

ACA Eligibility Application Attestation Live Call Script

Hi! This is [Agent Name], from [Agency/Business Name]. [State reason for calling.]

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

Can you please state your name?

➤ Client states name

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.]

Do you attest to reviewing the eligibility application details with me, that the details provided in the eligibility application are accurate, and that you've provided true answers to all of the questions to the best of your knowledge?

>Yes: Great!

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

Please confirm if the following statements are true by stating yes or no after each statement.

- If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving the Medicaid agency rights to pursue and get medical support from a spouse or parent.

>Yes

>No

- If a child on this application has a parent living outside of the home, I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and I may not have to cooperate.

>Yes

>No

- 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 my Marketplace account or by calling the 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.

>Yes

>No

- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting [hhs.gov/ocr/office/file](https://www.hhs.gov/ocr/office/file).

>Yes

>No

- I know that information on this form will be used only to determine eligibility for health coverage, help paying for coverage (if requested), and for lawful purposes of the Marketplace and programs that help pay for coverage.

>Yes

>No

- 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.

>Yes

>No

At this time, I will review any additional attestations listed on your eligibility application that we have not already reviewed. [Read any additional attestations not already covered on the client's eligibility application.]

>Yes...

>No

Do you have any more questions regarding the attestations described in this call?

>Yes: [Explain any attestations that the client may not understand]

>No: Great!

By agreeing to these statements, you grant your permission to complete the eligibility application attestation required by the marketplace.

>Yes

>No

Thank you for completing the eligibility application attestation! I've documented this attestation and will add it to your file.

[Proceed with rest of call.]