2026 SEP Telesales QA & Compliance Refresher

HealthGuys & HCSC

2026 SEP Refresher: QA & Compliance

- We will not be able to record this training, but we will share a copy of this deck for your reference.
- This training deck will NOT cover all areas of the QA scorecard.
- We will focus on the commonly missed scorecard metrics during Open Enrollment.
- Please be sure to pay close attention to the details discussed in training to optimize your scorecard passing potential!
- Happy Selling!

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Compliance Metrics

Compliance

Compliance	Pass/Fail
Disclaimers & Attestations	Pass/Fail
OB Call Disclaimer	Pass/Fail
HIPAA & Authorized Representative Consent	Pass/Fail
Accurately Assess Eligibility (Valid Application)	Pass/Fail
Accurate Reporting of APTC Eligibility	Pass/Fail
Payment disclaimers	Pass/Fail

Disclaimers & Attestations

- Definition: Health Plan Specialist reads/plays recording of all the required disclaimers and elicits the required response from the customer.

- Required Language: After reading or playing a recording of the disclaimers/attestations, HPS must state the following
  - ***Do you agree with those terms and conditions?*** *[Obtain Yes/No response from primary or authorized representative]*
  - ***And do you give me permission to electronically sign the application in your name and submit? If yes, please state your name, today's date and "I agree".*** *[Elicit these three pieces of information from primary or authorized representative]*

- Example Fail Scenario 1: While reading the Consumer Consent form, HPS fails to use **full name** for HPS and member e.g. *"I, Jane Doe, give my permission to John Smith…"*

- Example Fail Scenario 2: HPS fails to read verbatim or play a disclaimer recording that is required to be read/played.

Consumer Consent

UPDATED LANGUAGE

CMS Model Consent Form for Marketplace Agents, Brokers, Web-brokers, and Agencies

I, _____ [insert name of consumer or consumer's authorized representative], give my permission to

_____ [insert name of the person or entity who has the consumer's consent] to serve as the health insurance agent or broker for myself and my entire household, if applicable, for purposes of enrollment in a Qualified Health Plan offered on the Federally-facilitated Marketplace/State-based Marketplace on the Federal Platform. By providing my consent, I authorize the above-mentioned (pick applicable and delete the rest: agent/broker/web-broker/agency) to view and use the confidential information, including personally identifiable information (PII), provided by me in writing, electronically, or by telephone only for the purposes of one or more of the following:

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

I understand that the (pick applicable and delete the rest: agent/broker/web-broker/agency) will not use or share my personally identifiable information (PII) for any purposes other than those listed above. The (pick one and delete the rest: agent/broker/web-broker/agency) will ensure that my PII is protected when creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the stated purposes above.

I understand that I do not have to share additional PII or protected health information (PHI) with my (pick one and delete the rest: agent/broker/web-broker/agency) beyond what is required on the Marketplace application for eligibility and enrollment purposes. I understand that my consent remains in effect until [insert duration of consent], and I may revoke or modify my consent at any time by _[insert method to revoke consent].

Eligibility Application Review

NEW LANGUAGE

CMS Model Eligibility Application Review Form for Marketplace Agents, Brokers, Web-brokers, and Agencies

I, _____ [insert name of consumer or consumer's authorized representative], have reviewed the Marketplace eligibility application information and confirmed its accuracy prior to the application being submitted. The (pick one and delete the rest: agent/broker/web-broker) explained the attestations at the end of the eligibility application to me prior to the application being submitted and I was given an opportunity to ask questions about them.

I understand that the (pick applicable and delete the rest: agent/broker/web-broker/agency) will not use or share my personally identifiable information (PII) for any purposes other than those to which I consented. The (pick applicable and delete the rest: agent/broker/web-broker/agency) will ensure that my PII is kept private and safe when creating, collecting, disclosing, accessing, maintaining, storing, and using my PII for the purposes I consented to. I understand that I do not have to share additional PII or protected health information (PHI) with my (pick applicable and delete the rest: agent/broker/web-broker/agency) beyond what is required on the Marketplace application for eligibility and enrollment purposes.

On-Exchange (MP & SBE) Call Flow

To look up existing or complete a NEW MP/SBE app

1. Consumer Consent

2. Pick a Plan and Complete App

Required before submitting an app

3. Marketplace/SBE Attestations

Read and confirm before submitting an app

4. Eligibility Application Review

5. Binder Payment Yes/No

If Yes, read all:
Third Party Payment Rules
Auto Bill Pay Terms of Use
Payment Terms of Use

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QA Metrics

SEP Eligibility

REMINDERS:

- If a caller mentions they had a QLE, be sure to reiterate the QLE for confirmation AND be sure to obtain a QLE date
- If caller is unfamiliar with QLEs, you must go through all QLEs before determining someone is ineligible
  - Remember, Illinois has a NEW QLE in 2026 for confirmed pregnancy (see Sales team for additional details)

Discovery**
Determine SEP/OE. If SEP determine eligibility.
a) If OE states OE and provides OE end date
b) If SEP, confirms QLE and determines eligibility accurately.

Verifying Demographics

REMINDERS:

- Confirm gender and pregnancy status if applicable
  - Gender is ALWAYS required to be confirmed
  - Pregnancy status should be confirmed for any on-exchange enrollment
- Tobacco usage specifically within the last 6 months must be asked
- If on-exchange, you MUST confirm the consumer(s) is/are not eligible for coverage elsewhere
  - Must ask specifically through a job, Medicaid, CHIP or Medicare

Verifying Customer Demographic Information
a) Verifies first & last name(s)
b) Collects zip code (and county if there are multiple counties)
c) Collects Age(s) or DOB(s)
d) Verifies gender(s) & pregnancy status (if applicable)
e) Verifies tobacco use within last 6 months (for individuals in which the question is prompted)
f) If on-exchange, confirms eligibility for coverage through a job, Medicaid, CHIP or Medicare

Needs Assessment

REMINDERS:

- Ask all questions individually
- If there are multiple applicants, be sure to ask needs assessment questions for all applicants
- If a provider has multiple locations, be sure to inquire which location they see the provider at
- If a Rx has a QL or requires PA, you MUST advise the consumer of such information

Determine Eligibility and Needs
Performed Needs Assessment /Asked Relevant Questions
a) Collects dr and/or specialist visit frequency
b) Confirms if caller/family has any doctor(s) they would like to verify are in network
c) Confirms any hospital(s) the caller/family would like to verify are in network
d) Collects Rx (names, dosage, quantity as applicable)

Pitching a Medical Plan

REMINDERS:

- If a proper needs assessment was not completed, points for presenting a plan based on needs will automatically be deducted
- **HMO Rules**: Be sure to state HMO plans MAY have a requirement to obtain referrals for specialists and the consumer MAY be required to stay within the same medical group
- **Rx:** Be sure to cover ALL Rx tier copay/coinsurance
- **Premium:** If a consumer qualifies for APTC, be sure to give premium with and without APTC

Built Value and Accurate Information Provided
a) Presents plan(s) based on caller/family's needs (e.g. premium, deductible, doctors, hospitals, Rx coverage)
b) States full plan name(s)
c) If HMO, states referral needed and requirement to stay within medical group
d) Discusses preventative services coverage
e) States copays and/or coinsurance for doctor
f) States copays and/or coinsurance for specialist
g) States copays and/or coinsurance for urgent care
h) States Rx tiers and copays (along with providing the specific tiering and copay for any Rx the individual/family takes)
i) States plan deductible (and family deductible if 3+ enrollees); OON deductible if applicable
j) States MOOP (and family MOOP if 3+ enrollees)
k) States premium with and without premium tax credit

Dental

REMINDERS:

- Dental MUST be pitched after medical plan pitch unless the caller has already declined dental
  - Offer the BlueCare Dental 1A plan first
  - If there are objections to the 1A, then another plan may be presented
- Be sure to pay close attention to any out-of-pocket max (children only) or waiting periods that may apply

Additional Riders/Products
a) Offers most comprehensive, BlueCare Dental 1A or BlueCare Dental 4Kids 1A (if member objects or states need for basic dental, offers other plans)
b) Provides accurate premium and a summary of benefits (deductible, annual max and preventative services, basic restorative and major restorative); if child is on plan or Dental 4 Kids plan is given, states out-of-pocket max
c) Mentions waiting period may apply for dental services (1A, 1B and 1C is a 12 mo wait for major restorative, 1C and 1D is a 6 mo wait for basic restorative)
d) Offers dentist lookup and provides accurate network status
e) If off-exchange application with children under 19, mentions requirement for dental coverage

Summary of Purchase

REMINDERS:

- All three pieces must be given together
- MUST state the full plan name

Summary of Purchase
a) Recaps full plan name
b) Provides effective date
c) Confirms premium

SEP Documents

REMINDERS:

- MUST state SEP documents may be required and give the 30-day deadline
- Mention that callers should receive a letter and/or email with instructions on how to submit
- SEP documents are not required for:
  - Newborn QLE
  - IL Pregnancy confirmed by medical provider

SEP Required Documents
a) Informs caller of 30 day window for submitting documentation (during SEP/enrolling with QLE during OE)
b) States if SEP documents are required, member should expect to receive an email/letter advising of requirements and instructions on how to submit documentation.

Next Steps

REMINDERS:

- Must restate NAME and provide your contact information
- If the call resulted in a sale, also must provide Member Services phone number
- Emailing contact information is not acceptable

CRM & Procedures
Next Steps
a) Health Plan Specialist provided name and contact information. For enrollments, provides accurate BCBSXX Member Services phone number. If necessary, also provides other relevant phone number (e.g. Medicaid)

Knowledge Check ☑

WHEN CONSUMER GIVES PERMISSION FOR HPS TO ELECTRONICALLY SIGN THE APPLICATION IN THEIR NAME AND SUBMIT, THEY MUST STATE THEIR NAME, DOB AND I AGREE.

A. True

B. False

Knowledge Check ☑

WHEN CONSUMER GIVES PERMISSION FOR HPS TO ELECTRONICALLY SIGN THE APPLICATION IN THEIR NAME AND SUBMIT, THEY MUST STATE THEIR NAME, DOB AND I AGREE.

A. True

B. False

Consumer must state their name, TODAY'S DATE and I Agree.

Knowledge Check ☑

WHICH STATE HAS A NEW QLE IN 2026 FOR PREGNANCY CONFIRMED BY MEDICAL PROVIDER?

A. IL

B. MT

C. NM

D. OK

E. TX

F. ALL OF THE ABOVE

Knowledge Check ☑

WHICH STATE HAS A NEW QLE IN 2026 FOR PREGNANCY CONFIRMED BY MEDICAL PROVIDER?

A. IL

B. MT

C. NM

D. OK

E. TX

F. ALL OF THE ABOVE

Knowledge Check ☑

WHEN CONFIRMING CONSUMERS ARE NOT ELIGIBLE FOR COVERAGE ELSEWHERE, HPS MUST SPECIFICALLY ASK MEDICARE, MEDICAID AND CHIP.

A. True

B. False

Knowledge Check ☑

WHEN CONFIRMING CONSUMERS ARE NOT ELIGIBLE FOR COVERAGE ELSEWHERE, HPS MUST SPECIFICALLY ASK MEDICARE, MEDICAID AND CHIP.

A. True

B. False

HPS must ask if eligible **through job**, Medicare, Medicaid or CHIP.

Knowledge Check ☑

HPS MAY ASK IF CALLER/FAMILY HAS ANY DOCTORS OR HOSPITALS IN MIND AS A COMBINED QUESTION.

A. True

B. False

Knowledge Check ☑

HPS MAY ASK IF CALLER/FAMILY HAS ANY DOCTORS OR HOSPITALS IN MIND AS A COMBINED QUESTION.

A. True

B. False

HPS must ask needs assessment questions individually. Caller should provide clear responses for each individual question.

Knowledge Check ☑

HPS MUST DISCLOSE ANY QUANTITY LIMIT FOR A SPECIFIC RX CALLER/FAMILY TAKES.

A. True

B. False

Knowledge Check ☑

HPS MUST DISCLOSE ANY QUANTITY LIMIT FOR A SPECIFIC RX CALLER/FAMILY TAKES.

A. True

B. False

If a Rx has a QL, HPS must disclose that information so the caller knows how much will be covered under their plan.

Knowledge Check ☑

HPS MUST GO OVER ALL 6 RX TIERS IF GOING OVER A 6-TIER PLAN.

A. True

B. False

Knowledge Check ☑

HPS MUST GO OVER ALL 6 RX TIERS IF GOING OVER A 6-TIER PLAN.

A. True

B. False

HPS should always be referencing the Summary of Benefits and not HealthSherpa.

Knowledge Check ☑

IF CONSUMER IS USING APTC, HPS ONLY NEEDS TO GIVE THE PREMIUM AFTER APTC IS APPLIED.

A. True

B. False

Knowledge Check ☑

IF CONSUMER IS USING APTC, HPS ONLY NEEDS TO GIVE THE PREMIUM AFTER APTC IS APPLIED.

A. True

B. False

HPS must provide premium with and without APTC applied.

Knowledge Check ☑

HPS SHOULD BE OFFERING THE LEAST EXPENSIVE DENTAL PLAN TO A CALLER.

A. True

B. False

Knowledge Check ☑

HPS SHOULD BE OFFERING THE LEAST EXPENSIVE DENTAL PLAN TO A CALLER.

A. True

B. False

The most comprehensive plan should be offered – BlueCare Dental 1A – unless the caller specifically states they want the lowest cost plan.

Knowledge Check ☑

DENTAL OUT-OF-POCKET MAXIMUM ONLY APPLIES TO MEMBERS UNDER THE AGE 19.

A. True

B. False

Knowledge Check ☑

DENTAL OUT-OF-POCKET MAXIMUM ONLY APPLIES TO MEMBERS UNDER THE AGE 19.

A. True

B. False

Knowledge Check ☑

WHAT MUST HPS PROVIDE FOR SUMMARY OF PURCHASE?

A. Plan name(s) only
B. Premium(s) only
C. Plan name(s) and effective date
D. Plan name(s) and premium(s)
E. Plan name(s), effective date and premium(s)

Knowledge Check ☑

WHAT MUST HPS PROVIDE FOR SUMMARY OF PURCHASE?

A. Plan name(s) only

B. Premium(s) only

C. Plan name(s) and effective date

D. Plan name(s) and premium(s)

E. Plan name(s), effective date and premium(s)

Knowledge Check ☑

THE ONLY QLE THAT DOES NOT REQUIRE SUPPORTING DOCUMENTS IS NEWBORN SEP.

A. True

B. False

Knowledge Check ☑

THE ONLY QLE THAT DOES NOT REQUIRE SUPPORTING DOCUMENTS IS NEWBORN SEP.

A. True

B. False

SEP documents are not required for Newborns and IL Pregnancy confirmed by medical provider.

Knowledge Check ☑

DURING NEXT STEPS, HPS ONLY NEEDS TO PROVIDE THE NUMBER FOR MEMBER SERVICES IF THE CALL RESULTED IN A SALE.

A. True

B. False

Knowledge Check ☑

DURING NEXT STEPS, HPS ONLY NEEDS TO PROVIDE THE NUMBER FOR MEMBER SERVICES IF THE CALL RESULTED IN A SALE.

A. True

B. False

HPS must provide their name, contact information and the number for Member Services.