

# ACA Consumer Authorization Live Call Script

## Independent Agent Version

Hi! This is [Agent Name], from [Agency/Business Name]. I'm [your pitch/reason for calling].

Before we get started, I need to go over a few administrative items for compliance reasons. Please note that this call will be recorded for quality assurance and verification purposes.

Can you please state your name?

➤ Client states name

This consent can be completed by either the primary household contact or the designated authorized representative. If you are the authorized representative, this must be recorded on your marketplace application. Can you confirm that you are the primary household contact and/or the authorized representative?

>Yes: Great!

>No: [Let the client know if they don't aren't the primary household contact and/or the authorized representative, that you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.]

Can you please provide your phone number?

>Client provides phone number: Great!

>No: [Let the client know if they don't provide their phone number, they will not be able to be enrolled in a plan. Thank them for their time and end the call.]

Can you please provide your email address?

>Client provides email address: Great!

>No: [Let the client know if they don't provide their email address, they will not be able to be enrolled in a plan. Thank them for their time and end the call.]

Do you authorize me to serve as the licensed health insurance agent or broker for you and your entire household, if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace?

>Yes: Great!

>No: [Let the client know if they don't agree you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.]

By consenting to this agreement, you authorize me to view and use the confidential information provided by you in writing, electronically, or by telephone only for the purposes of one or more of the following:

- Searching for an existing Marketplace application.
- Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums.
- Providing ongoing account maintenance and enrollment assistance, as necessary; or
- Responding to inquiries from the Marketplace regarding my Marketplace application.

Sound OK?

>Yes: Great!

>No: [Let the client know if they don't agree you won't be able to assist them with the(se) situation(s). If they don't want assistance, thank them for their time and end the call.]

Do you understand that I will not use or share your personally identifiable information, PII for short, for any purposes other than the situations we just covered, and that I will ensure that your PII is kept private and safe when collecting, storing, and using my PII for the stated purposes we covered?

>Yes: Great!

>No: Let the client know if they don't understand you won't be able to assist them with the(se) situation(s). If they don't want assistance, thank them for their time and end the call.]

Do you confirm that the information you provide for entry on your Marketplace eligibility and enrollment application will be true to the best of your knowledge?

>Yes: Great!

>No: Let the client know if they don't confirm this you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.]

Do you understand that you do not have to share additional personal information about yourself or your health with me beyond what is required on the application for eligibility and enrollment purposes and that your consent remains in effect until you revoke it and you may revoke or modify your consent at any time by [insert method to revoke consent]?

>Yes: Great!

>No: Let the client know if they don't understand you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.]

Thank you for answering those questions. I have recorded this consent verification and add it to your file.

[Proceed with rest of call.]

# ACA Consumer Authorization Live Call Script

## Agency Version

Hi! This is [Agent Name], from [Agency/Business Name]. I'm [your pitch/reason for calling].

Before we get started, I need to go over a few administrative items for compliance reasons. Please note that that this call will be recorded for quality assurance and verification purposes.

Can you please state your name?

➤ Client states name

This consent can be completed by either the primary household contact or the designated authorized representative. If you are the authorized representative, this must be recorded on your marketplace application. Can you confirm that you are the primary household contact and/or the authorized representative?

>Yes: Great!

>No: [Let the client know if they don't aren't the primary household contact and/or the authorized representative, that you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.]

>Client provides phone number: Great!

>No: [Let the client know if they don't provide their phone number, they will not be able to be enrolled in a plan. Thank them for their time and end the call.]

Can you please provide your email address?

>Client provides email address: Great!

>No: [Let the client know if they don't provide their email address, they will not be able to be enrolled in a plan. Thank them for their time and end the call.]

Do you authorize our agency to serve as the licensed health insurance agent or broker for you and your entire household, if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally Facilitated Marketplace?

>Yes: Great!

>No: [Let the client know if they don't agree you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.]

By consenting to this agreement, you authorize our agency to view and use the confidential information provided by you in writing, electronically, or by telephone only for the purposes of one or more of the following:

- Searching for an existing Marketplace application.
- Completing an application for eligibility and enrollment in a Marketplace Qualified Health Plan or other government insurance affordability programs, such as Medicaid and CHIP or advance tax credits to help pay for Marketplace premiums.
- Providing ongoing account maintenance and enrollment assistance, as necessary; or
- Responding to inquiries from the Marketplace regarding my Marketplace application.

Sound OK?

>Yes: Great!

>No: [Let the client know if they don't agree you won't be able to assist them with the(se) situation(s). If they don't want assistance, thank them for their time and end the call.]

Do you understand that our agency will not use or share your personally identifiable information, PII for short, for any purposes other than the situations we just covered, and that our agency will ensure that your PII is kept private and safe when collecting, storing, and using my PII for the stated purposes we covered?

>Yes: Great!

>No: Let the client know if they don't understand you won't be able to assist them with the(se) situation(s). If they don't want assistance, thank them for their time and end the call.]

Do you confirm that the information you provide for entry on your Marketplace eligibility and enrollment application will be true to the best of your knowledge?

>Yes: Great!

>No: Let the client know if they don't confirm this you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.]

Do you understand that you do not have to share additional personal information about yourself or your health with our agency beyond what is required on the application for eligibility and enrollment purposes and that your consent remains in effect until you revoke it and you may revoke or modify your consent at any time by [insert method to revoke consent]?

>Yes: Great!

>No: Let the client know if they don't understand you won't be able to assist them. If they don't want assistance, thank them for their time and end the call.]

[If this call is being completed by any other agent other than the primary writing agent, please ask the following questions.]

What is the name of your primary licensed insurance agent?

Their phone number?

Email address?

What is your name or the name of the primary household contact or authorized representative?

What is the phone number?

Email address?

Thank you for answering those questions. I will submit this consent verification and add it to your file.

[Proceed with rest of call.]