you have permission to open an application on hc.gov. After they say yes you are allowed to check that box and continue.

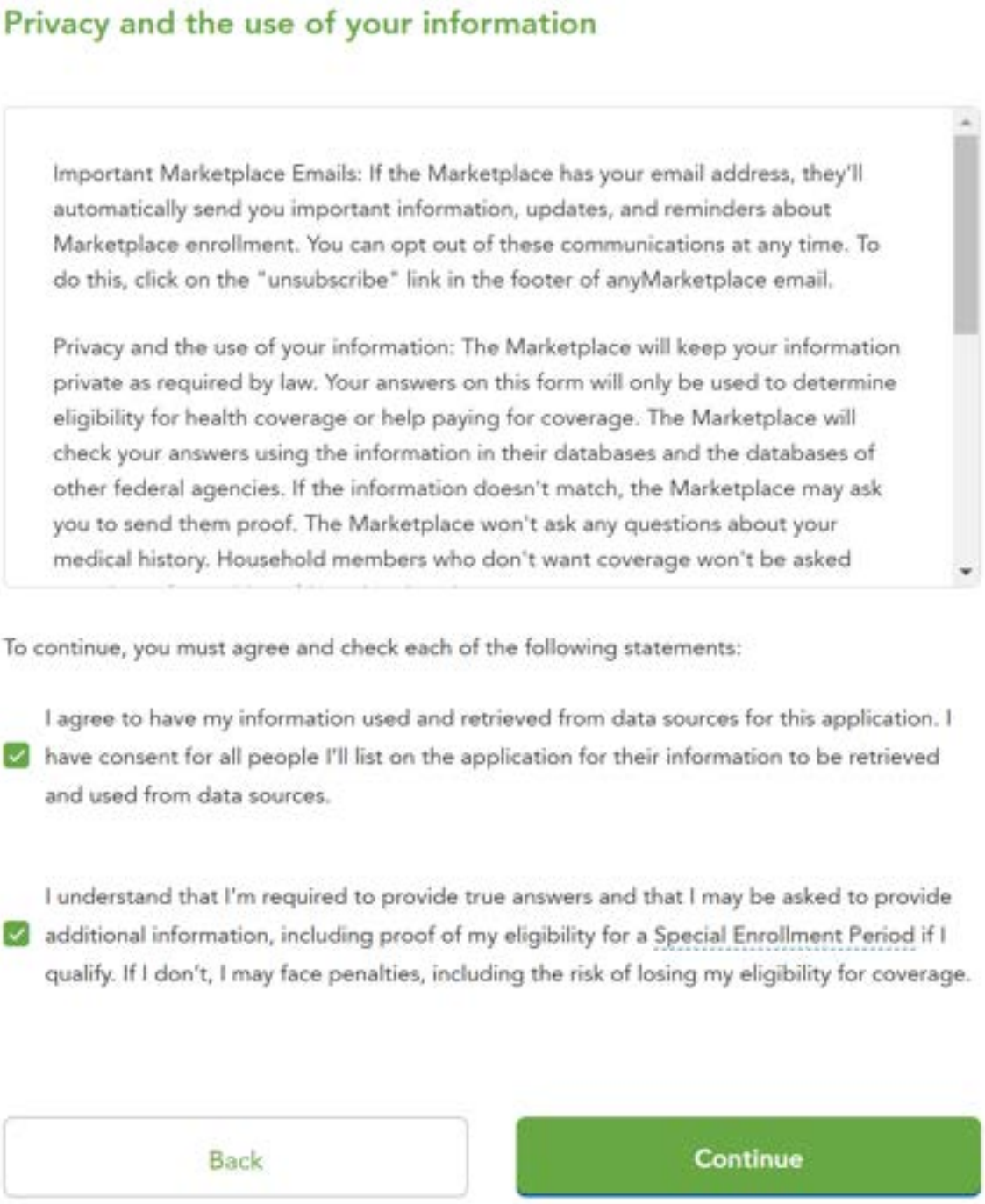


If you see the member's information after you search that means they have done an application already. If this is the case, verify the address is correct and Add the most recent application, which will be the one with the largest **Application ID**. If the records don't match, or if this was from before they got divorced or they have extra people that don't need to be on that app anymore you can't easily remove them so instead click on the create new button at the bottom of this screen and start fresh.

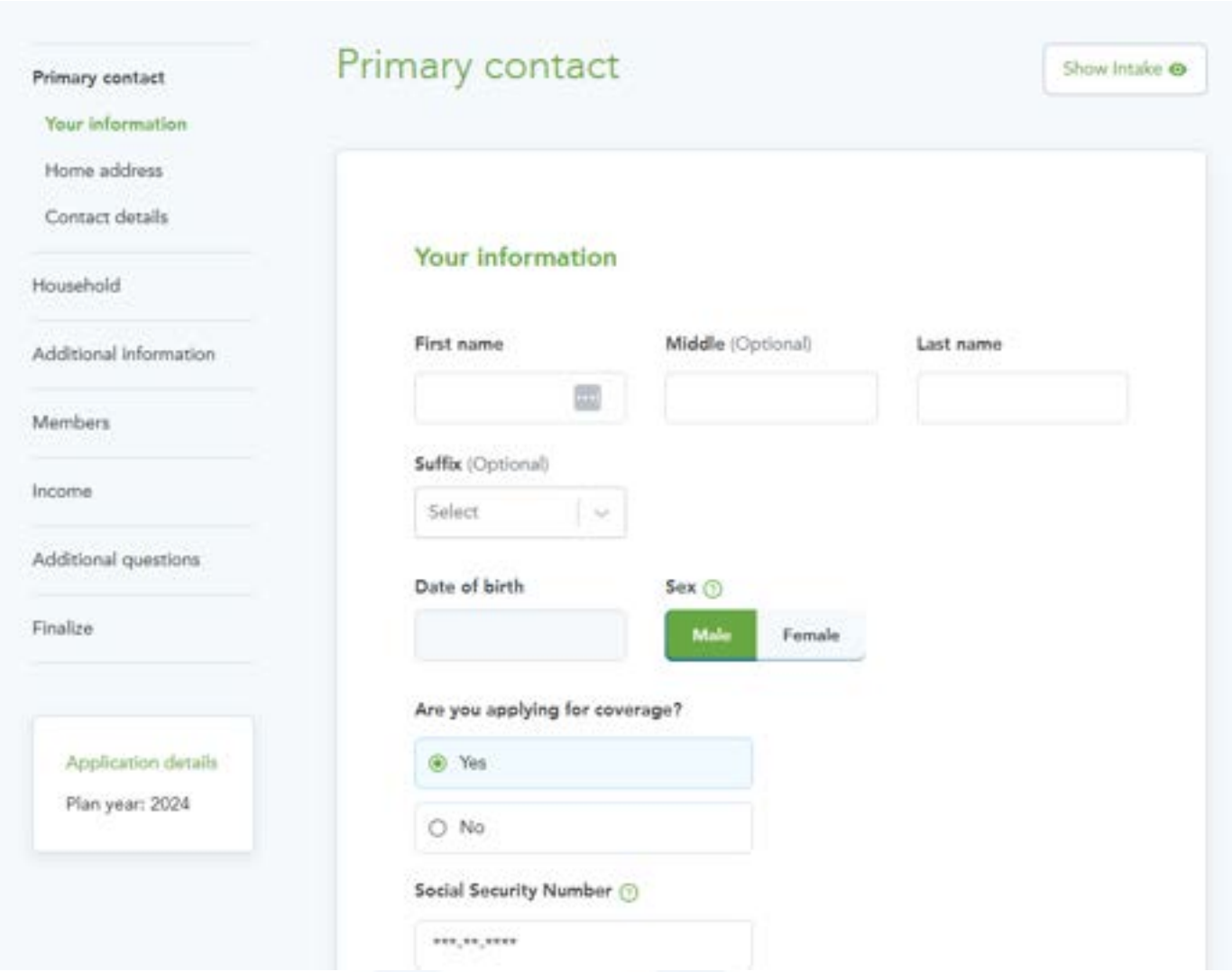


In this example they had a previous application so we clicked on the **Add to clients** button which brought us to their lead information page. As long as all of this information is correct, you can click on the **Resume Shopping** or **Report Changes** buttons to open up their application. From that next pop-up choose **Update**.

If all of their information is correct move on, but if you need to update anything just click **Edit**

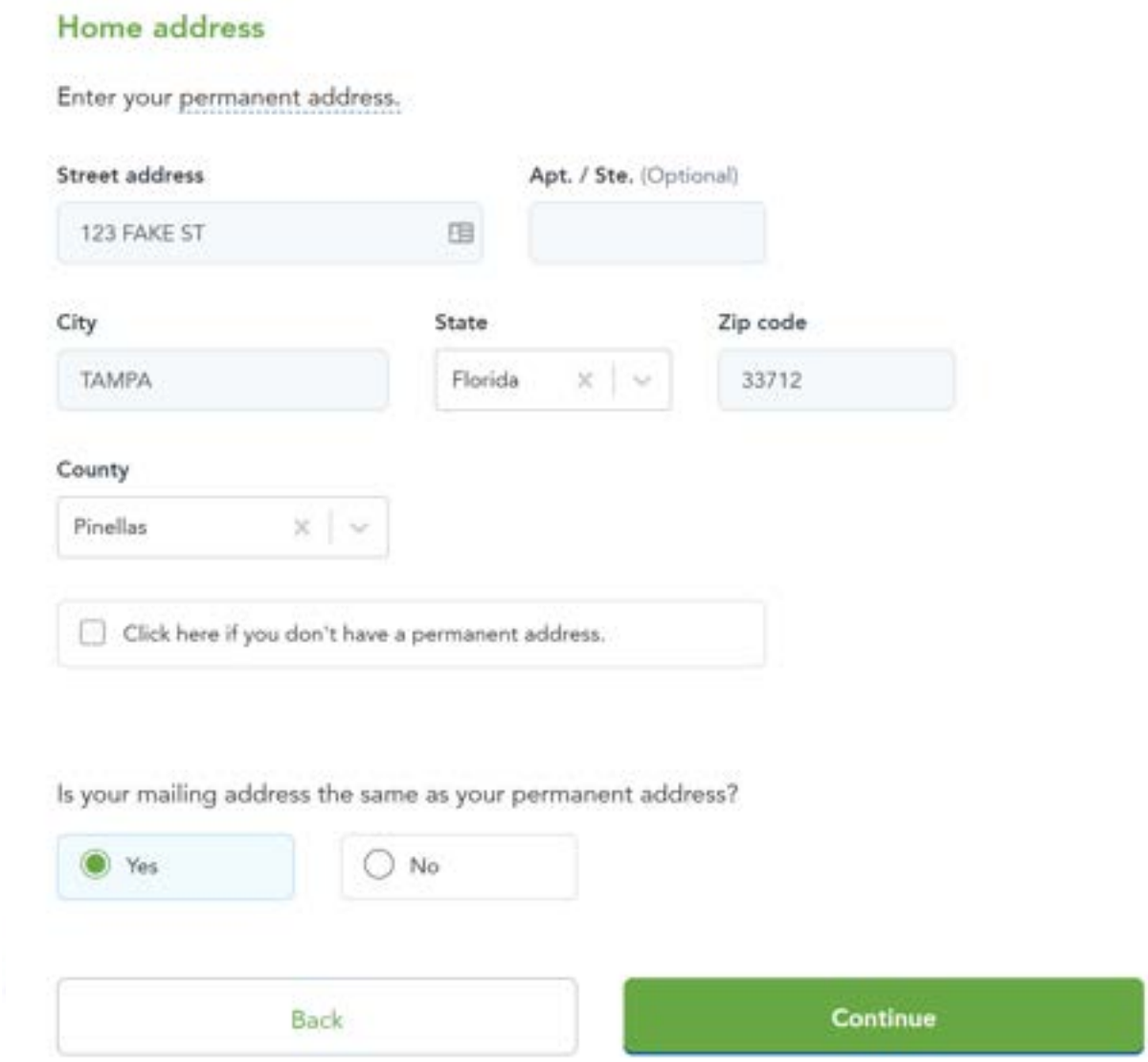


When you see this screen you're now creating or editing an existing application on hc.gov and will need to get their permission. Read off these statements and proceed.

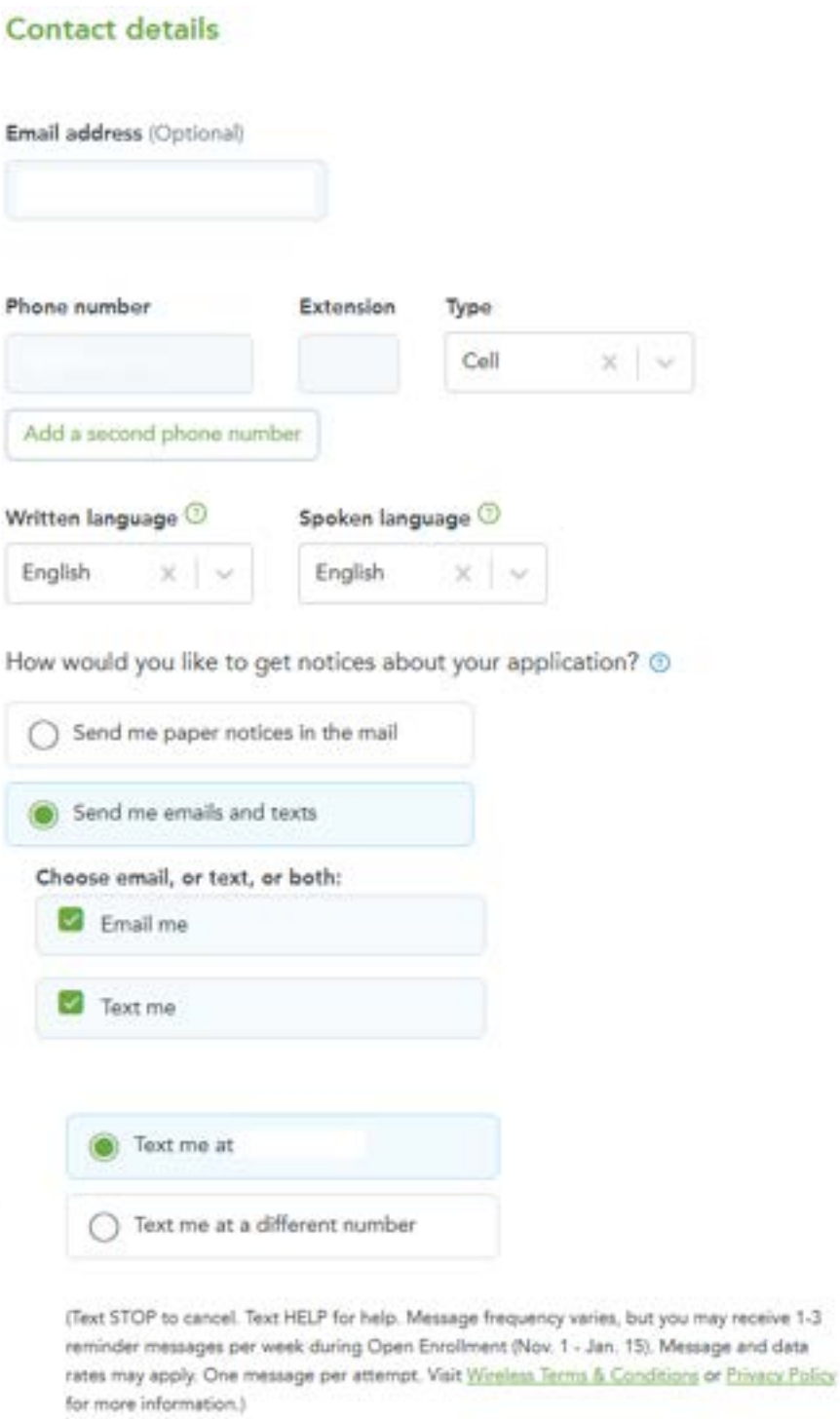


At the top left you'll see a navigation/progress bar. This tells you how far along you are in the hc.gov application. Also if you need to quickly go back to a previous section, just click on that section and it will bring you to the corresponding page. Starting from the beginning we will enter in the member's **Name, Date of Birth, Sex, and Social**. This is only optional if the member is on their tax return and therefore application, but is not applying for coverage. If the member is applying for coverage you do need their ssn. If they don't have a ssn because of their citizenship status you can leave this blank and at a future time in the application it will ask for the appropriate numbers on their citizenship documents. If you don't have the ssn because the child is a newborn, leave it blank and you will have **90 days** from the time you submit the application to get the child's ssn and add it to the application.

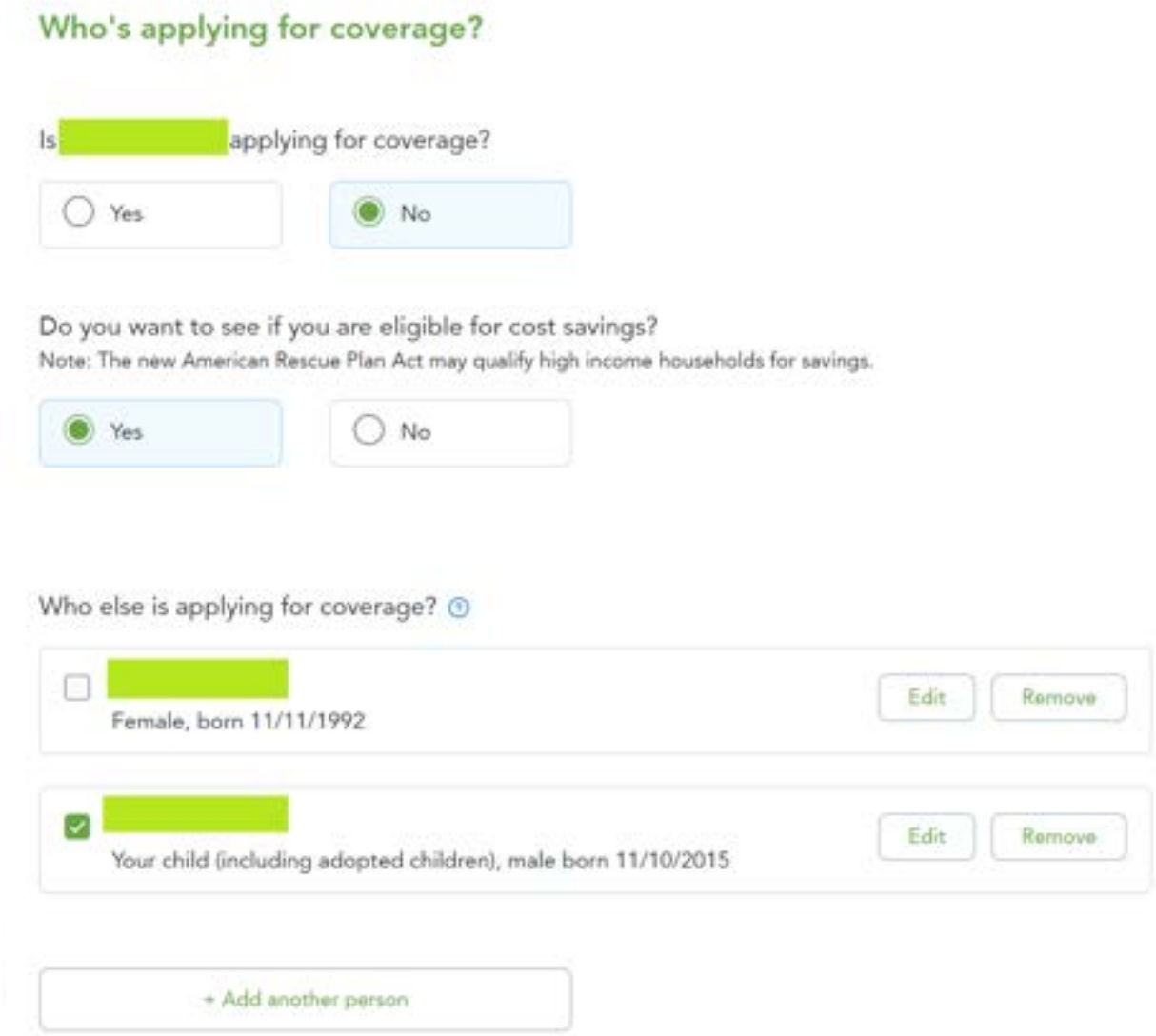
You'll also notice on the top right of this screen you now have the Show Intake button, if you did send the intake ahead of time to the client, you can find that information here for a more streamlined renewal.



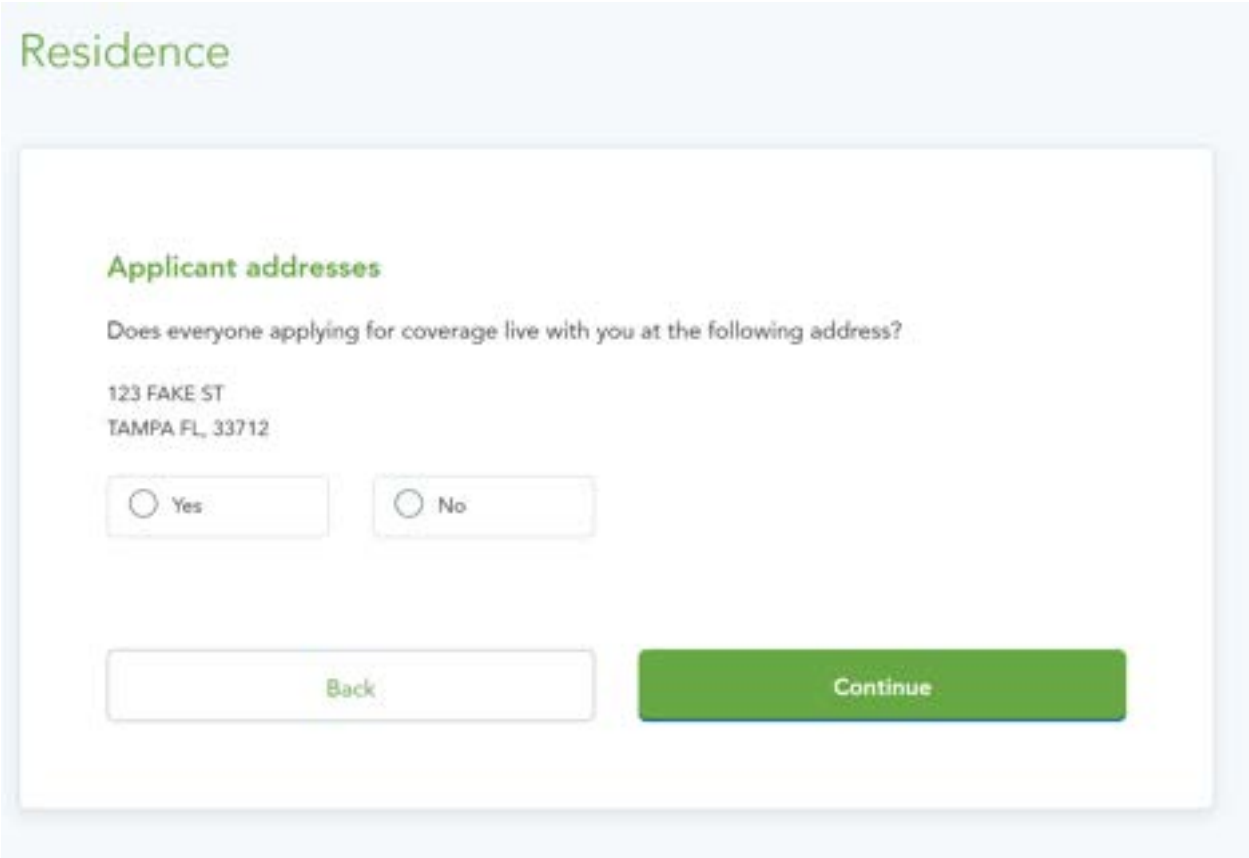
Then you will enter in their physical address, if the mailing is different you can put that here. This is the information hc.gov will be transmitting to the carrier giving instructions on where all policy documents will be mailed. So make sure it is correct before proceeding.



Although it says email is optional, you'll always want an email address. We need them for all AOBG products anyway, and you'll now have their email address saved in sherpa which is important for automatically sending notices about documentation. This will also help your CS department follow up with your clients for required documentation. Try and get a mobile number and set the phone type to cell. This allows hc.gov to also text clients for important information. And finally if you notice that English is not their first language, ask their preferred written and spoken languages. This will inform hc.gov and the insurance carriers to send their documents in their language to make their experience more user friendly. Once you have all of this you can **Continue.**

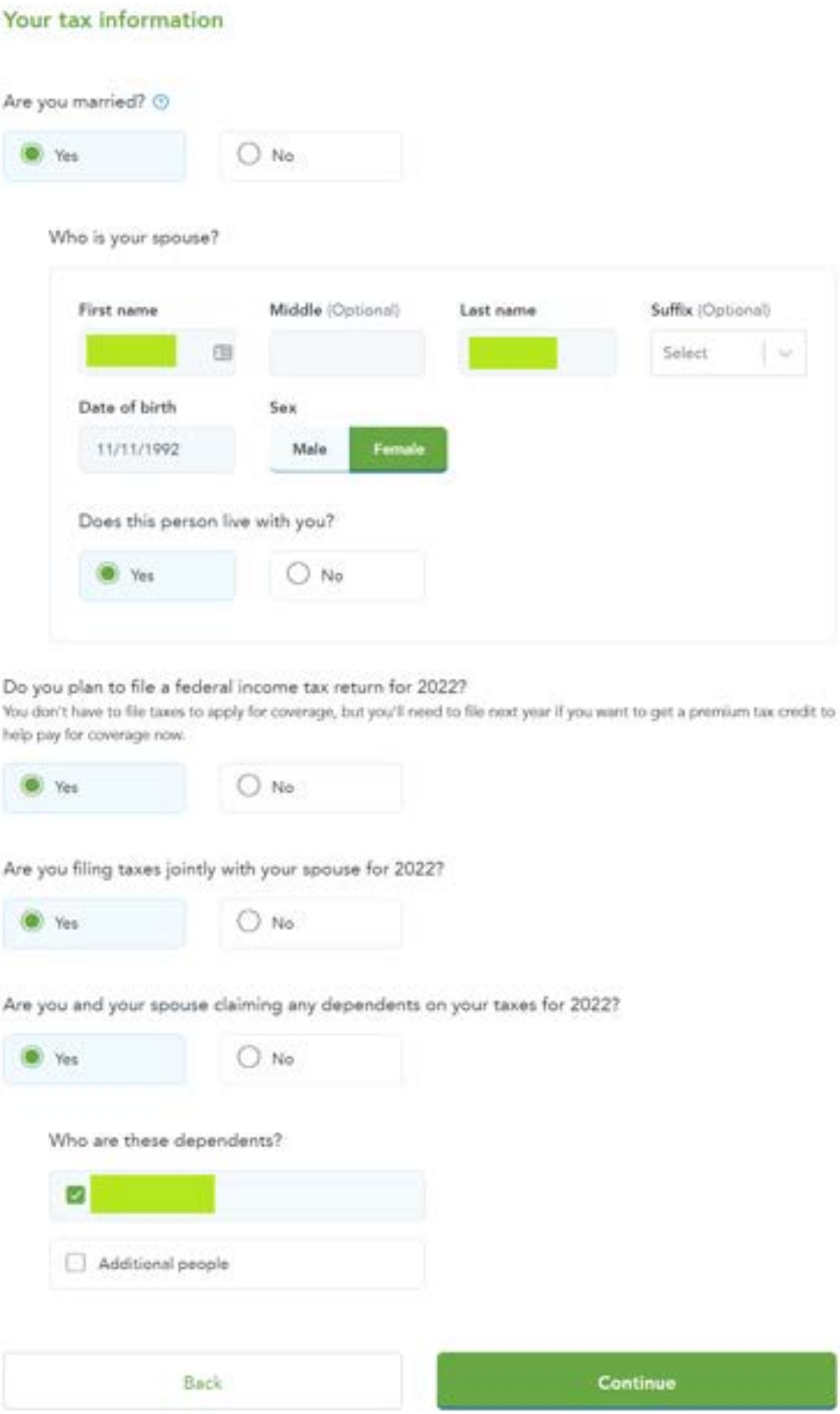


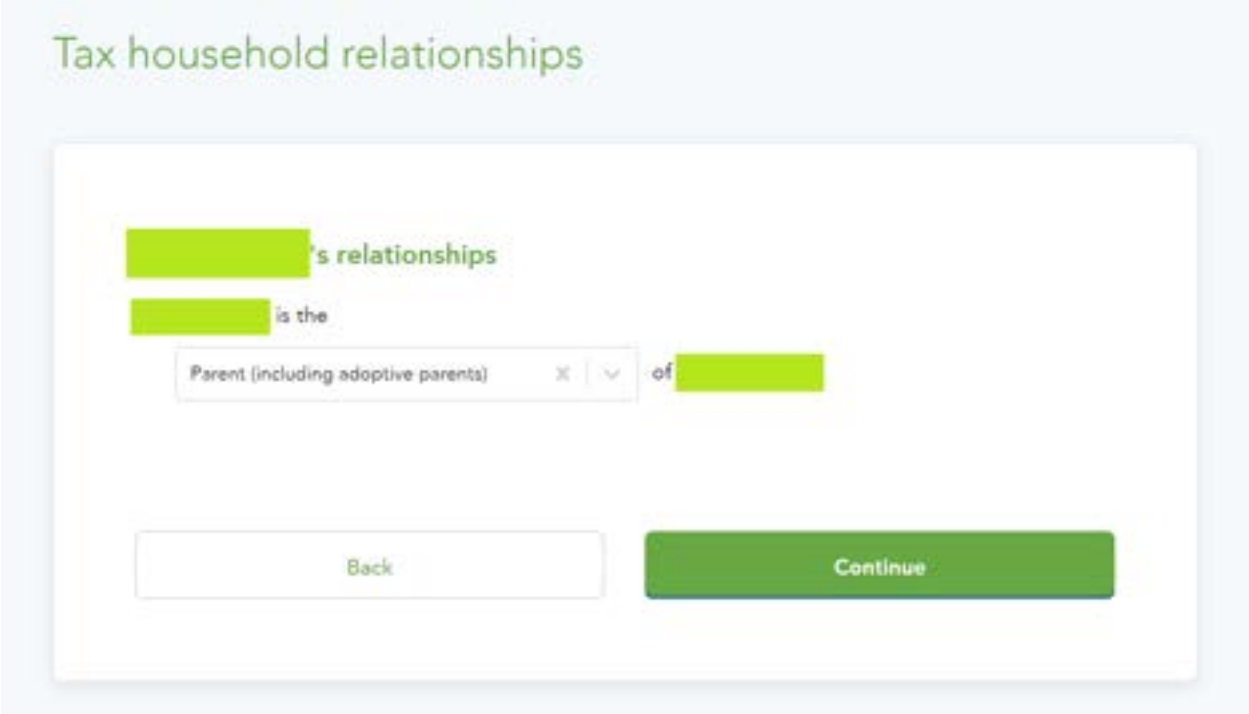
Here is where you indicate who is just on the plan because they are part of the **tax return for the concurrent year of coverage** or actually applying for coverage. You can also indicate whether or not you're applying for a subsidy. If you know they are not eligible, or not interested, checking **No** on the cost savings question will make this application considerably shorter. Use the **Add another person** as many times as required until you have every person that will be on the tax return on this screen regardless if they are applying for coverage or not. Once you're ready **Continue** to the next section.



Again, this is about the tax address. So if anyone on the application will be filing their taxes at a different address, this is where you would put that information. If everyone is at the same address, click yes and **Continue**.

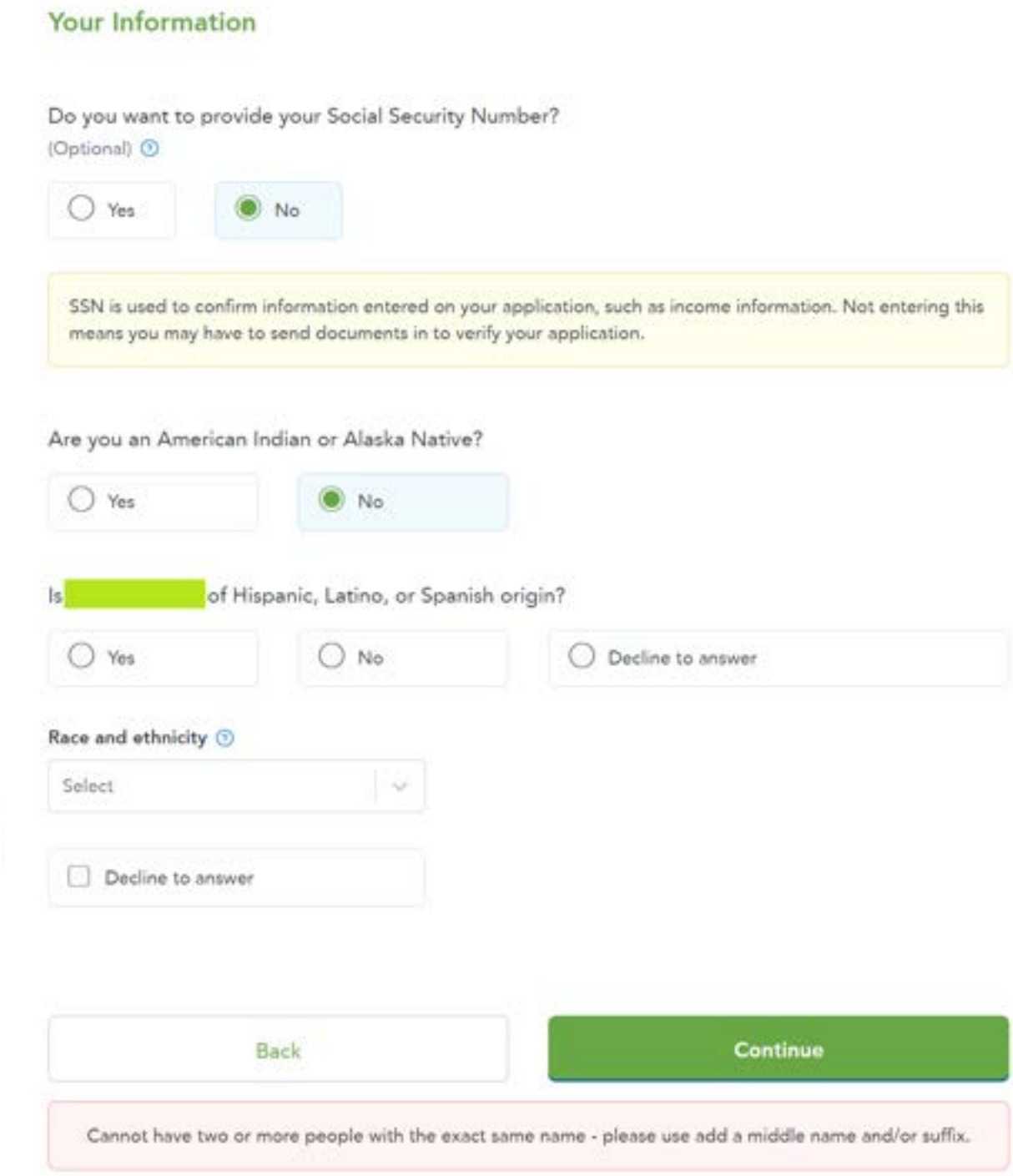
The following section will be all about how they are filing their taxes. If they are married, they have to indicate that they are filing their taxes jointly otherwise they are **unable to get any form of subsidy** so make sure they answer **yes** to filing together if they plan to be married by the end of the subsequent year of coverage. And if they have any dependents, you should have put them in the application earlier and now you just click that yes they are claiming them and select each dependent's name. Once you're done here **Continue** to the next screen.


Your tax information
Are you married?
Yes
No
Who is your spouse?
First name
Middle (Optional)
Last name
Suffix (Optional)
Select
Date of birth
11/11/1992
Sex
Male
Female
Does this person live with you?
Yes
No
Do you plan to file a federal income tax return for 2022?
You don't have to file taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax credit to help pay for coverage now.
Yes
No
Are you filing taxes jointly with your spouse for 2022?
Yes
No
Are you and your spouse claiming any dependents on your taxes for 2022?
Yes
No
Who are these dependents?
Additional people
Back
Continue



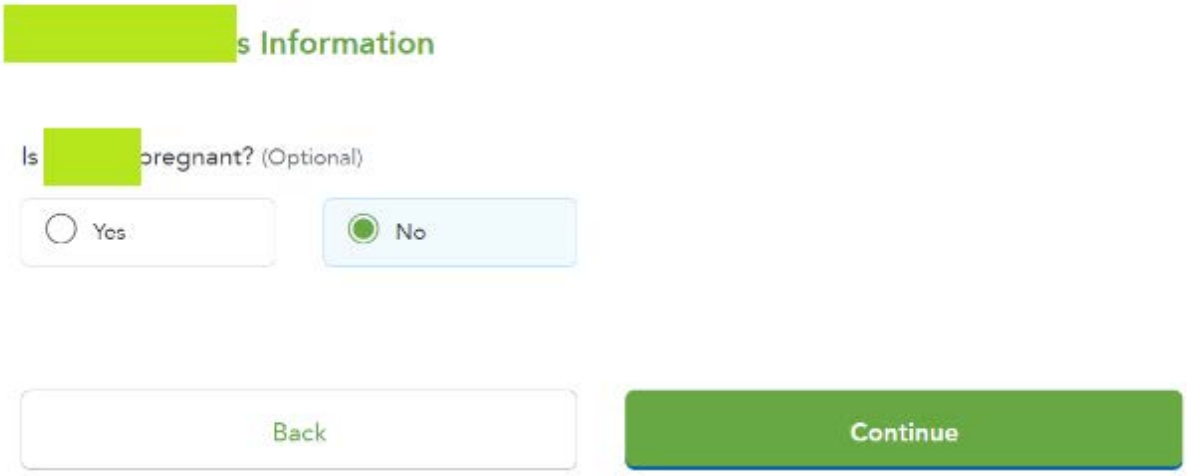
If you have any dependents here that are not their spouse it will ask you to clearly label how each person is related. Pay attention to the names as to how they are related. The name at the top is the person in question, so if the name at the top says Susan, they are asking who Susan is to the name to the right of the drop down. So in this case Susan would be the parent of the child. You'll have a different box for each non-spouse dependent. Once done you can **Continue.**

On the next screen you'll start to get to the census information. To save time, it's best to ask if anyone is XYZ so you don't have to ask the question repeatedly for each applicant. Again remember that the social is required for each individual applying for coverage. When you get to the **Hispanic, Latino, Spanish, Race and Ethnicity** questions it's best to always just click Decline to answer. These questions are not required, and sometimes answering them will cause extra questions which take up more time. We are also not paid by the Census, so let them get that information. It also does not invite the member to tell you a 5 or 10 minute story about their origin, saving you time to complete this application faster. For this example I intentionally used a father and son with the same exact name to show you that it will not allow you proceed past this point if that happens. So make sure to indicate a difference with a middle initial, or Sr Jr III IV titles. If you did not do that earlier, click on the **Members** section at the top left of your application to return to that page then press **Continue** until you get to the screen after these census questions.

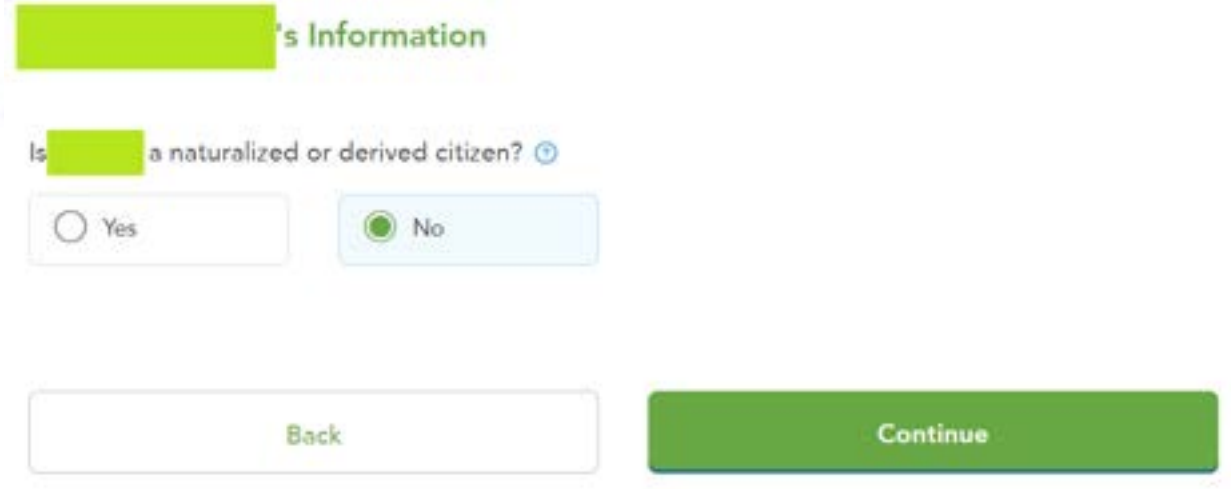

Your Information
Do you want to provide your Social Security Number?
(Optional)
Yes
No
SSN is used to confirm information entered on your application, such as income information. Not entering this means you may have to send documents in to verify your application.
Are you an American Indian or Alaska Native?
Yes
No
Is of Hispanic, Latino, or Spanish origin?
Yes
No
Decline to answer
Race and ethnicity
Select
Decline to answer
Back
Continue
Cannot have two or more people with the exact same name - please use add a middle name and/or suffix.

[redacted]'s Information
What is [redacted]'s Social Security Number (SSN)?
Enter [redacted]'s 9-digit SSN. We verify the SSN with Social Security based on the consent you gave at the start of the application.
XXX-XX-XXXX
[redacted] doesn't have a SSN
Is this person a US citizen or US national?
Yes
No
Does [redacted] have eligible immigration status?
Not sure? See a list of eligible immigration statuses.
Yes, [redacted] has eligible immigration status
I would like to continue without answering this question. I understand that if I don't answer it, this person won't be eligible for full Medicaid orMarketplace coverage and will be considered only for coverage of emergency services, including labor and delivery services.
Important: If this question is not answered, [redacted] won't be eligible for full Medicaid or Marketplace coverage and will be considered only for coverage of emergency services, including labor and delivery services. If [redacted] has an immigration status on this list of statuses, change the answer to "Yes." If you're not sure or you need help, call the Marketplace Call Center at 1-800-318-2596(TTY: 1-855-889-4325).
Is this person currently incarcerated (detained or jailed)?
Yes
No
Is this person an American Indian or Alaska Native?
Yes
No
Is [redacted] of Hispanic, Latino, or Spanish origin?
Yes
No
Decline to answer
Race and ethnicity
Select
Decline to answer
Back
Continue

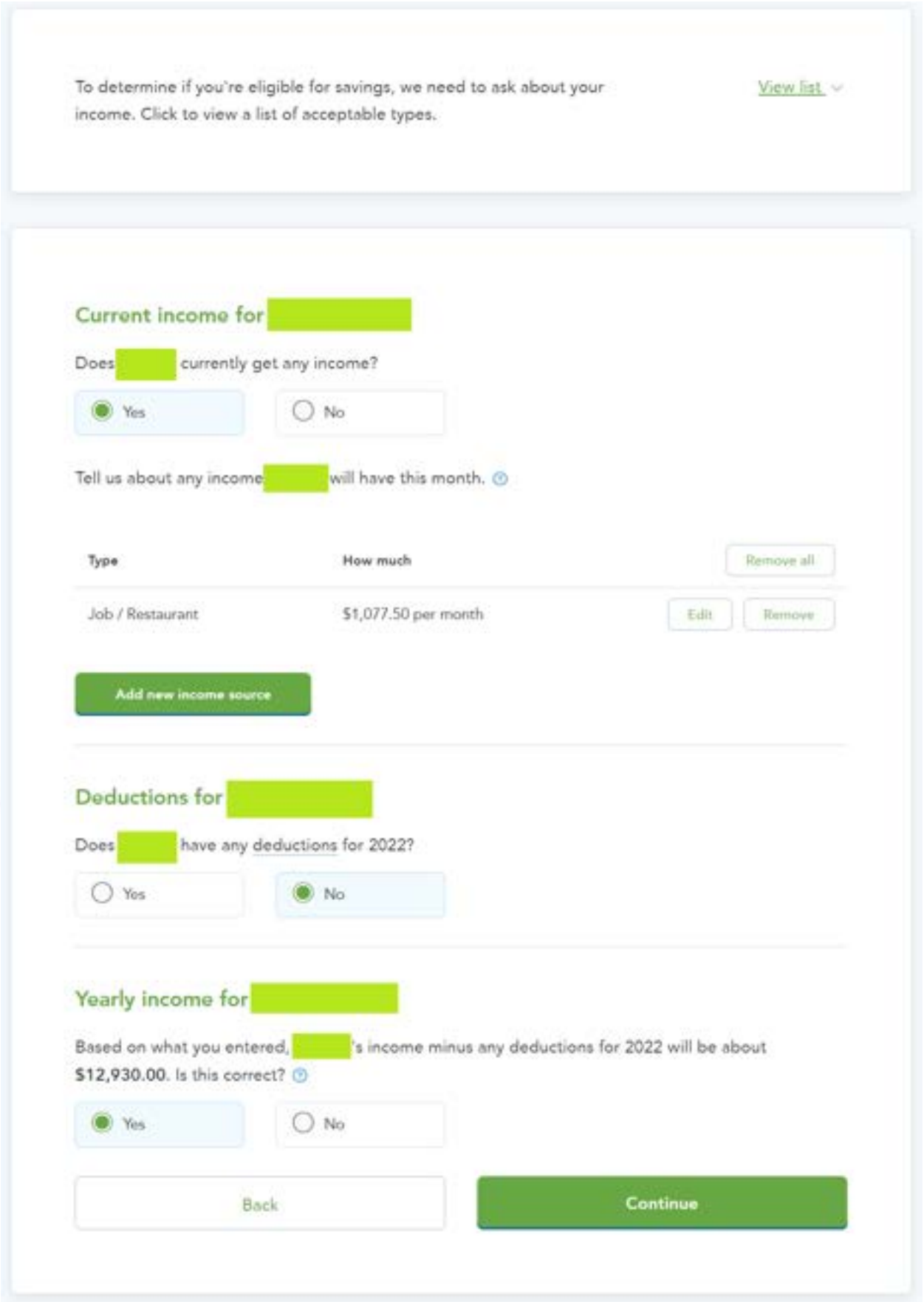
If the person does not have their SSN for any reason, you can simply leave these fields blank for now. And you will need to get their SSN in the next 90 days after submitting the app. If you are unable to get their SSN at that time, then they will lose their subsidy and have to pay it all back. That is the best case scenario, if you don't get their required information sometimes it can mean they lose coverage when it pertains to immigration information and verifying citizenship.



If the member is pregnant you'll want to indicate this as it can help in the future when they do deliver the child. But again it's not necessary so you can just not click or even ask this question and **Continue.**

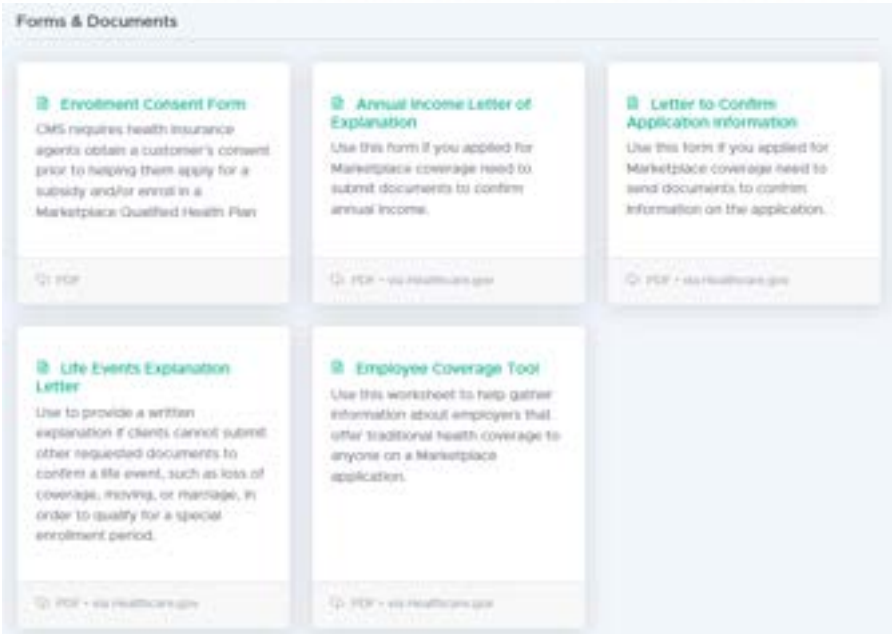


This question is asking *were they born outside of the US and then later became a US citizen.*

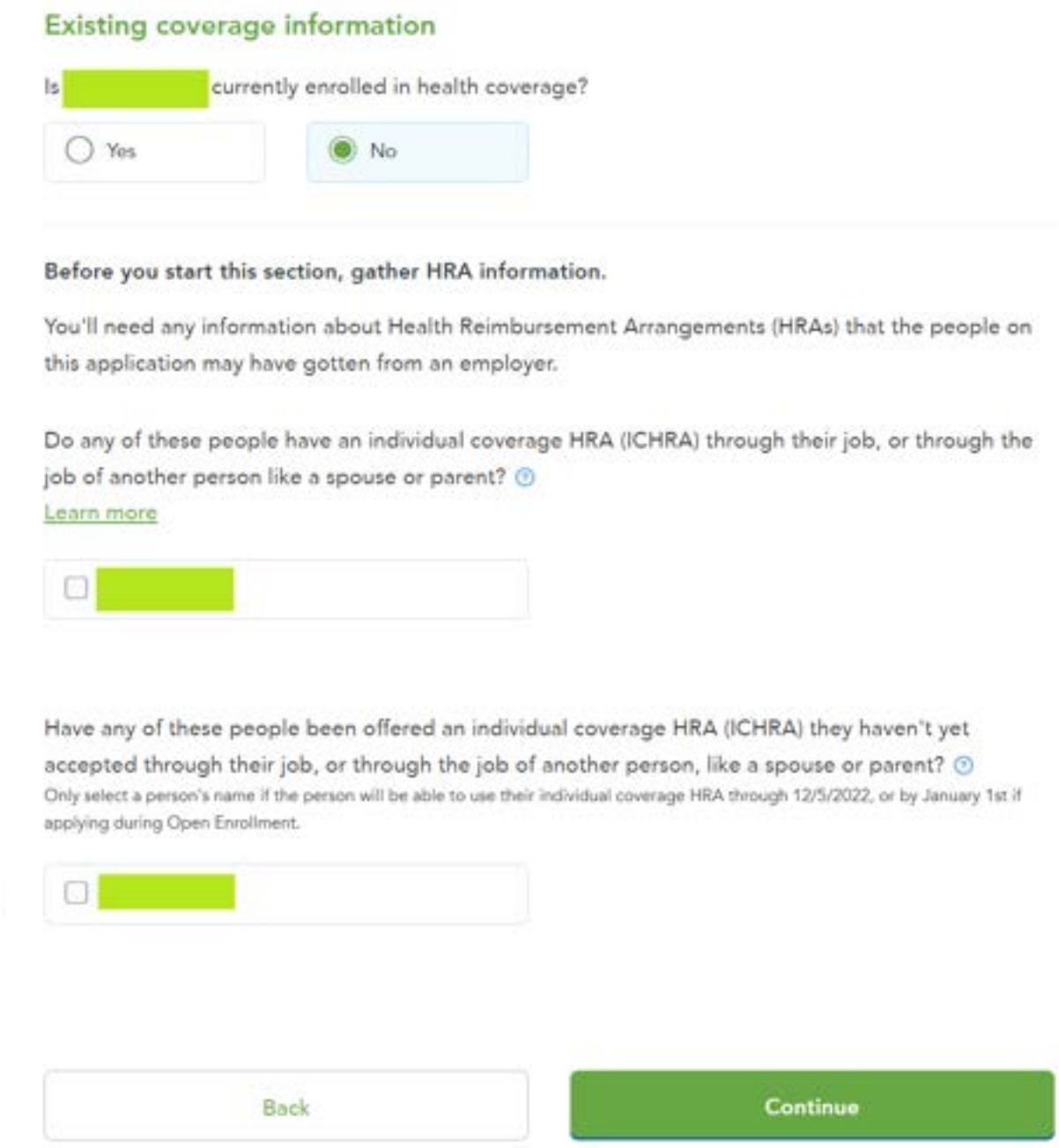

To determine if you're eligible for savings, we need to ask about your income. Click to view a list of acceptable types.
View list
Current income for
Does currently get any income?
Yes
No
Tell us about any income will have this month.
Type
How much
Remove all
Job / Restaurant
$1,077.50 per month
Edit
Remove
Add new income source
Deductions for
Does have any deductions for 2022?
Yes
No
Yearly income for
Based on what you entered, 's income minus any deductions for 2022 will be about $12,930.00. Is this correct?
Yes
No
Back
Continue

When applying for a subsidy, you will need to answer the income questions. We are trying to get as close to what their line 37 adjusted gross income will be for the **concurrent year of coverage**. While it doesn't need to be completely accurate, and these numbers are not set in stone meaning they can update them at any time of the year, you still want them to be as close to accurate as possible so they don't have to pay back a large amount when they do file their taxes. If they work for an employer you'll want to put in the phone number of their employer so the IRS can call if they do decide to verify their income. You don't need the direct number for the accounting department, you can just as easily google their employer and put the first number that comes up if the client does not have a phone number. The IRS can figure it out later if they want the correct department. If you're putting in the income for someone self-employed, it will always ask for the monthly income, so just get their estimate for total annual income and divide that by 12.
As far as the **Deductions** for your client are concerned, this is their IRA contributions, actual student loan payments, or alimony payments for the concurrent year of coverage. Enter these numbers in as a positive value and they will be subtracted from their total annual income, resulting in their Modified Adjusted Gross Income (MAGI) as the bottom of the screen. In the rare event that the sum displayed here does not sound right to the member after totaling the numbers due to their income being irregular you can click **No** when asked if that looks right and then answer the following questions. This will be repeated for each member on the application regardless if they are applying for coverage or not. Remember this is based on everyone who will be on the same tax return for the family, so it needs all of their income data to calculate the correct subsidy for the family members that are actually applying for coverage.

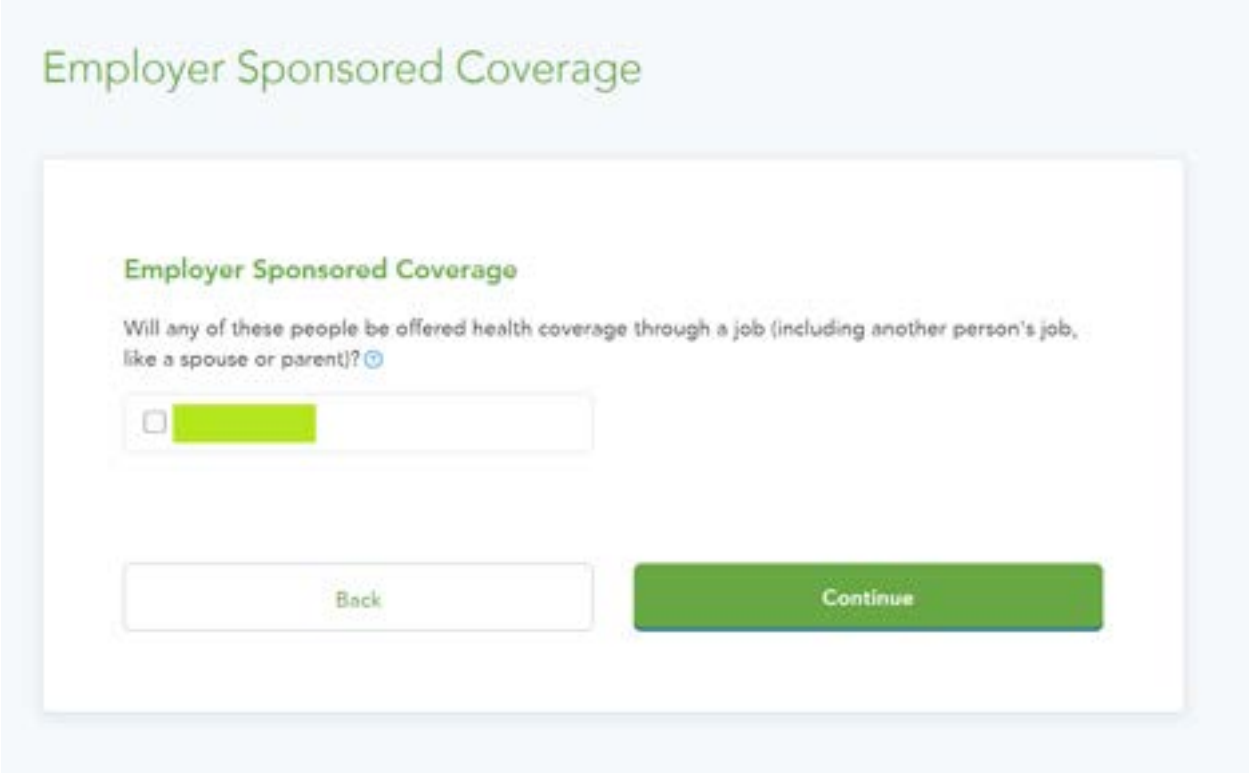
Once you've finished the income questions that will take you to the **Additional questions** portion of the application. This is a very important part of the application when it comes to making sure they have a SEP or QLE. If a member does have a QLE or SEP, be sure to visit www.aobgagents.com/aca at the bottom of this age we have the CMS approves resources to validate these SEPs by clicking on the Life Events Explanation Letter tile.



Additional questions
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)
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)
Additional coverage questions
Were any of these people found not eligible for Medicaid or Children's Health Insurance Program (CHIP) in the past 90 days?
When was denied coverage through Medicaid or Children's Health Insurance Program (CHIP)? Use the date listed on the letter from your state agency, if you have one. If you don't know the date, make your best guess.
09/30/2022
Did any of these people apply for coverage between 11/1/2021 - 1/15/2022
Did any of these people apply through the Marketplace after a qualifying life event?
Back
Continue

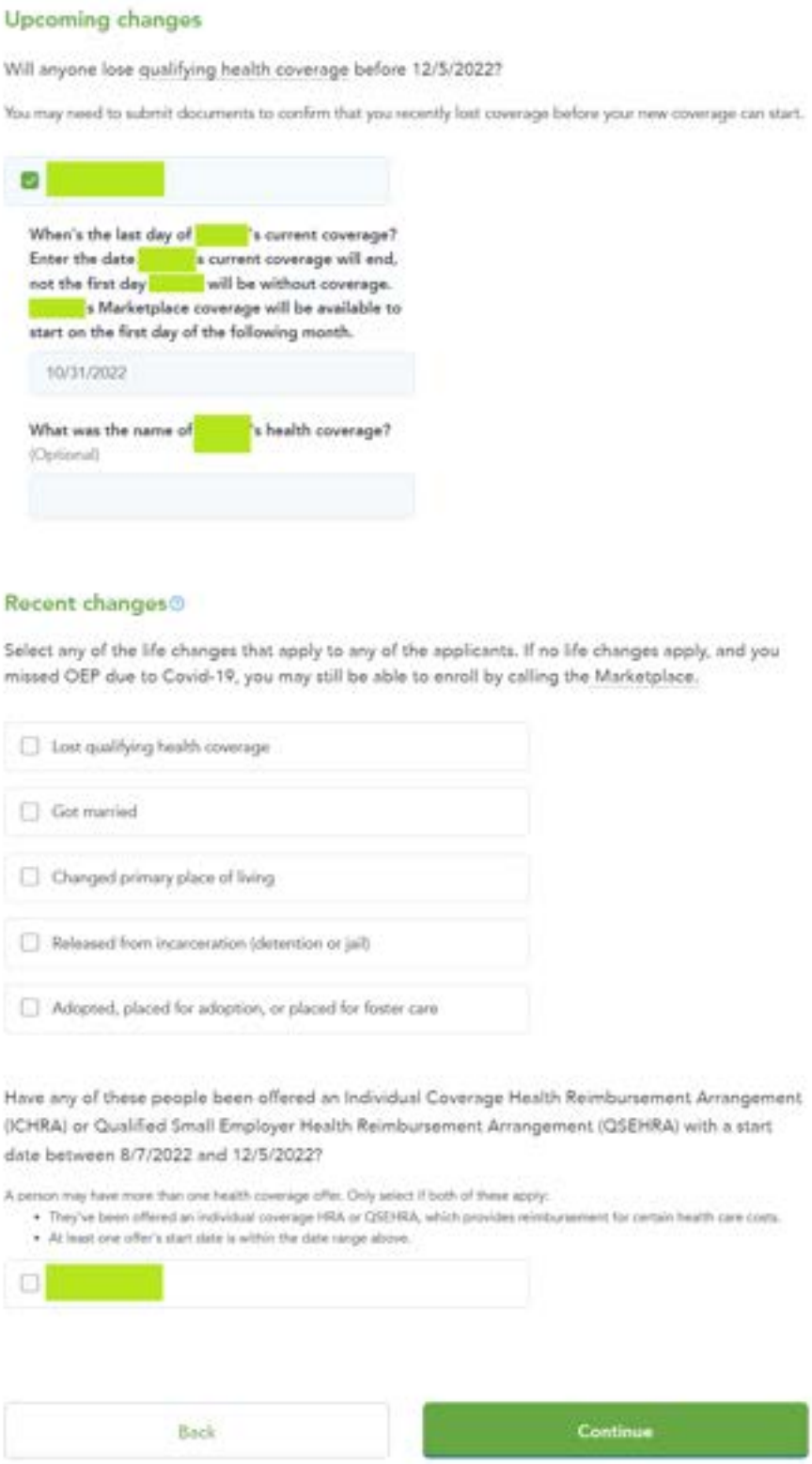


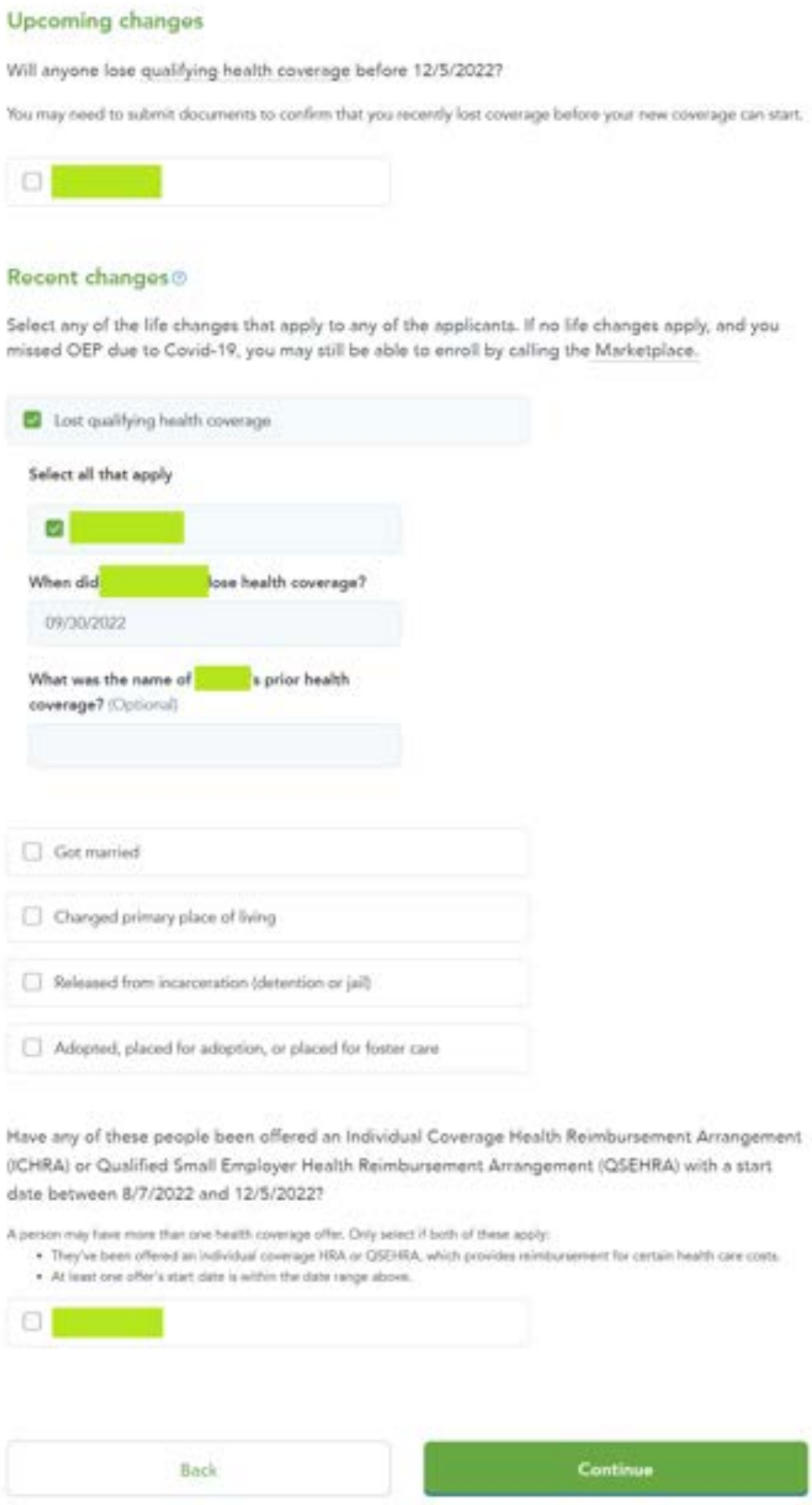
These questions you will again have to answer no, if they are to get a subsidy.

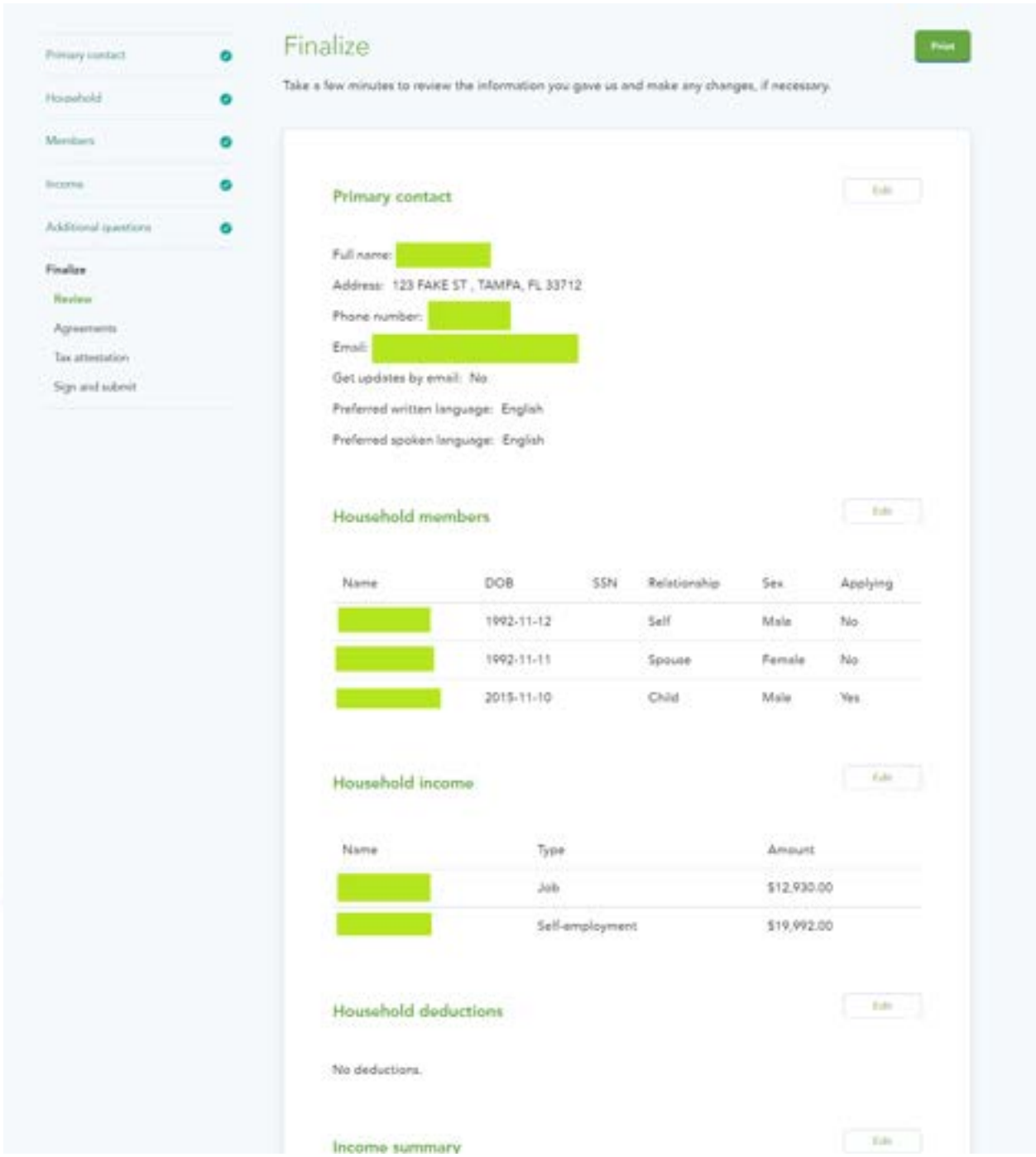


When it comes to employer coverage, even if they are offered insurance through their employer if the cost of the employer plan is more than roughly **9.96%** of their income it is considered **too expensive** and therefore they can still apply for a subsidy. If that is the case, you will answer this question with a **no**. Otherwise, like the previous page, they are ineligible for a subsidy.

On the following page where it asks about **Upcoming or Recent changes** is where we have the oportunity to create a SEP for someone. In the event that it is asking for proof when we answer the question yes, and if asked for further documentation upload the Employee Coverage Tool from aobgagents.com/aca then you have to say that they will be losing coverage at the end of **this month** or that they have lost coverage on the **last day of last month**. Please be careful to not say they are losing coverage on the actual day they lose coverage if it is on a day somewhere in the following month. Even if you choose the first day of the month, the hc.gov system is not smart enough to know that this is happening in the middle of the month and allow for their new hc.gov plan to start immediately after. It can **only start on the 1st of the month**. So for this reason you will instead only say that they are losing coverage at the end of this month or the last day of the previous month, so their hc.gov plan will start the first of next month.


Upcoming changes
Will anyone lose qualifying health coverage before 12/5/2022?
You may need to submit documents to confirm that you recently lost coverage before your new coverage can start.
When's the last day of [redacted]'s current coverage? Enter the date [redacted]'s current coverage will end, not the first day [redacted] will be without coverage. [redacted]'s Marketplace coverage will be available to start on the first day of the following month.
10/31/2022
What was the name of [redacted]'s health coverage?
(Optional)
Recent changes
Select any of the life changes that apply to any of the applicants. If no life changes apply, and you missed OEP due to Covid-19, you may still be able to enroll by calling the Marketplace.
Lost qualifying health coverage
Got married
Changed primary place of living
Released from incarceration (detention or jail)
Adopted, placed for adoption, or placed for foster care
Have any of these people been offered an Individual Coverage Health Reimbursement Arrangement (ICHRA) or Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) with a start date between 8/7/2022 and 12/5/2022?
A person may have more than one health coverage offer. Only select if both of these apply:
• They've been offered an individual coverage HRA or QSEHRA, which provides reimbursement for certain health care costs.
• At least one offer's start date is within the date range above.
[redacted]
Back
Continue


Upcoming changes
Will anyone lose qualifying health coverage before 12/5/2022?
You may need to submit documents to confirm that you recently lost coverage before your new coverage can start.
Recent changes
Select any of the life changes that apply to any of the applicants. If no life changes apply, and you missed OEP due to Covid-19, you may still be able to enroll by calling the Marketplace.
Lost qualifying health coverage
Select all that apply
When did lose health coverage?
09/30/2022
What was the name of 's prior health coverage? (Optional)
Got married
Changed primary place of living
Released from incarceration (detention or jail)
Adopted, placed for adoption, or placed for foster care
Have any of these people been offered an Individual Coverage Health Reimbursement Arrangement (ICHRA) or Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) with a start date between 8/7/2022 and 12/5/2022?
A person may have more than one health coverage offer. Only select if both of these apply:
• They've been offered an individual coverage HRA or QSEHRA, which provides reimbursement for certain health care costs.
• At least one offer's start date is within the date range above.
Back
Continue



After you have answered all of their personal questions you'll see this confirmation screen. Verify that all of their information is entered correctly. Otherwise press edit on the field you need to update and it will take you back there. Once corrected, click **Continue** on each page until you return here and see that everything is correct.

Income summary

Edit

Name	This month's income	Expected income in 2022
[redacted]	$1077.5	$12,930.00
[redacted]	$1666	$19,992.00
[redacted]	$0	$0.00

Basic household questions

No one is eligible for health coverage from a job (including COBRA) or someone else's job.

No one is an American Indian or Alaska Native.

Additional questions

Edit

No one applying for coverage has a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs.

No one applying for coverage needs help with daily activities (like dressing or using the bathroom) or lives in a medical facility or nursing home.

[redacted] lost coverage on or after 01/01/2020

[redacted] is not losing coverage on or after 12/5/2022.

[redacted] did not get married on or after 8/7/2022.

[redacted] was not released from incarceration on or after 8/7/2022.

[redacted] did not gain eligible immigration status on or after 8/7/2022.

[redacted] and [redacted] and [redacted] were not adopted or placed for foster care on or after 8/7/2022.

[redacted] did not move on or after 8/7/2022.

No one applying for coverage was offered an individual coverage HRA (ICHRA) with a start date between 8/7/2022 and 12/5/2022.

No one applying for coverage was offered a qualified small employer HRA (QSEHRA) with a start date between 8/7/2022 and 12/5/2022.

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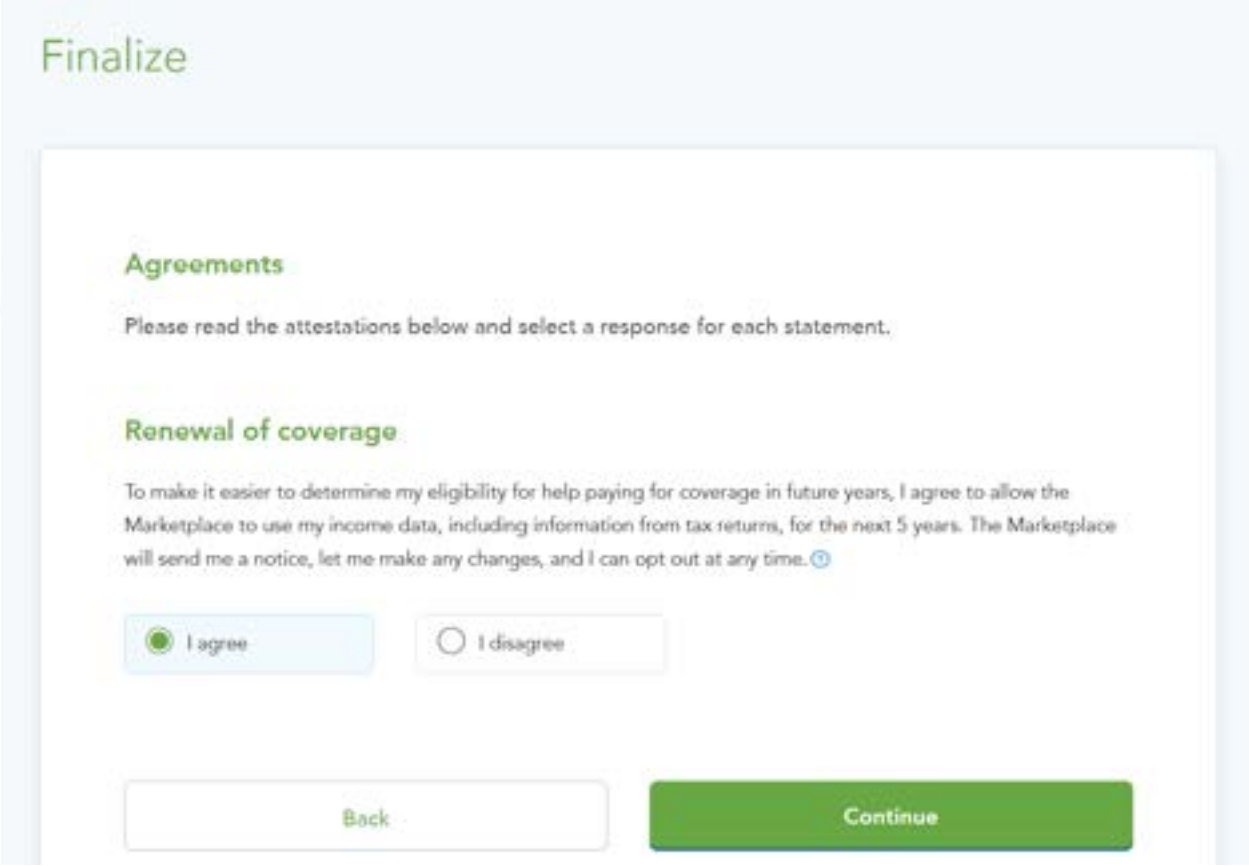
Continue

Once you get to the finalize screen, you'll want to just read this one paragraph out to the member while clicking through all the following screens and stopping at the end. Clicking yes on all of the questions and stopping at the field where you have to type in their name. Only stopping and going back if they don't understand what you said or don't agree:

"*Do you allow the marketplace to use your income data for the next 5 years; you're not eligible for a marketplace plan if you become eligible for Medicaid or an employer plan and if you do you may have to pay back subsidies when filing taxes; you have to file taxes for the concurrent year of coverage and if you're married at the end of that year you'll have to file your taxes jointly; nobody will claim you on their taxes and you will claim everyone you listed on this application on your taxes; if any of this changes it may impact your ability to get a subsidy; if your income is lower than estimated today you may get some additional help and if you income is higher you may owe some additional federal taxes; you must contact the marketplace at 800 318 2596 or our office if anything you told us on this application changes; the marketplace will automatically cancel your coverage if you are found to have other qualified health coverage, Medicaid, Medicare or CHIP so you do not have to pay full price for both plans; And to the best of your knowledge you provided true and accurate answers today otherwise you will face penalties including the loss of coverage?* ***Wait for an answer****, **if yes** Do I have permission to electronically sign your name on this application today?"*



Tax attestation

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

I understand that I'm not eligible for a premium tax credit if I'm found eligible for other qualifying health coverage, like Medicaid, Children's Health Insurance Program (CHIP), or a job-based health plan. I also understand that if I become eligible for other qualifying health coverage, I must contact the Marketplace to end my Marketplace coverage and premium tax credit. If I don't, the person who files taxes in my household may need to pay back my premium tax credit.

(●) Yes ( ) No

I understand that because the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:

- I must file a federal income tax return for the 2022 tax year.
- If I'm married at the end of 2022, I must file a joint income tax return with my spouse.

I also expect that:

- No one else will be able to claim me as a dependent on their 2022 federal income tax return.
- I'll claim a personal exemption deduction on my 2022 federal income tax return for any individual listed on this application as my dependent who is enrolled in coverage through this Marketplace, and whose premium for coverage is paid in whole or in part by advance payments of the premium tax credit.

If any of the above changes:

- I understand that it may impact my ability to get the premium tax credit.
- I also understand that when I file my 2022 federal income tax return, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application. I understand that if the income on my tax return is lower than the amount of income on my application, I may be eligible to get an additional premium tax credit amount. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

(●) Yes ( ) No

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Sign and submit

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

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

- (●) Agree
- ( ) 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 Children's Health Insurance Program (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.

- (●) Agree
- ( ) Disagree

[redacted], type your full name below to sign electronically.

[redacted]

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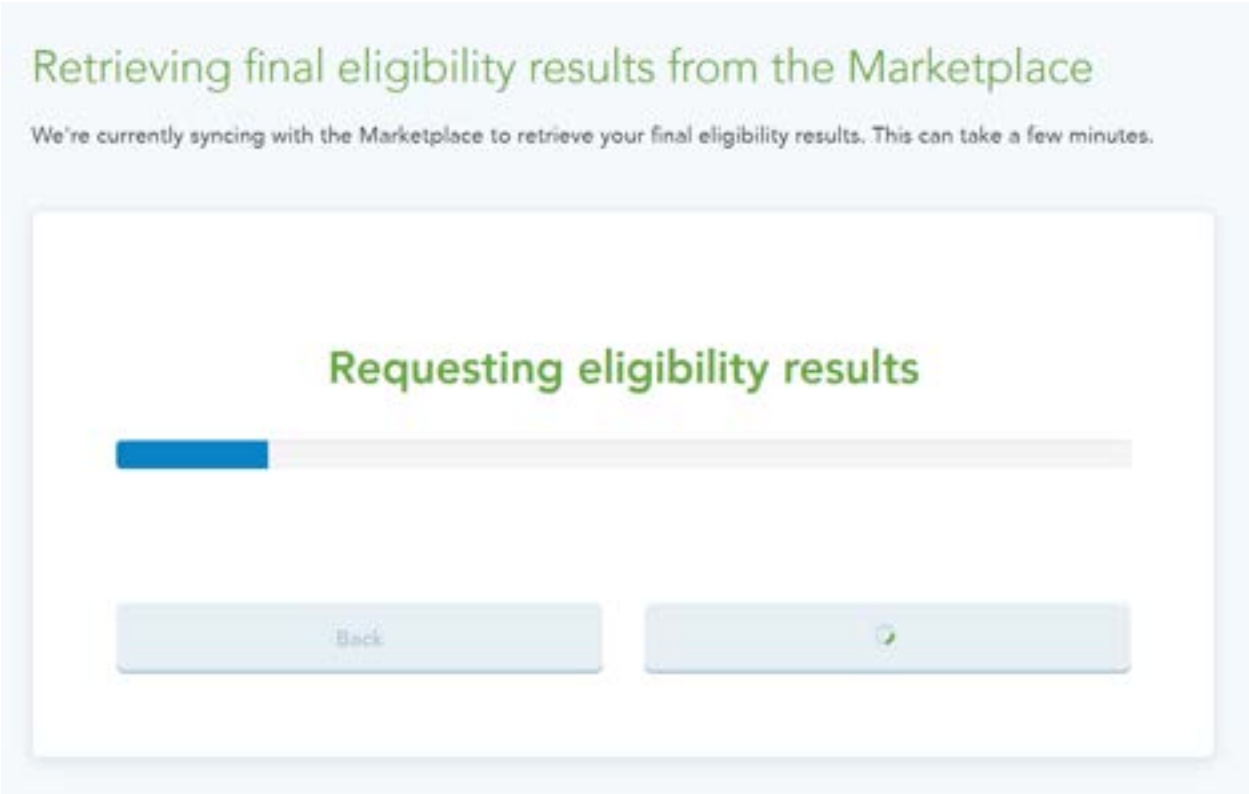
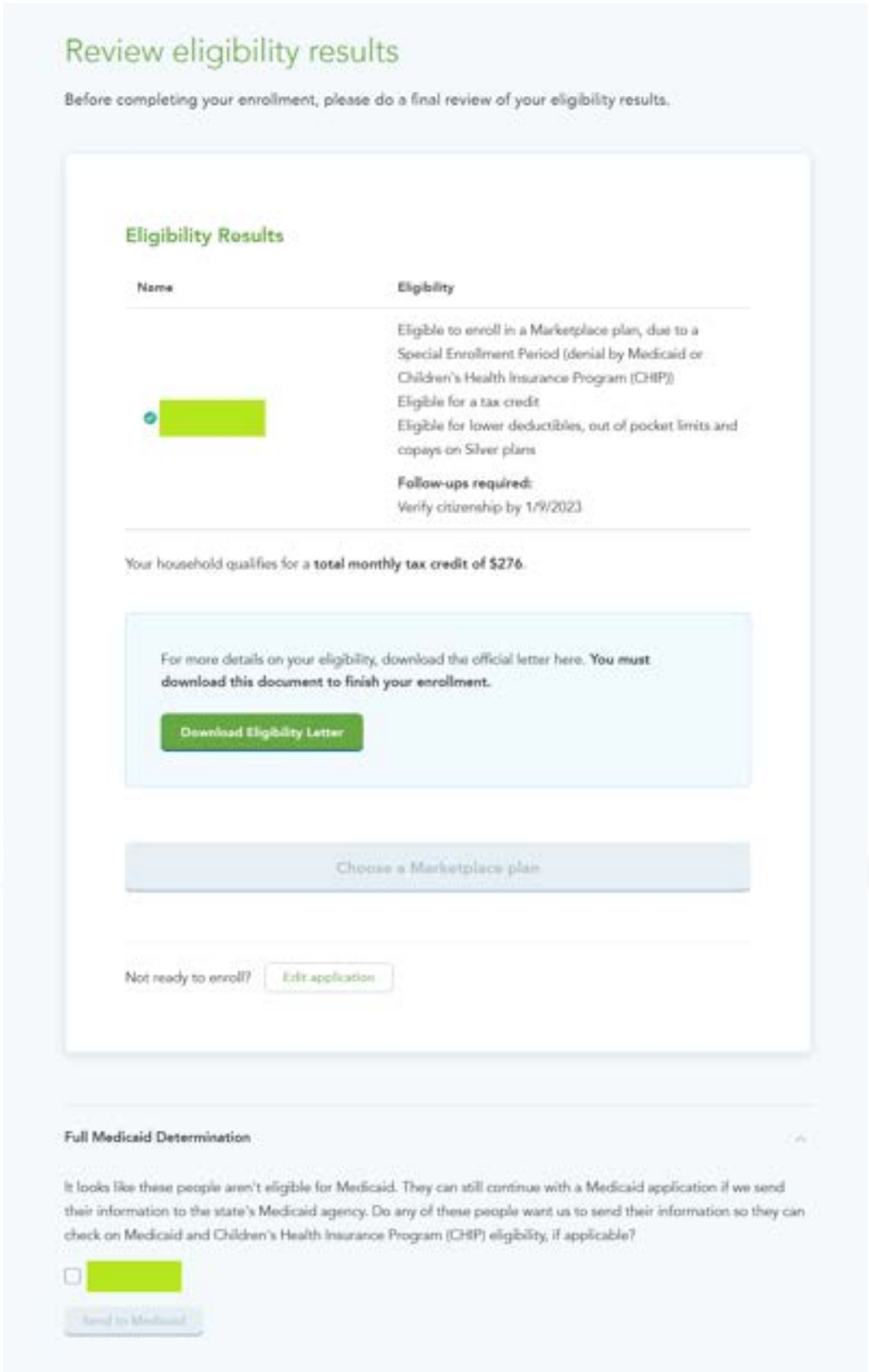
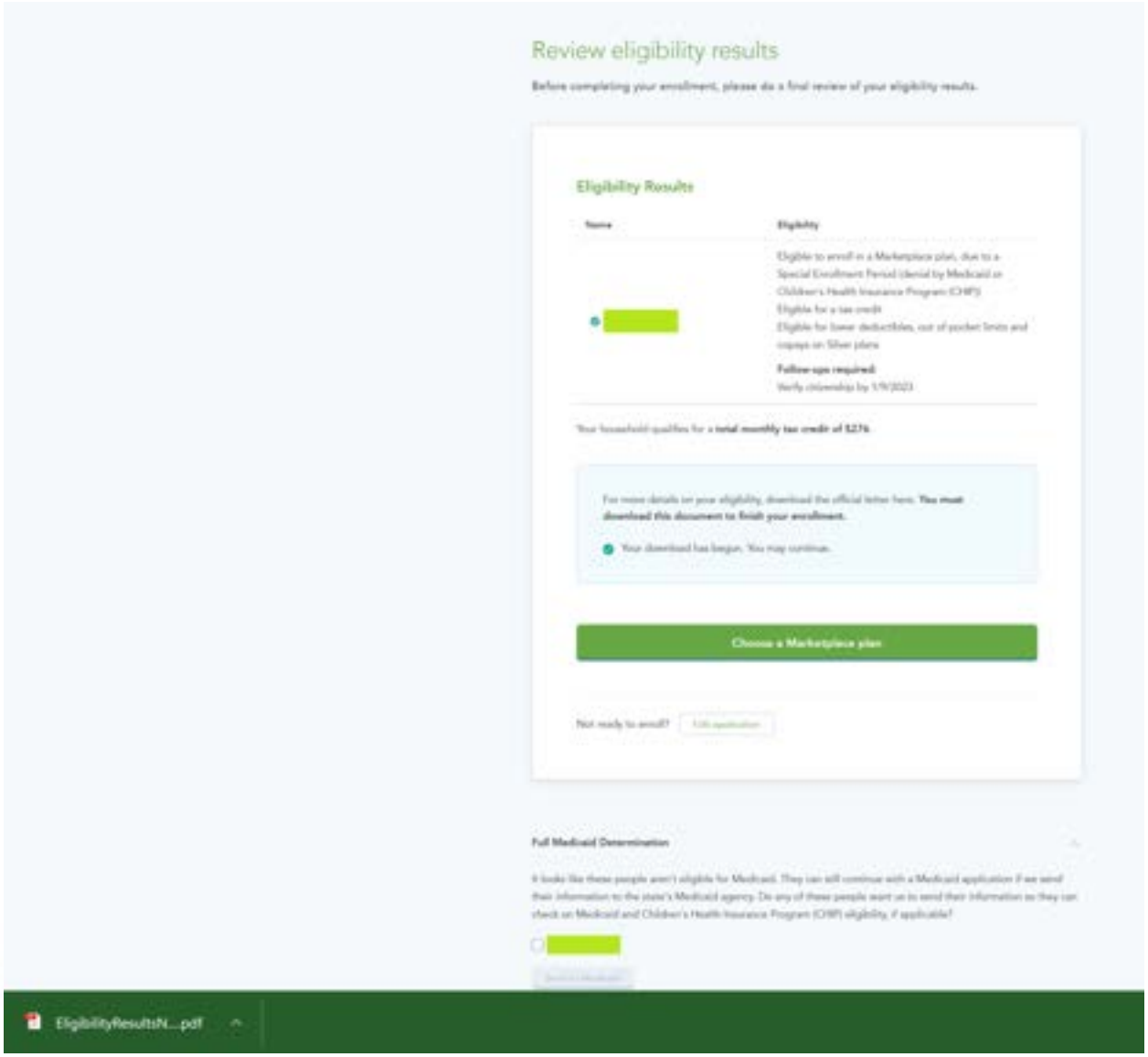
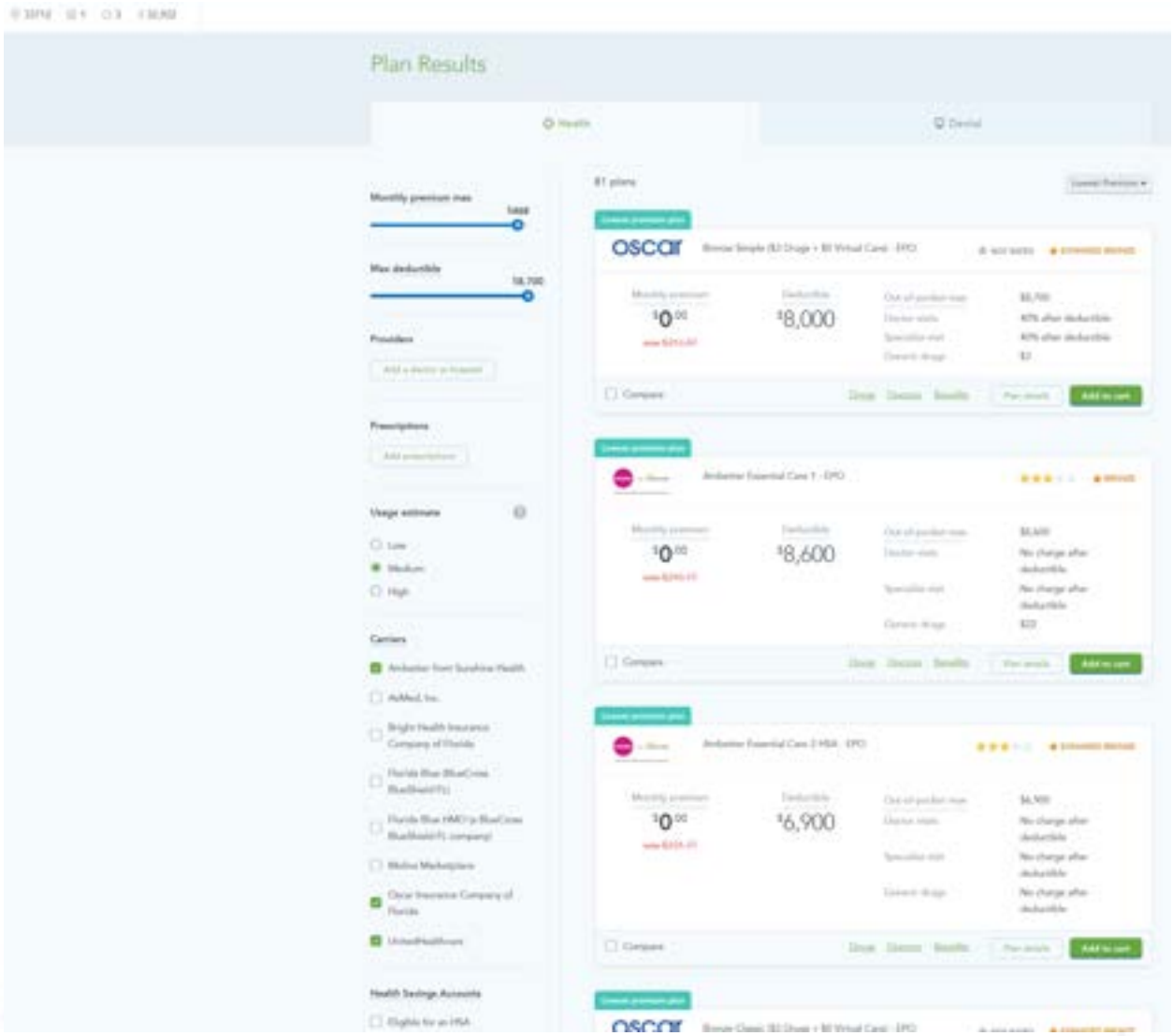


After submitting, you will see this screen and have a few seconds delay. The following screen after continuing will have their eligibility results. If the results are not what you were looking for, you can always press **Edit application** and go back to see if you possibly answered a question incorrectly or need to adjust their income if they are able to work some magic with their accountant. This would be a good time to let you know that if you check out the FPL estimator tool at https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs/ you can see the upper and lower limits of how much income a family of that size in that state can earn to qualify for a subsidy. Sometimes if their income is slightly higher or lower than these limits they can still get a subsidy, so always complete the eligibility to see what their subsidy comes out to. If they do not qualify for a subsidy due to their income being too low or some other factors, you can send the application directly to Medicaid by hitting the check box at the bottom of this screen in the **Full Medicaid Determination** section. But for this example we are moving forward with the subsidy we found the member is eligible for. I'll get back to the required documents later on in this manual.

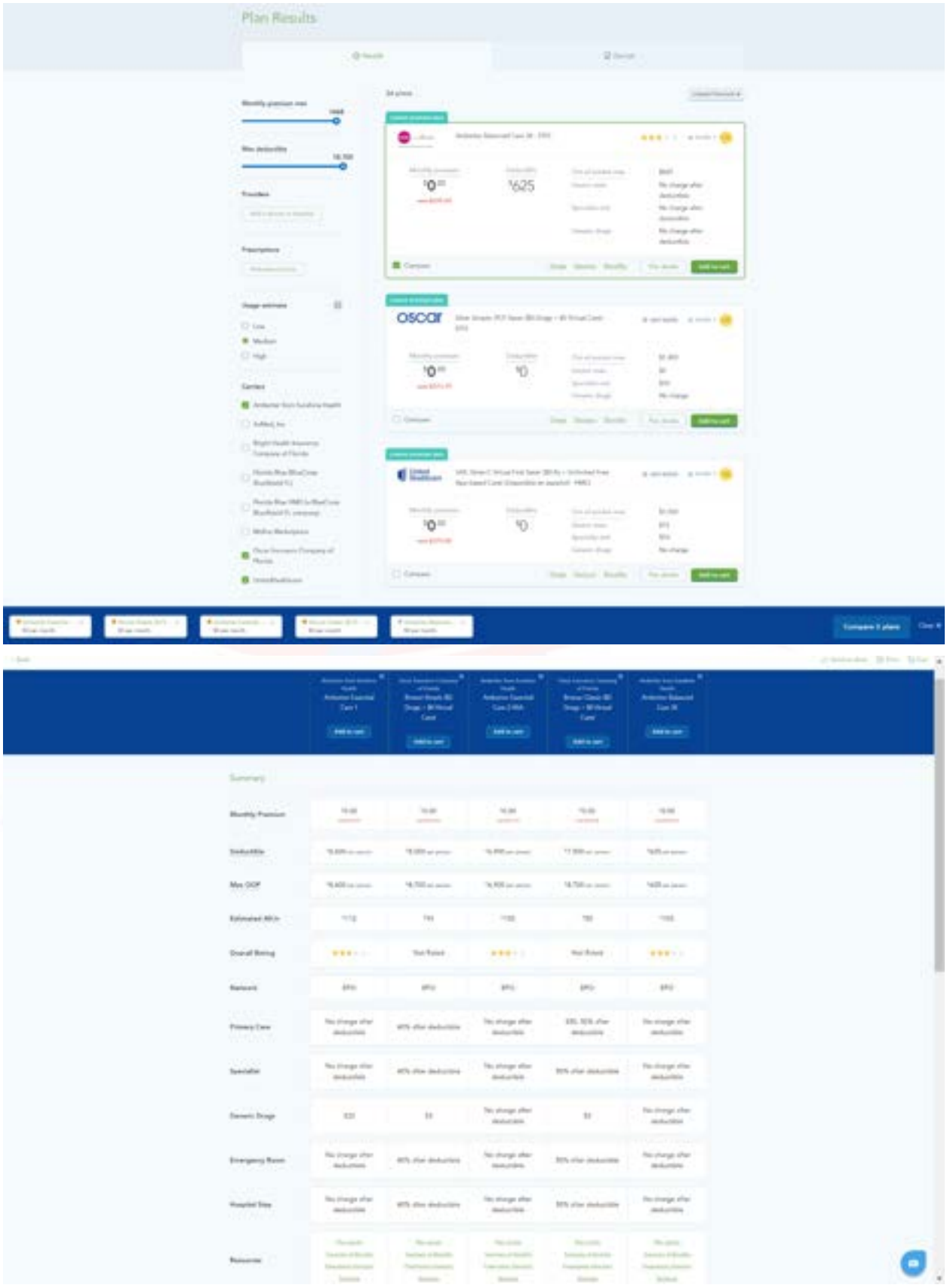

Review eligibility results
Before completing your enrollment, please do a final review of your eligibility results.
Eligibility Results
Name
Eligibility
Eligible to enroll in a Marketplace plan, due to a Special Enrollment Period (denial by Medicaid or Children's Health Insurance Program (CHIP))
Eligible for a tax credit
Eligible for lower deductibles, out of pocket limits and copays on Silver plans
Follow-ups required:
Verify citizenship by 1/9/2023
Your household qualifies for a total monthly tax credit of $276
For more details on your eligibility, download the official letter here. You must download this document to finish your enrollment.
Download Eligibility Letter
Choose a Marketplace plan
Not ready to enroll?
Edit application
Full Medicaid Determination
It looks like these people aren't eligible for Medicaid. They can still continue with a Medicaid application if we send their information to the state's Medicaid agency. Do any of these people want us to send their information so they can check on Medicaid and Children's Health Insurance Program (CHIP) eligibility, if applicable?

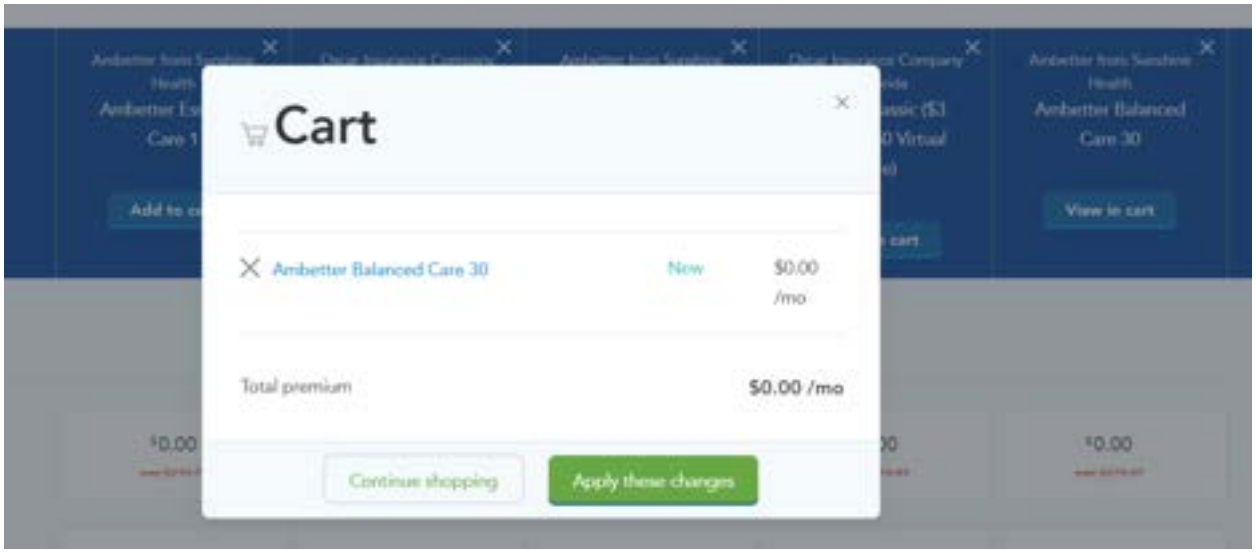


You can not move forward until you download the Eligibility Results. Due to strict CMS guidelines, **make sure that you delete this file off of your computer and from your email inbox/outbox/trash** if you do send the email to a member for any reason. This document will be available in your Sherpa Portal later if ever needed.

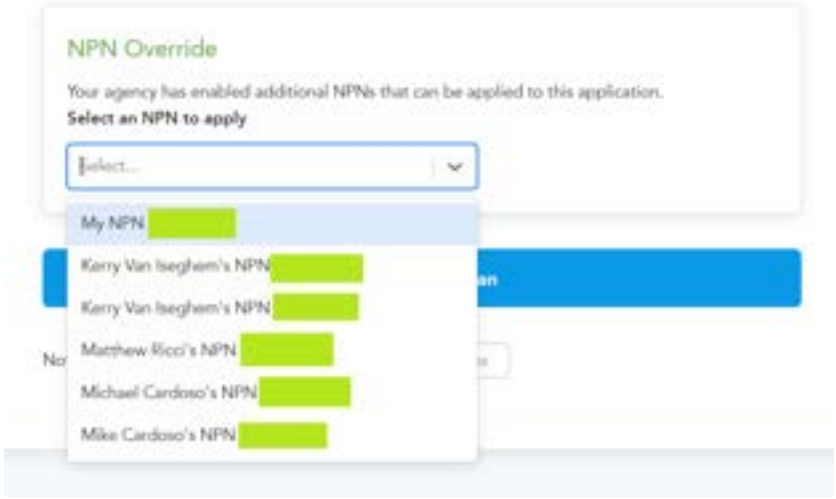


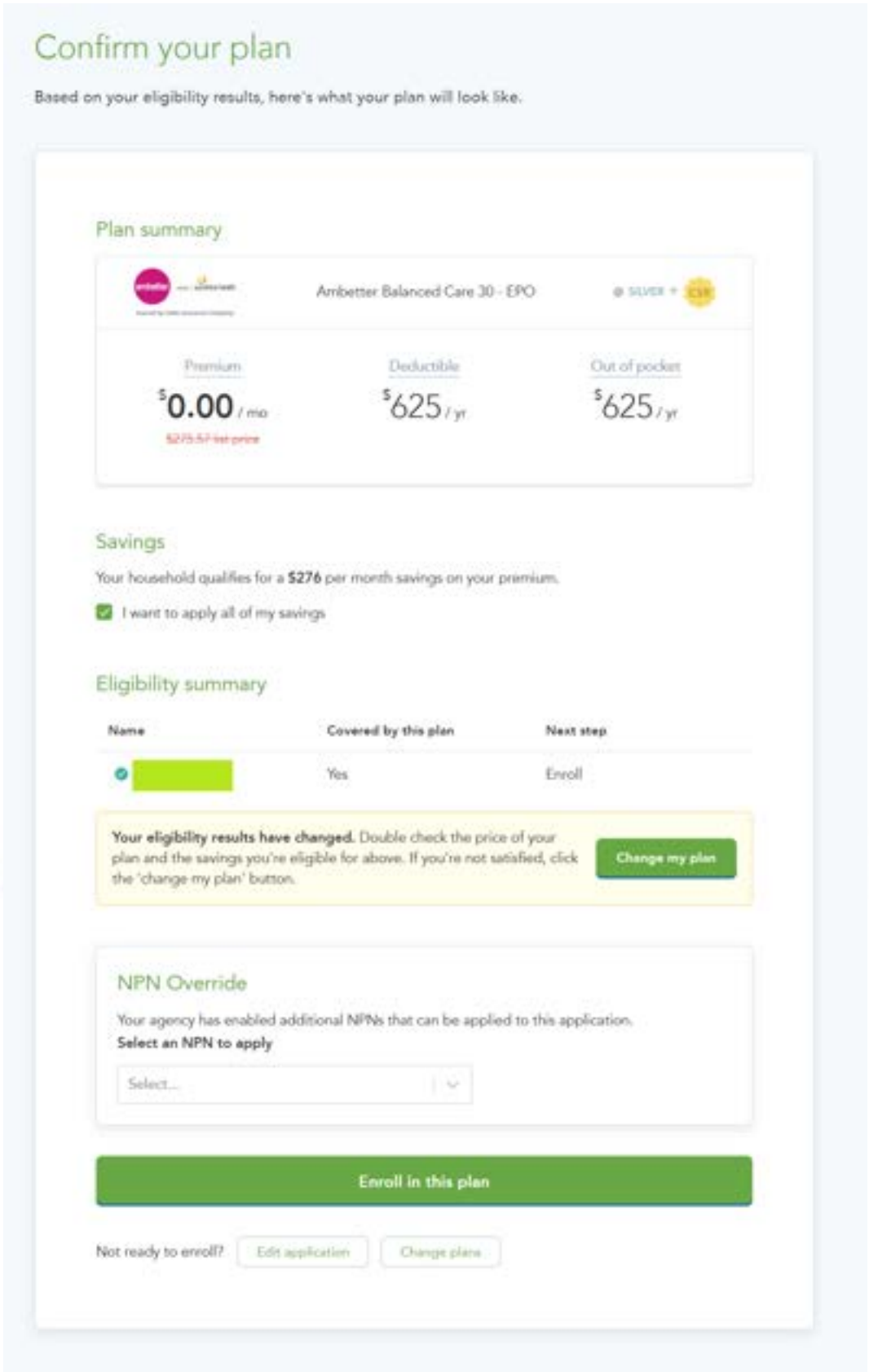
If you did not choose the member's plan first and went straight to the eligibility, then after completing that you will be given the opportunity to select a plan, now with the true subsidy numbers. Or maybe while completing the eligibility the member uncovered a different answer than they gave you before. This is a good opportunity to revisit the plans and still make sure it is the correct choice. If you do want to compare some options side-by-side there is a tool to compare up to five different plans at the same time. Once you've made your selection, if you did make any changes, add it to cart and move forward to **Apply these changes.**


Plan Results
OSCAR
Summary



At the confirm plan screen, you'll notice a check box where they are using the full amount of their subsidy. The only time you would uncheck this box is if someone knows that they are reporting a low income right now in the first portion of the year but plan to either make a large end of the year bonus or a sale of assets that will drastically increase their income in the future. This will result in them having to pay back subsidies, and maybe they do not want to take all of their subsidies knowing that in the future some or all of it will have to be repaid. If the member chooses to only use some of their subsidy you can apply that specified amount here. You're also presented one more opportunity to change the plan if for some reason it is found that this is not the correct plan for your client. And finally the most important part of this sale is the NPN override field. Sometimes in your agency you will not have the appointment for the carrier you wish to sell, and instead someone else in your agency holds that appointment. If your agency principal has set up your health sherpa to share their NPN as an override you can select it from this screen. Be very certain that the NPN chosen here belongs to an agent who is in fact currently appointed with the carrier. Otherwise the carrier will gladly accept your **charity application and not pay you any commissions. This can not be changed if you get appointed later.** Once you've verified that everything is correct. **Enroll in this plan**.

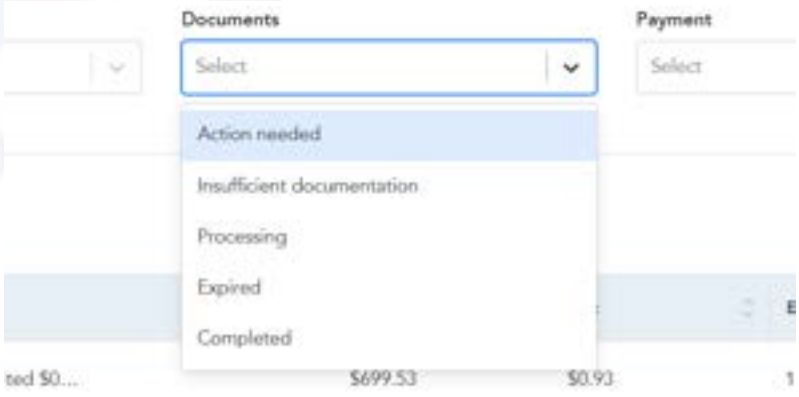


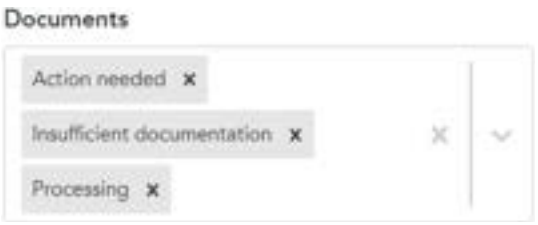

Confirm your plan
Based on your eligibility results, here's what your plan will look like.
Plan summary
Ambetter Balanced Care 30 - EPO
SILVER
Premium
$0.00 / mo
Deductible
$625 / yr
Out of pocket
$625 / yr
Savings
Your household qualifies for a $276 per month savings on your premium.
I want to apply all of my savings
Eligibility summary
Name
Covered by this plan
Next step
Yes
Enroll
Your eligibility results have changed. Double check the price of your plan and the savings you're eligible for above. If you're not satisfied, click the 'change my plan' button.
Change my plan
NPN Override
Your agency has enabled additional NPNs that can be applied to this application.
Select an NPN to apply
Select...
Enroll in this plan
Not ready to enroll?
Edit application
Change plans

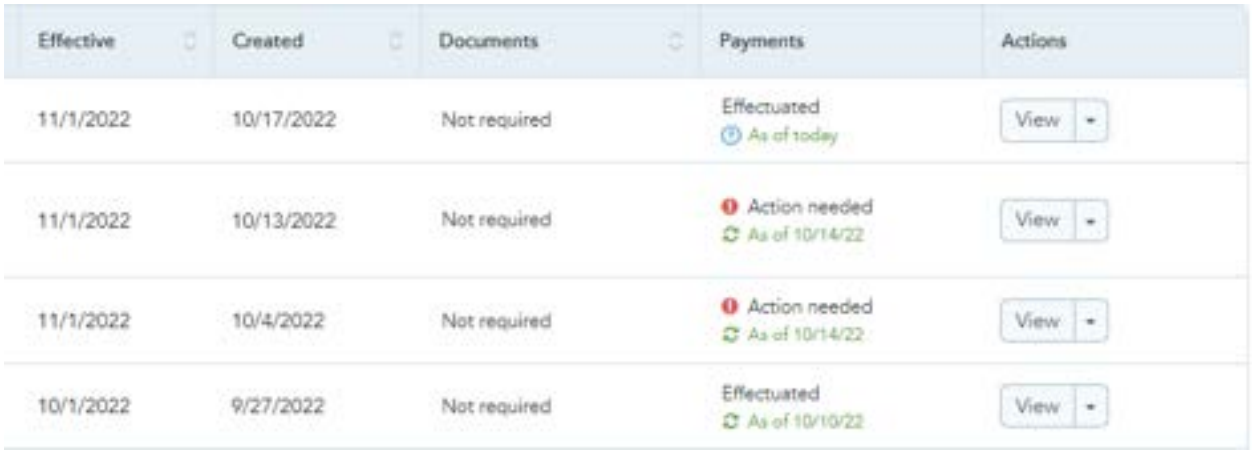
Depending on the carrier, your next screen after here will be a confirmation page, and a button to make the premium payment. This will take you off of health sherpa and onto the carrier's web page. Some carriers will not pay a payment portal. For these carriers you will need to log into your broker portal to collect the payment, or find the member services number either in your O'Neill portal in the carrier resources tab, or in the policy information within health sherpa. If you don't have a payment link within sherpa, give the member the phone number to the carrier and inform them that they will not have a policy number since they have not paid yet. They simply need to call the carrier number, not press any prompt and wait to talk to a human. Once they are talking to an agent, let them know that they want to make their initial payment. They will take the payment from them after verifying some information. And a rare handful of carriers will not even accept payment until two weeks later when hc.gov transmits the application to the carrier. You'll just kind of have to get a feel for how payments are processed with each carrier and in each state.

Servicing Existing Clients

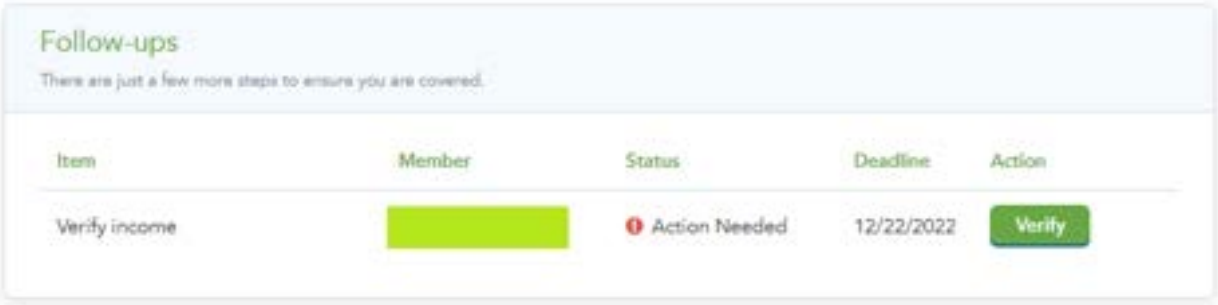
On the left hand side of your health sherpa screen, in the navigation ribbon if you don't see the sale you just completed in the **Clients** section that means you did not complete the application correctly. If you do see them in the Clients tab then you know you have successfully completed the application. However, just because you submitted the app does not always mean you are completely done with the client. Above the names of all your clients you'll see the **Documents** filter. Expand this and select these three filters to see all of your clients that are missing documents. Once you've set all of these filters the next thing you'll want to do is to look at the Payment column. Most likely the date under this column will be in the past. If that's the case click the circular arrows to refresh the data feed so that it says as of today. Doing this may even show that no further documentation is needed.



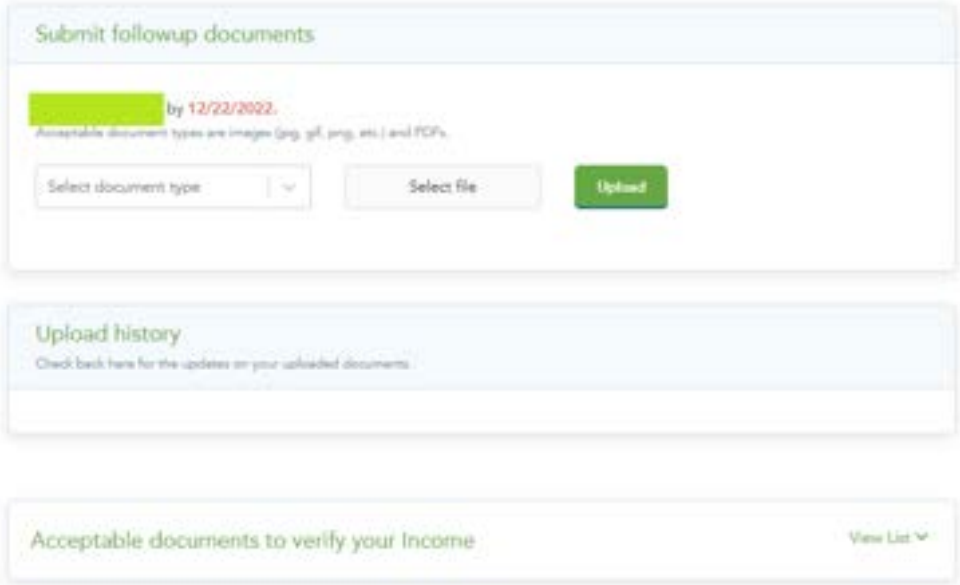




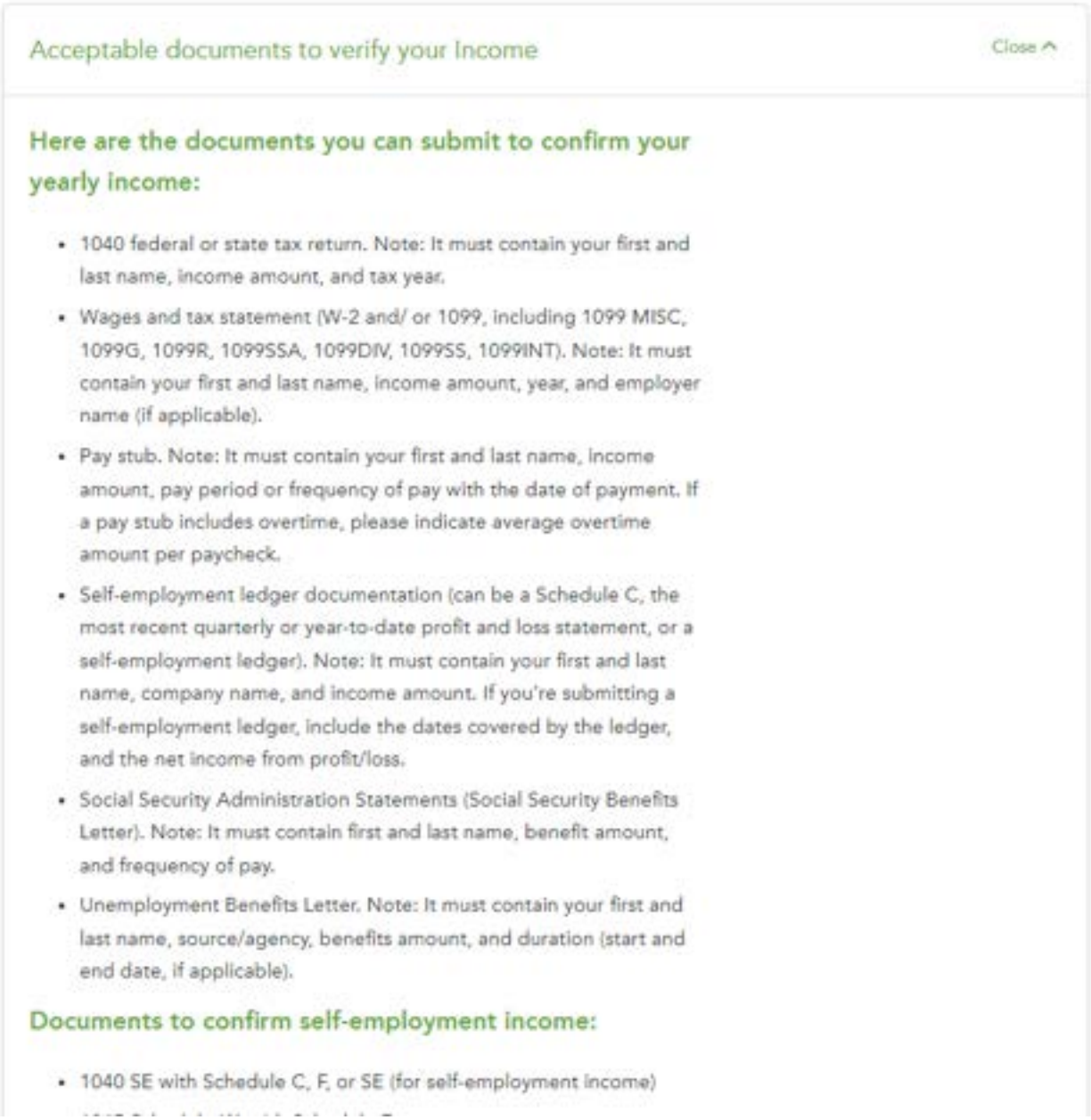
Sometimes when you refresh the file it will bring you into the member's file. If that happens, press the check box re-affirming that you have permission to open the member's file.



When you're in a member's file that has **Follow-ups** you'll see this section at the top of their file. All you need to do is pay attention to the deadline date and keep in mind that it usually takes about two weeks from the date documentation is uploaded before human eyes even see them to determine if it's acceptable or not. So make sure you have the member sending documentation to you, verify it's acceptable, and then submit on their behalf. Checking which documents are acceptable is very important, and simple: just click the **Verify** button.



From this screen click on the **View List** button at the bottom right. Each document type has the same list. So it would be a good idea to create **email templates** with these lists, and send them out to members, indicating when their deadline is (shown above in a red date) while reminding them it takes two weeks for documents to even be processed so they need to get them to you ASAP.

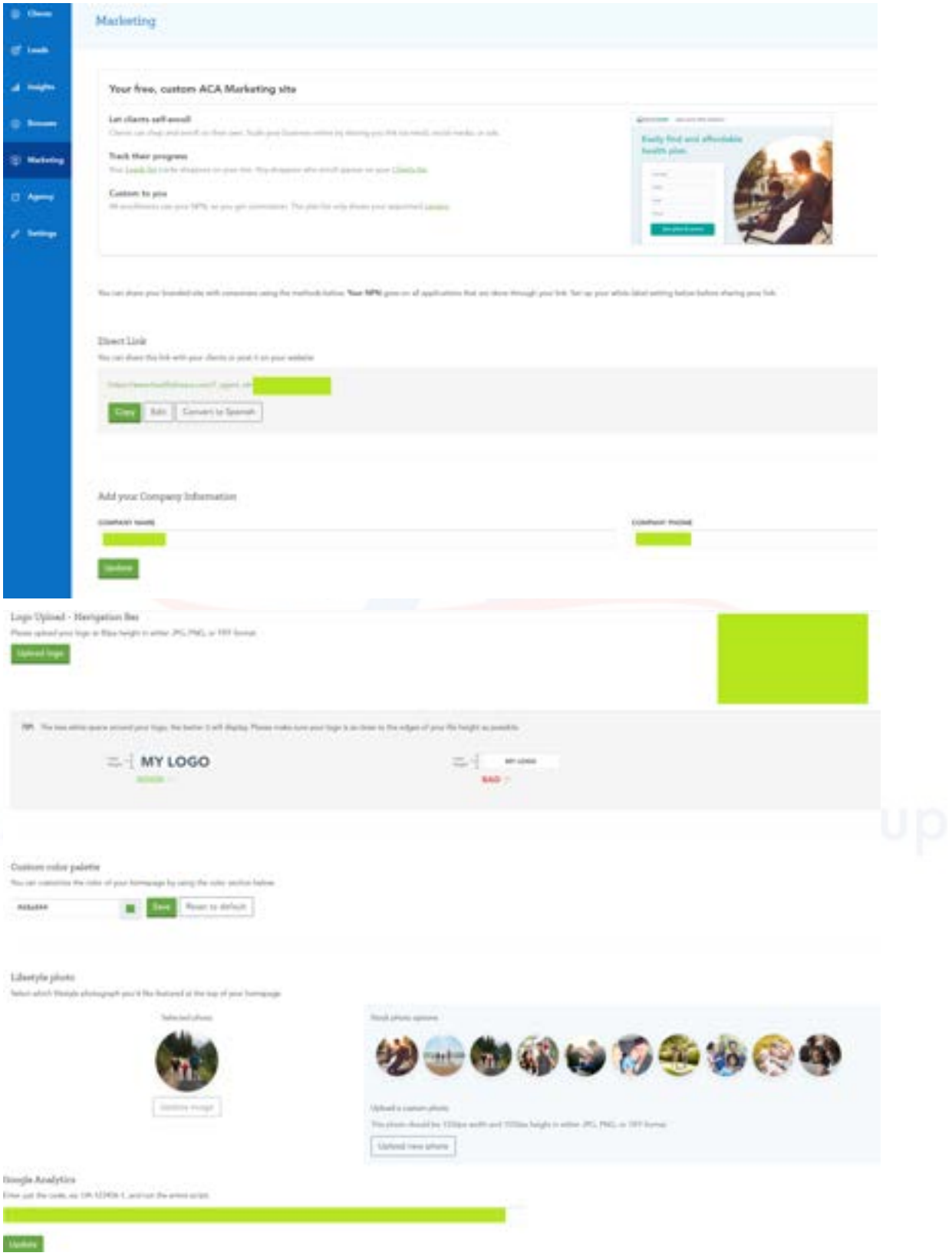


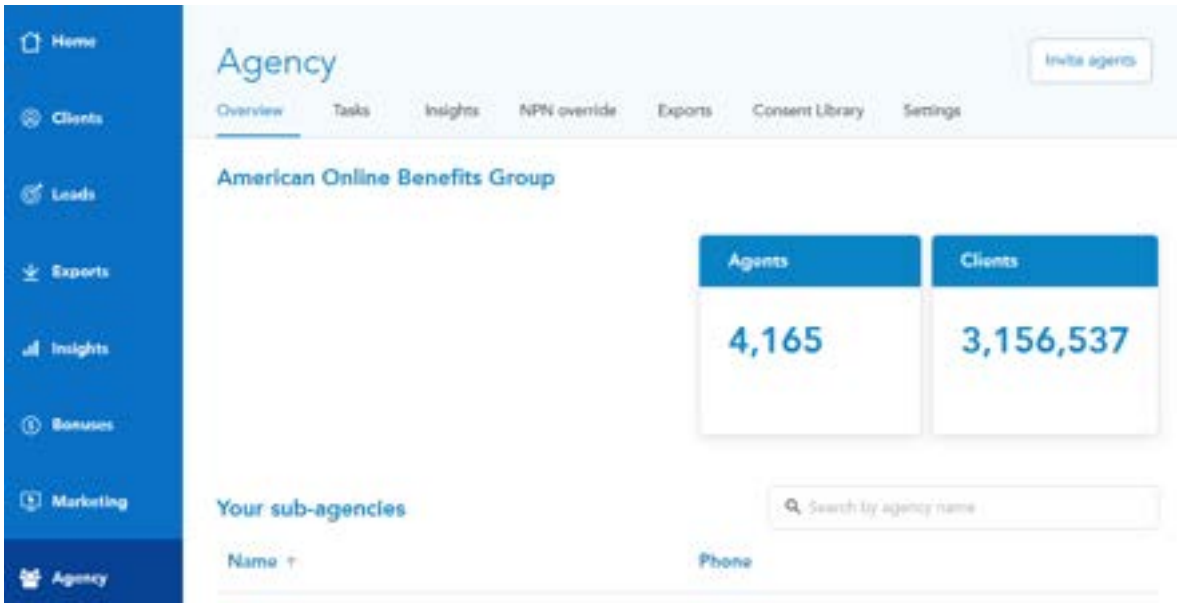
Sometimes however a member is unable to provide documents in the allotted time. Such as if they are self employed and have no documents to prove their income until they actually file their taxes. In this case you can easily request an extension for their document deadline. As long as you do this **before the deadline** all you need to do is **report a change** by editing their application. Change their name to ALL CAPITALS or Normal Case if it was caps already – just change their name then submit the app again. You'll have a 90 day extension.

Next, you have the Leads tab. This is for all of your **saved quotes** and **incomplete applications.** You can resume an application here and pick up where you left off.

The next important tab is the **Bonuses** tab. This one is actually very misleading. Health Sherpa will buy your client from you for a small fee of $50, $100, $150. This is really only for unlicensed agents. Because once sherpa buys that client from you they have full permission to sell them anything else they want, effectively inviting competition to your book that you worked hard to create. So make sure that you and your team **always have this off**. Licensed agents should not sell their clients away to sherpa.

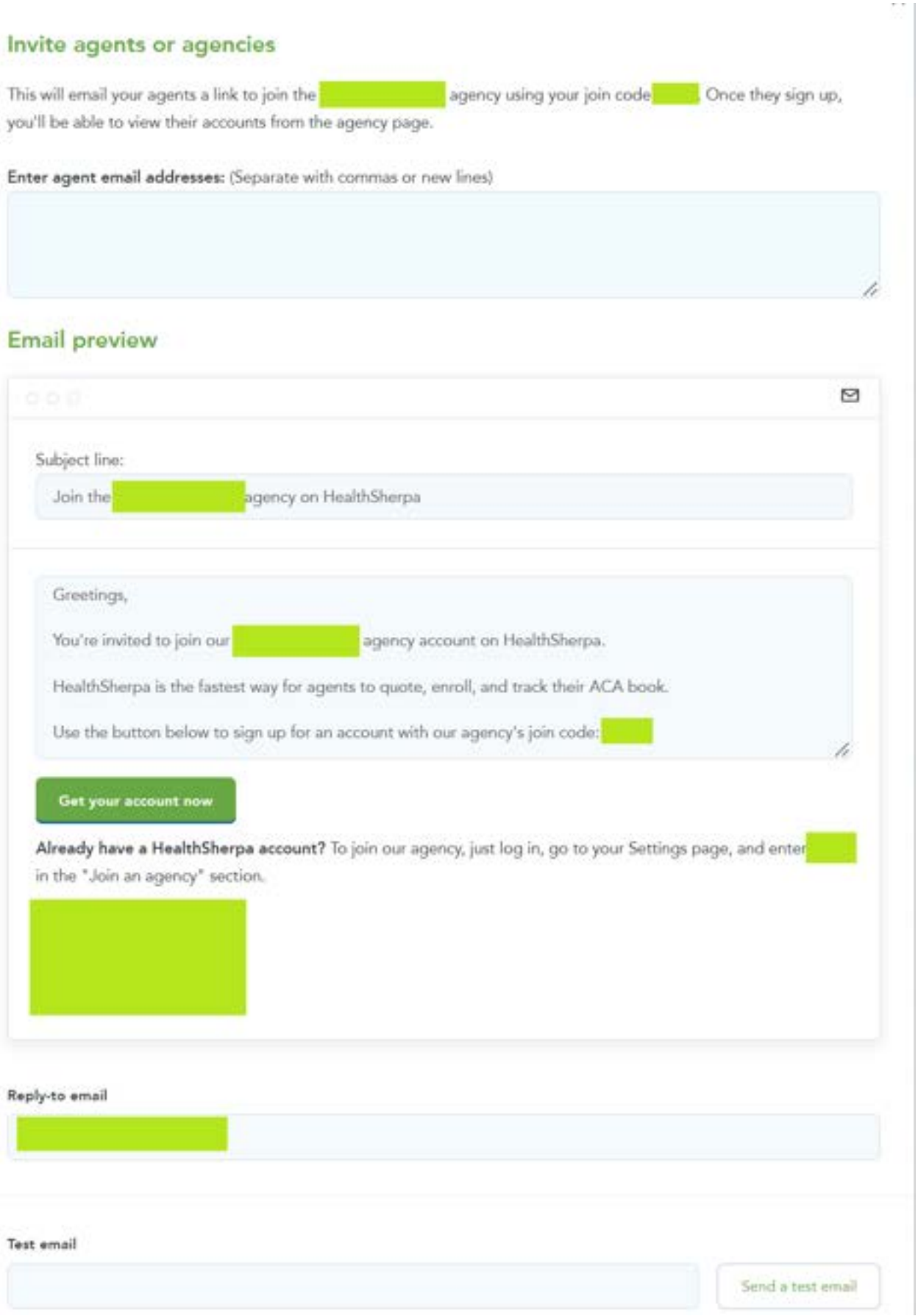
Below that is the **Marketing** tab. Here you can edit your health sherpa URL, Agency display name that clients see when visiting your health sherpa page if you do share your url publicly, phone number they will see on your sherpa page, upload your logo so that it appears in the top left corner instead of your name, adjust the color of your health sherpa page to match your branding guide, change your splash image, or input your google analytics code. If you do make any changes here, be sure to press **Update** should you want those changes to be saved.

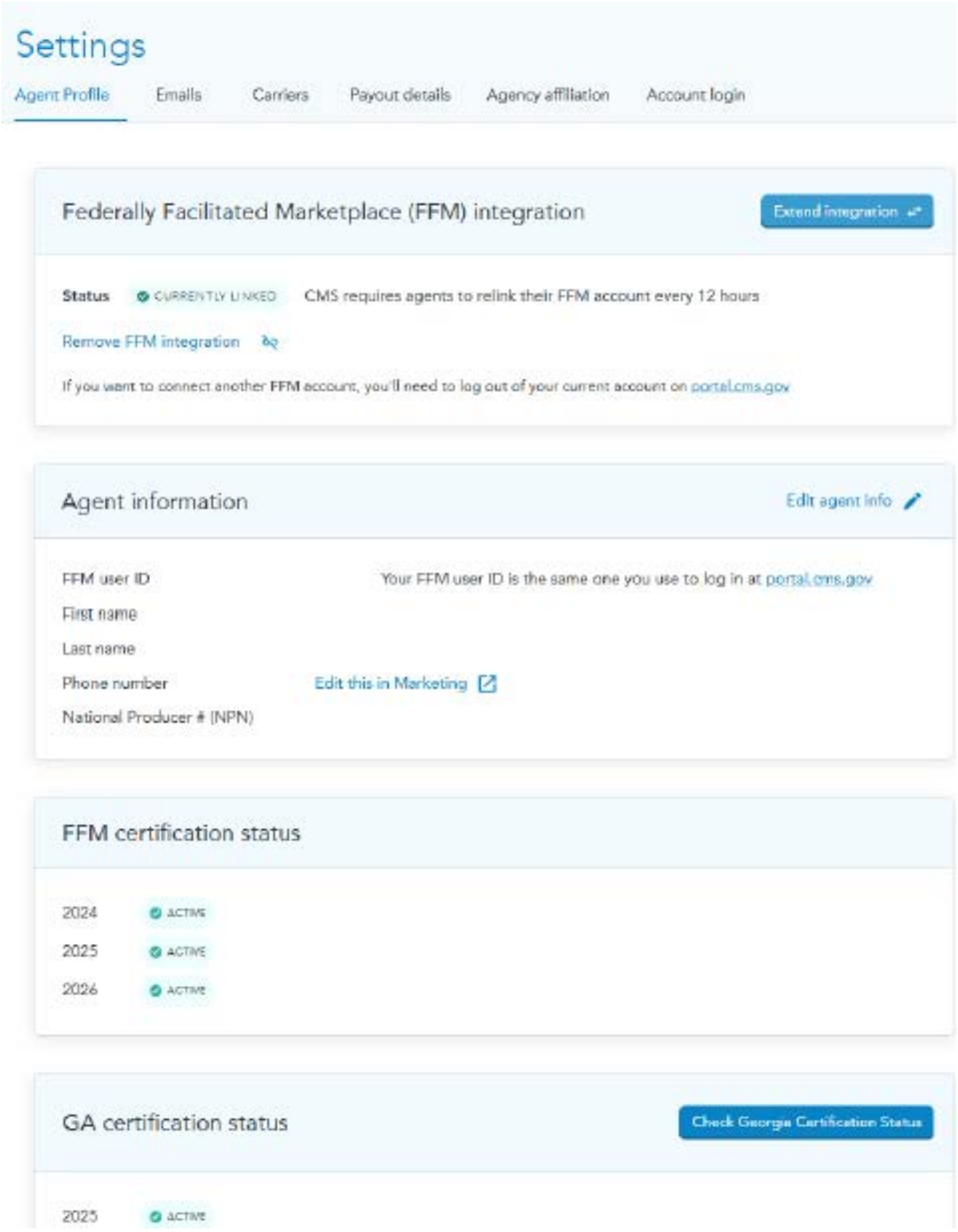

Marketing
Your free, custom ACA Marketing site
Let clients self-enroll
Track their progress
Custom to you
Direct Link
Copy
Edit
Convert to Spanish
Add your Company Information
Update
Logo Upload - Navigation Bar
Upload logo
MY LOGO
Custom color palette
Save
Reset to default
Lifestyle photo
Upload new photo
Google Analytics
Update



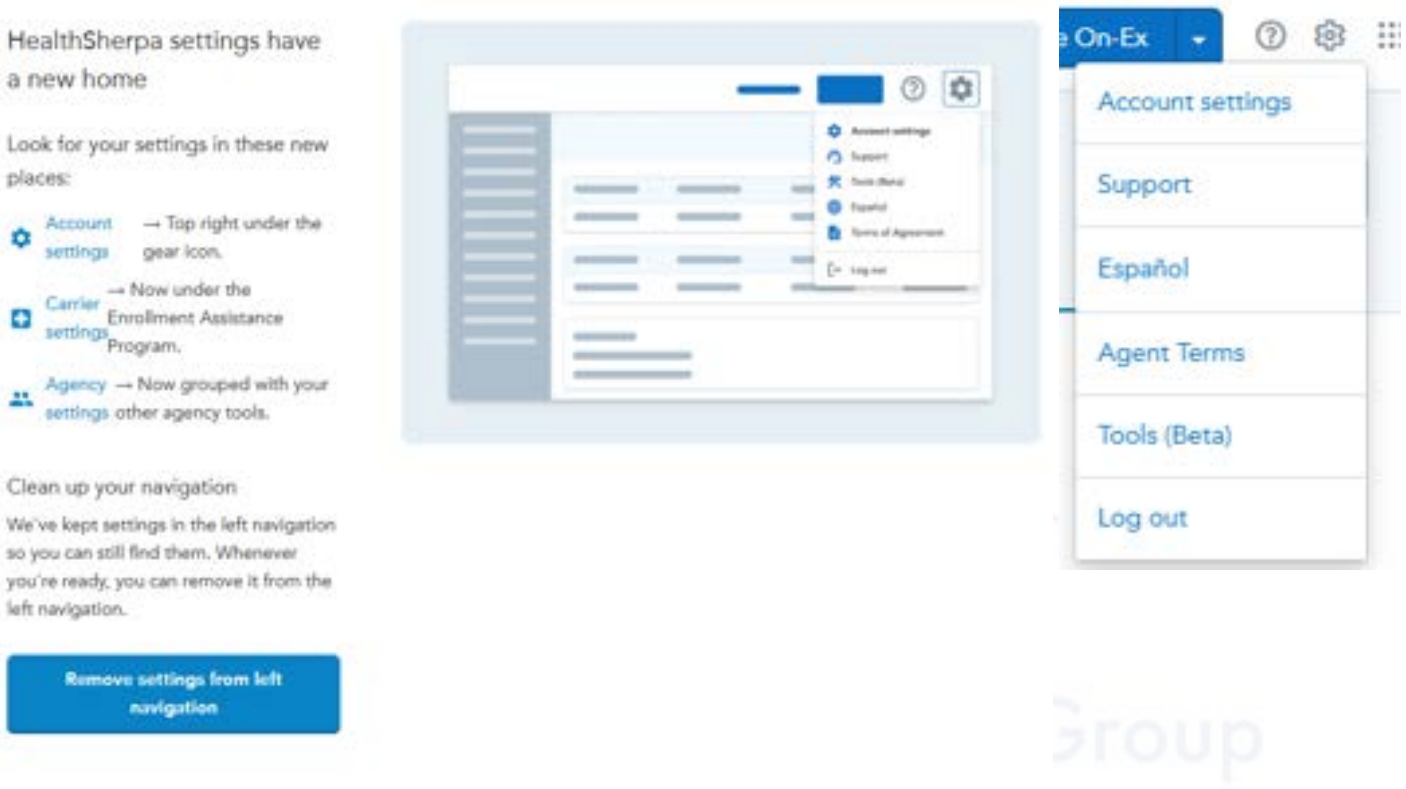
If you're an admin of your agency you'll have the agency button. From here you can invite agents to join your agency by clicking on the Invite Agents button. You can also edit who has access to see all of your clients in the agency if they need it for customer service access, and which NPNs if any you want to allow the other agents in your agency to use when submitting applications via NPN override. You can also grant admin access to anyone else who needs to have it for your agency.

When you click on the **Invite Agents** button you will see your unique **join code** at the top right. This is what they will need to enter in the settings section of their health sherpa to become part of your agency. Or when setting up their account for the first time when asked to join an existing agency they will use that join code there. You'll know they have successfully linked their health sherpa account to yours when you see their name in your **Agency** tab.


Invite agents or agencies
This will email your agents a link to join the [redacted] agency using your join code [redacted]. Once they sign up, you'll be able to view their accounts from the agency page.
Enter agent email addresses: (Separate with commas or new lines)
Email preview
Subject line:
Join the [redacted] agency on HealthSherpa
Greetings,
You're invited to join our [redacted] agency account on HealthSherpa.
HealthSherpa is the fastest way for agents to quote, enroll, and track their ACA book.
Use the button below to sign up for an account with our agency's join code: [redacted]
Get your account now
Already have a HealthSherpa account? To join our agency, just log in, go to your Settings page, and enter [redacted] in the "Join an agency" section.
[redacted]
Reply-to email
[redacted]
Test email
Send a test email


Settings
Agent Profile
Emails
Carriers
Payout details
Agency affiliation
Account login
Federally Facilitated Marketplace (FFM) integration
Extend integration
Status
CURRENTLY LINKED
CMS requires agents to relink their FFM account every 12 hours
Remove FFM integration
If you want to connect another FFM account, you'll need to log out of your current account on portal.cms.gov
Agent information
Edit agent info
FFM user ID
Your FFM user ID is the same one you use to log in at portal.cms.gov
First name
Last name
Phone number
Edit this in Marketing
National Producer # (NPN)
FFM certification status
2024
ACTIVE
2025
ACTIVE
2026
ACTIVE
GA certification status
Check Georgia Certification Status
2025
ACTIVE

Finally we have the **Settings** which is where you can change your health sherpa login information, add 2fa, and **FFM Account Integration**. If your FFM account is not integrated you will not be able to fully use your account so make sure that this is completed. Within your account settings you'll be able to update your login credentials, connect to your upline agency and other useful information. If you have used sherpa for a while, you'll note that the settings have now moved from where they used to be.



Make sure that all follow-up notices are always set to **on**. If you have any more questions about sherpa, schedule a call with me at www.calendly.com/mike-cardoso my team and I will make sure you have everything you need.