

Enrollment Workflow “Cheat Sheet”

Name _____ Date of Birth _____

Email _____ Phone _____

Introduction:

Determine if the consumer is eligible for enrollment currently:

- **Open Enrollment Nov. 1-Jan 15**
- **Special Enrollment Period due to a Life Change**
- **Low Income Special Enrollment Period**

[Check Eligibility Here](#)

[Family Glitch Calculator](#)

Generate a quote:

[Generating Quote and Saving Lead Help Video](#)

Note: You can hover over the underlined words to get more information on the HealthSherpa Quoting page. Refer to the [ACA Handbook](#) for more information on determining Household Size and Income.

- **Compare Plans, Look up Doctor**

Don't Forget: Cost Share Reduction will only apply to Silver Plans!

Discuss and compare the premiums and benefits of the plans.

The following note applies to: Blue Cross **Select** Silver, Blue Cross **Select** Gold, Blue Cross **Standardized** Bronze, Blue Cross **Standardized** Silver, Blue Cross **Standardized** Gold, and Blue **Saver Silver**.

*Choosing and designating a Primary Care **Select** physician for you and your covered family members is required for participation in this plan. If you do not designate a Primary Care Select physician, no benefits are payable under the plan.*

[BCBSAL Provider Directory Link](#)

- **Save the Lead and send the quote**

Continue to the application:

Search Marketplace and Start an Application Video

Application Process Video

- **Complete and Submit the Application**

Note: Hover over underlined words and click on question marks for more information on the application. You can also contact HealthSherpa Agent Support if you have any questions.

HealthSherpa Agent Support Number: 888-684-1373

- **If you take Payment Information, record the Confirmation Number in the "Notes".**
- **Print or email the Summary of Benefits with the consumer.**

Designate PCP:

- **[PCP Designation Form Link](#)**
- **Record PCP in "Notes"**

Upload Documents if Needed:

- **Citizenship or Immigration Documents**
- **Income Verification**
- **Verify Social Security Number**

Note: Refer to the [ACA Handbook](#) for more information on acceptable documents.