



Washington Health Benefit Exchange

Eligibility Presentation for Tribal Assisters

Natoshia Erickson
Eligibility Manager
Natoshia.Erickson@wahbexchange.org

Agenda:

Special Enrollments for AI/AN

Verifying Tribal Membership

Separating Applications

Common Errors



Washington Health Benefit Exchange

**Special Enrollments for American Indian &
Alaskan Native Households**

Processing Steps

1. Complete the application as you normally would
2. Review the information and E-sign
3. Eligibility results will display
 - If all members are found eligible for Washington Apple Health- No additional steps are required
 - If at least one member is found preliminary eligible for QHP/HIPTC-They must qualify for a special enrollment period, (exception for AI/AN members)
4. If at least one member is found preliminary eligible for HIPTC/QHP, the “special enrollment” screen will appear



Open Enrollment

Open enrollment is currently closed. The next available open enrollment period is **October 15, 2014 to December 7, 2014.**

Johnna may still qualify to purchase a health plan from the Healthplanfinder due to special circumstances. You will need to answer a few more questions to see if you qualify.



SystemTime: 04/24/2014

Elig Service: Y

UAT2-1.2.1.HF3.63 (04/04/2014 6:51:12 PST)

[VER2_ManagedServer_1]



Processing Steps

1. Complete the application as you normally would
2. Review the information and E-sign
3. Eligibility results will display
 - If all members are found eligible for Washington Apple Health- No additional steps are required
 - If at least one member is found preliminary eligible for QHP/HIPTC-They must qualify for a special enrollment period, (exception for AI/AN members).
4. If at least one member is found preliminary eligible for HIPTC/QHP, the “special enrollment” screen will appear
5. Select  This will generate the ‘Special enrollment’ questionnaire
6. If there is at least one AI/AN member seeking coverage on the application, select “yes” to the question, “Are you American Indian”

Special Conditions

Please answer some additional questions to see if you qualify to buy a plan through Healthplanfinder.

Have you or someone in your household recently lost health insurance? YES NO

Have you recently gained a dependent (including the birth, marriage, adoption or placement for adoption of a child) and your current insurance does not cover them? YES NO

Have you recently moved to Washington? YES NO

Did you recently move and your current plan is not offered in your area? YES NO

Has someone in your household had a recent change in lawful presence or citizenship status? YES NO

Are you an American Indian? YES NO

Have you had another recent change (Please describe below)? YES NO

[← Back](#)

[Next](#)

SystemTime: 04/24/2014
Elig Service: Y

UAT2-1.2.1.HF3.63 (04/04/2014 6:51:12 PST)
[VER2_ManagedServer_U]

Processing Steps

1. Complete the application as you normally would
2. Review the information and E-sign
3. Eligibility results will display
 - If all members are found eligible for Washington Apple Health- No additional steps are required
 - If at least one member is found preliminary eligible for QHP/HIPTC-They must qualify for a special enrollment period, (exception for AI/AN members).
4. If at least one member is found preliminary eligible for HIPTC/QHP, the “special enrollment” screen will appear
5. Select  This will generate the ‘Special enrollment’ questionnaire
6. If there is at least one AI/AN member seeking coverage on the application, select “yes” to the question, “Are you American Indian”
7. This will allow the household members to proceed forward with selecting and purchasing a qualified health plan.



Your Information Has Been Updated

Congratulations, you are eligible to purchase a plan from **April 24, 2014** to **June 23, 2014**. Please select **Next** to proceed with plan selection.

← Cancel

Next

SystemTime: 04/24/2014
Elig Service: Y

UAT2-1.2.1.HF3.63 (04/04/2014 6:51:12 PST)
[VER2_ManagedServer_1]



Questions?

If I am in a household with both AI/AN and Non-AI/AN Members, can I answer yes to the question, “Are you American Indian?”

If at least (1) one member of the household is enrolled in a federally recognized tribe and (2) seeking coverage on the application then you may answer yes to this question on the ‘Special Enrollment’ Questionnaire. Otherwise, the individual will be required to satisfy one of the other qualifying events to enroll into a QHP outside of open enrollment.

For example: Primary Applicant applies for herself and includes her spouse on the application who is NOT seeking coverage. The Primary Applicant is NOT a member of a federally recognized tribe. Spouse however is a tribal member. Because the spouse is not seeking coverage, the Primary Applicant must prove that she has a qualifying event. She should not select “yes” to the question, “Are you an American Indian?”

Questions?

What do I need to do if I am working with a customer where at least one AI/AN member is not seeking coverage and they did not meet the March 31 deadline to apply for a Qualified Health Plan?

Complete an application and answer the special enrollment questionnaire to determine if they are eligible for a Special Enrollment period. If they are determined preliminarily eligible for a special enrollment period. They will be able to select and pay for their Qualified Health Plan. After they have completed their shopping experience, they will be required to supply documentation verifying their eligibility for the Special Enrollment Period.

Questions?

What do I need to do if I am working with a new Washington Healthplanfinder customer where at least one AI/AN member is not seeking coverage and they were unable to complete and pay for their coverage prior to the March 31 deadline due to technical problems or other issues preventing them from completing enrollment. Will they still be enrolled?

The Exchange has already reviewed several groups of applications based on application activity and will open a special enrollment period for individuals who we have identified as encountering technical problems on or before March 31. These open enrollment periods will begin opening on approximately April 11, 2014. Individuals who have been approved for a special enrollment period will receive notification from the Exchange within the next week. If you have questions or would like to report the situation, please contact the Customer Support Center.

Questions?

For more information and additional FAQ's, please visit the below link:

[http://www.wahbexchange.org/files/1013/9604/1783/Week of March 24 FAQs 140330 Final.pdf](http://www.wahbexchange.org/files/1013/9604/1783/Week%20of%20March%2024%20FAQs%20140330%20Final.pdf)



Washington Health Benefit Exchange

Verifying Tribal Membership

Tribal membership questionnaire screen:

HOME | WELCOME, JOJO SMITH (SIGN OUT) | ESPAÑOL | CUSTOMER SUPPORT

washington healthplanfinder
click. compare. covered.

Tribal Membership * REQUIRED FIELD

Please indicate Tribal Membership for the following members:

Jojo Smith

Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? YES NO

Which Tribe?

Is this person a descendant of a Federally recognized Tribe Member or Alaska Native Corporation Shareholder? YES NO

Which Tribe?

Is this person eligible for Indian health services, including services available to Californian Indian, Eskimo, Aleut or other Alaska Native? YES NO

[Back](#)

SystemTime: 12/24/2013
Elig Service: Y

UAT: 1.100.5709.HF.7 [12/26/2013 14:35:43 PST]
[VER_ManageServer1]

About | Privacy Policy | Consumer Info Center | Contact Us

FIND US ON: [f](#) [YouTube](#) [Twitter](#)

If you need additional language or disability accommodations, you may call 1-855-WAFINDER (1-855-923-4633). The TTY Customer Support number is 1-855-627-9604. For individuals with a visual impairment, Braille and large print are also available on request. For individuals with a hearing impairment or disability, accommodations are also available through 711 Washington Relay. These services will be provided at no additional cost.

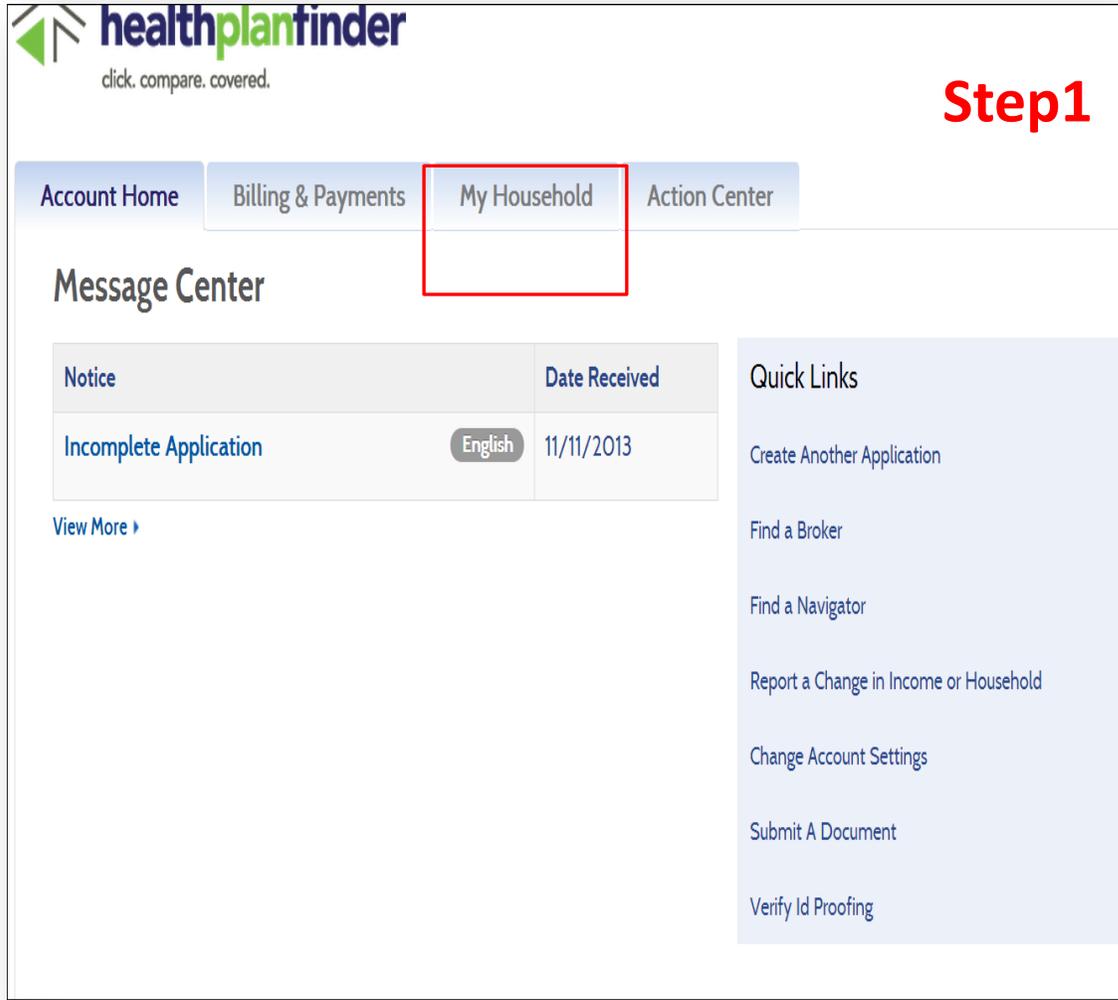
When an individual indicates “Yes” to this question, they will be required to have their Tribal Membership verified.

This will ensure that they remain eligible to participate in certain provisions outlined for Cost Sharing Reductions and Special Enrollment exemptions.

It will be the responsibility of YOU, the tribal assister, to update the verification status of this member to ensure continued eligibility.

The following slides will outline the manual verification process for Tribal Assisters

From the Applicant's dashboard select



healthplanfinder
click. compare. covered.

Step1

Account Home | Billing & Payments | **My Household** | Action Center

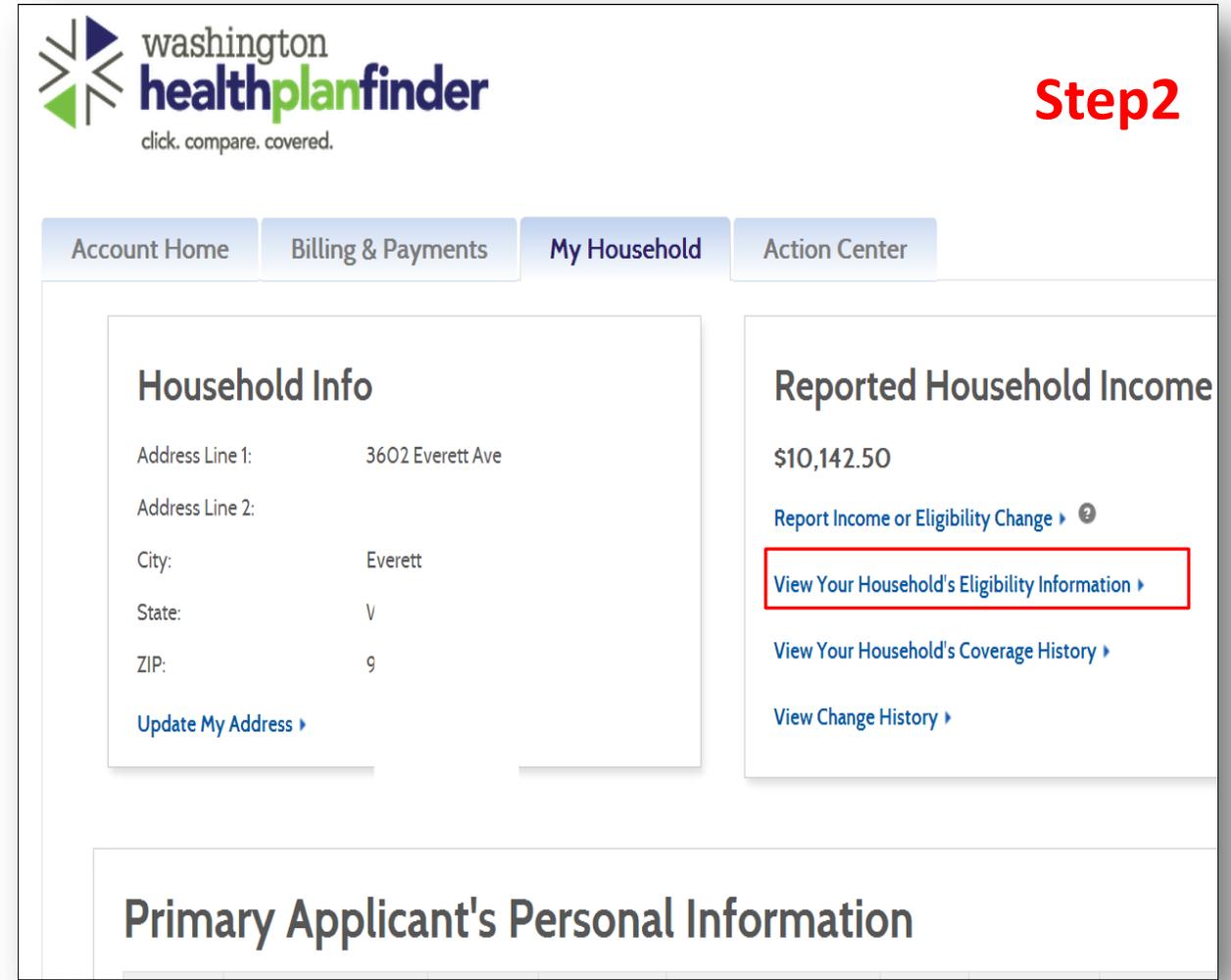
Message Center

Notice	Date Received
Incomplete Application English	11/11/2013

[View More](#)

Quick Links

- [Create Another Application](#)
- [Find a Broker](#)
- [Find a Navigator](#)
- [Report a Change in Income or Household](#)
- [Change Account Settings](#)
- [Submit A Document](#)
- [Verify Id Proofing](#)



washington healthplanfinder
click. compare. covered.

Step2

Account Home | Billing & Payments | **My Household** | Action Center

Household Info

Address Line 1: 3602 Everett Ave
Address Line 2:
City: Everett
State: V
ZIP: 9
[Update My Address](#)

Reported Household Income

\$10,142.50
[Report Income or Eligibility Change](#) ⓘ
[View Your Household's Eligibility Information](#)
[View Your Household's Coverage History](#)
[View Change History](#)

Primary Applicant's Personal Information

On the Application Review screen...

Phu Le is the Parent of Baby Le

Mrs Le is the Spouse (including same sex marriage) of Phu Le

Mrs Le is the Parent of Baby Le

Baby Le is the Child of Phu Le

Baby Le is the Child of Mrs Le

Additional Questions

Is every household member on this application a U.S. citizen? Yes

Name	US Citizen?	Is Lawfully Present?	Date of Entry	Immigration Document Type	Immigration Document Number	Verify
Phu Le	Yes	N/A	N/A	N/A	N/A	<input type="radio"/>
Mrs Le	Yes	N/A	N/A	N/A	N/A	<input type="radio"/>
Baby Le	Yes	N/A	N/A	N/A	N/A	<input type="radio"/>

Is any member on this application an American Indian or an Alaskan Native? Yes

Warning:
We were unable to verify the individual's information highlighted in Red.

Name	Affiliated to a Tribe?	Alaskan Native?	Name of the Tribe or Alaskan Native Corporation	Descendent of a Federally Recognized Tribe or Alaskan Native corporation shareholder?	Name of the Tribe	Eligible for Indian Health Services?	Verify
Phu Le	No	N/A	N/A	N/A	N/A	N/A	<input type="radio"/>
Mrs Le	Yes	Yes	Native Village of Nelson Lagoon	No	N/A	No	<input checked="" type="radio"/>

you will see the members name Highlighted in **RED**, under the “Additional Questions” section.

In the last column of this table titled “Verify”, you will see a



Select the icon.

This will generate the Verification Modal...

Application Review

Please review the information you have provided so far in your application. You may make changes to any area where there is an edit button. Selecting the edit button will take you to the edit page.

Please review the information you have provided so far in your application. You may make changes to any area where there is an edit button. Selecting the edit button will take you to the edit page.

Verification of Tribal Status for Mrs Le

Submitted Documents

Document Type	Date Submitted	Date Required	View
---------------	----------------	---------------	------

Is this person a member of Federally recognized Tribe, Band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? Yes

VERIFICATION STATUS *

VERIFICATION DATE *

Is this person a descendant of a Federally recognized Tribe Member or Alaska Native Corporation Shareholder? No

VERIFICATION STATUS *

Physical Address

Address Line 1

Address Line 2

City

State

Update the Verification Status to “Manually Verified”

Enter Current Date

Repeat this for all three questions

Select “Update”

Back on the 'Application Review' screen

Additional Questions							
Is every household member on this application a U.S. citizen? Yes							
Name	US Citizen?	Is Lawfully Present?	Date of Entry	Immigration Document Type	Immigration Document Number	Verify	
Phu Le	Yes	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>	
Mrs Le	Yes	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>	
Baby Le	Yes	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>	
Is any member on this application an American Indian or an Alaskan Native? Yes							
Name	Affiliated to a Tribe?	Alaskan Native ?	Name of the Tribe or Alaskan Native Corporation	Descendent of a Federally Recognized Tribe or Alaskan Native corporation shareholder ?	Name of the Tribe	Eligible for Indian Health Services ?	Verify
Phu Le	No	N/A	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>
Mrs Le	Yes	Yes	Native Village of Nelson Lagoon	No	N/A	No	<input checked="" type="radio"/>
Baby Le	No	N/A	N/A	N/A	N/A	N/A	<input checked="" type="radio"/>
Is any household member on this application currently incarcerated? No							
Name	Currently Incarcerated?	Pending disposition of charges				Verify	
Phu Le	No	No				<input checked="" type="radio"/>	
Mrs Le	No	No				<input checked="" type="radio"/>	
Baby Le	No	No				<input checked="" type="radio"/>	

Once the verification status is updated to “manually verified”, the ‘Application Review’ screen will no longer show the individuals name highlighted in RED.

No further action is required.

The next time the application is submitted, the Tribal Status will update from Conditional to Approved.

Questions?



Washington Health Benefit Exchange

Separating applications

AI/AN Cost Sharing Provisions

Enrolled American Indian and Alaska Native members of federally recognized tribes have zero cost-sharing (if the household income is below 300% FPL). However, when AI/AN members and non AI/AN members seek coverage together on the same application, all household members will have the cost-sharing amount of the **Non-AI/AN members**.

Healthplanfinder cannot accommodate multiple shopping/enrollment experiences on one application at this time. As a result, a separate application may be needed for AI/AN members found eligible for enrollment into a QHP.

When would a separate application be needed?

When all of the following are true:

- At least one AI/AN and one Non-AI/AN member have been determined eligible for enrollment into a Qualified Health Plan (QHP)
- Household's income is below 300% FPL

Please note: Whether or not to complete a separate application for the AI/AN household members is the client's decision. Creating a separate application for the QHP eligible AI/AN members would allow them to take advantage of the CSR provisions. Leaving the entire household enrolled on the initial application would allow them all to all be on the same policy and contribute to the same deductible/out of pocket maximum amounts.

When would a separate application not be needed?

When at least one of the following is true:

- All members are determined eligible for WAH; OR
- All members who have been determined eligible for QHP enrollment are AI/AN members or non-AI/AN members; OR
- Mixed AI/AN households where income is greater than 300% FPL

How to create a separate application

This scenario assumes that the initial application has been submitted and it was determined that a separate application was need for AI/AN members

- Select “Report a Change from the Primary Applicant’s Washington Healthplanfinder account”

washington healthplanfinder
click. compare. covered.

VIEWING APPLICATION 120415 Alisha Stonebraker Created On -04/06/2014

Account Home Billing & Payments My Household Action Center

Message Center

You have no notice at this time

Quick Links

- Create Another Application
- Manage My Broker/Navigator
- Report a Change in Income or Household**
- Submit A Document
- Verify Id Proofing

My Household Coverage

Please Note: By clicking "Enrolled," you will be taken to the shopping screen. Through the end of this special enrollment period, you will be able to change your health plan selection on the shopping screen.

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status
Alisha Stonebraker	APTC Test Plan	06/01/2014	12/31/2014	N/A	Enrolled

How to create a separate application

- Select “Yes” to the option, “Something else has changed...” on the ‘Change Reporting Questionnaire’



Report Changes / Life Event

Please select from the following options below to report a change or changes to your circumstances. You may make more than one selection.

In order to report a change you will need to complete all screens and finalize your selection by providing your electronic signature.

If you have questions about your coverage, please contact the Washington Healthplanfinder via the help options shown above.

Someone needs to be added to or removed from my list of household members to be considered for coverage YES NO

My household income has changed by \$150 or more, and is expected to last for at least two consecutive months. YES NO

Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant. YES NO

My address has changed YES NO

Someone in my household has gained or lost health coverage YES NO

Something else has changed. Examples include: YES NO

- I need to change tax filing status for myself or others in my household
- My citizenship or tribal status has changed
- Someone has moved out of state.

How to create a separate application

- On the 'About You' screen update the question "Who are you applying for" (If applicable)

HOME WELCOME, NATOSHIA ES (SIGN OUT) | ESPAÑOL CUSTOMER SUPPORT

washington healthplanfinder
click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

About You * REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options

FIRST NAME * M.I. LAST NAME * SUFFIX

Alisha Eg. J Stonebraker

Notice:
Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER * DATE OF BIRTH *

066-78-9901 10/10/1980

SOCIAL SECURITY DISCLOSURE

SEX *

MALE
 FEMALE

WHO ARE YOU APPLYING FOR? *

Myself

DO YOU WANT TO APPLY FOR HEALTH INSURANCE PREMIUM TAX CREDIT, COST-SHARING REDUCTIONS OR WASHINGTON APPLE HEALTH? *

YES
 NO

RACE HISPANIC ORIGIN *

-Select an Option- Aleut Asian Indian Black/African American Not Reported

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE? *

YES
 NO

Yes, I have read the Washington Healthplanfinder Privacy Policy*

Next

How to create a separate application

- Page through to the 'About Your Household' screen
- Select the edit icon for the household member needing a separate application

Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Alisha Stonebraker	Edit	Remove
Alisha Stonebraker	Female	XXX-XX-9901	10/10/1980	Yes	N/A		
Levi Stonebraker	Male	XXX-XX-2213	11/01/1979	No	Yes		

Add Member

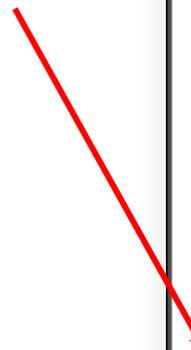
[← Back](#)

Save and Exit

[Next](#)

How to create a separate application

- Select “No” to the question, “Are you applying for healthcare coverage for this person”
- Repeat this step for all household members requiring a separate application.



Do you have other household members or tax

Edit Household Member

RACE: -Select an Option-
Aleut
Asian Indian
Black/African American

HISPANIC ORIGIN: Not Reported

IS THIS PERSON AN AMERICAN INDIAN OR ALASKA NATIVE? * YES NO

HOW IS THIS PERSON RELATED TO THE PRIMARY APPLICANT? *
Spouse (including sam)

ARE YOU APPLYING FOR HEALTH COVERAGE FOR THIS PERSON? * YES NO

WHAT WAS THE TAX FILING STATUS OF THIS PERSON IN TAX YEAR 2013? *
Married filing taxes joir

WHO WAS THE PRIMARY TAX PAYER? * LEVI STONEBRAKER
 LEVI STONEBRAKER'S SPOUSE

Cancel Save

How to create a separate application

- Page through to the 'E-signature' screen
- Submit the application
- You will receive new eligibility results showing coverage has been closed for the members.

washington
healthplanfinder
click. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

Primary Applicant's Signature * REQUIRED FIELD

As Alisha Stonebraker's Navigator, I have reviewed the eSignature terms with them.

They have verified that I have their permission to submit this application electronically. The client understands that by my signing of their application electronically, they certify under penalty of perjury that their answers are correct and complete to the best of their knowledge.

The client certifies that:

- They understand the questions and statements within this application.
- They understand the penalties for giving false information or breaking the rules.
- They understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf.
- They understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By clicking this box and typing my client's name below, I confirm that I am this applicant's Navigator and I am e-signing on his/her behalf. *

In order to simplify the application redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for a period of no more than five years. I can change my consent any time through Washington Healthplanfinder.

Client has read the [Rights & Responsibilities](#) *

Please enter the primary applicant's name below.

FIRST NAME * MIDDLE INITIAL LAST NAME *

[Back](#)

How to create a separate application

- At this point, return to the individual's dashboard (original PA's dashboard)
- Select "Create Another Application"

washington healthplanfinder
click. compare. covered.

Account Home Billing & Payments My Household Action Center

Message Center

You have no notice at this time

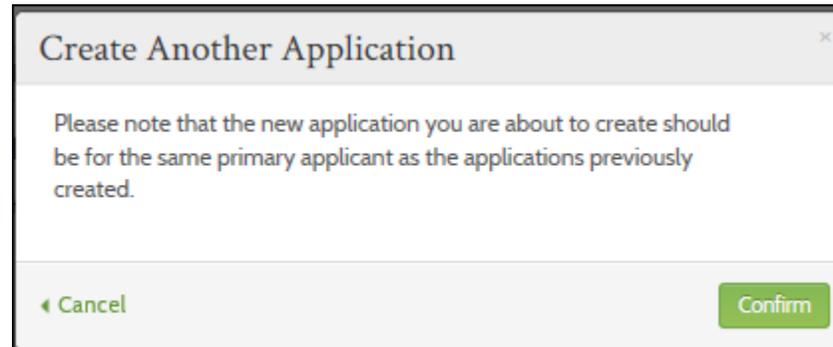
Quick Links

- Create Another Application
- Manage My Broker/Navigator
- Report a Change in Income or Household
- Submit A Document
- Verify Id Proofing

My Household Coverage

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status
Alisha Stonebraker	APTC Test Plan	06/01/2014	12/31/2014	N/A	Enrolled

A modal will generate indicating when a second application should be initiated, select “Confirm” to continue



How to create a separate application

- Enter application with the same member details
 - Primary applicant: Creating this under the original primary applicant will decrease the likelihood of experiencing errors upon submission
 - Household Composition: Include all members that were listed on the original application. This will ensure accurate determination of household composition/size.
- Key differences
 - All members not requiring a separate application will want to be listed as “not seeking coverage” on this application.
 - If Primary Applicant is not requiring a separate application, select “other household members” to the question, “Who are you applying for?”

About You * REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options

FIRST NAME * M.I. LAST NAME * SUFFIX

Alisha Eg. J Stonebraker [dropdown]

Notice:
Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER ⓘ DATE OF BIRTH * ⓘ

Eg. 123-45-6789 Eg. 01/20/2012

SOCIAL SECURITY DISCLOSURE

SEX *

MALE

FEMALE

WHO ARE YOU APPLYING FOR? *

Other Household Mem [dropdown]

DO YOU WANT TO APPLY FOR HEALTH INSURANCE PREMIUM TAX CREDIT, COST-SHARING REDUCTIONS OR WASHINGTON APPLE HEALTH? * ⓘ

YES

NO

RACE HISPANIC ORIGIN ⓘ

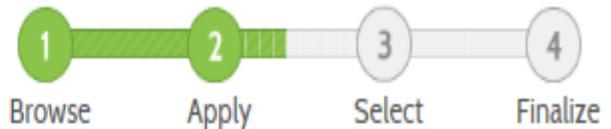
-Select an Option- -Select an Option-
Aleut [dropdown]
Asian Indian [dropdown]
Black/African American [dropdown]

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE? * ⓘ

YES

How to create a separate application

- From this screen, add all household members that were included on the original application by selecting the “Add Member” button.
- *Please note: Members who do not require a separate application should be listed as “not seeking coverage”*



Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Alisha Stonebraker	Edit	Remove
Alisha Stonebraker	Female	XXX-XX-9901	10/10/1980	Yes	N/A		
Levi Stonebraker	Male	XXX-XX-2213	11/01/1979	No	Yes		

Add Member

← Back

Save and Exit

Next

How to create a separate application

- Complete the rest of the application
- E-sign and Submit

Primary Applicant's Signature * REQUIRED FIELD

As Alisha Stonebraker's Navigator, I have reviewed the eSignature terms with them.

They have verified that I have their permission to submit this application electronically. The client understands that by my signing of their application electronically, they certify under penalty of perjury that their answers are correct and complete to the best of their knowledge.

The client certifies that:

- They understand the questions and statements within this application.
- They understand the penalties for giving false information or breaking the rules.
- They understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf.
- They understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

- By clicking this box and typing my client's name below, I confirm that I am this applicant's Navigator and I am e-signing on his/her behalf. *
- In order to simplify the application redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for a period of no more than five years. I can change my consent any time through Washington Healthplanfinder.
- Client has read the [Rights & Responsibilities](#) *

Please enter the primary applicant's name below.

FIRST NAME *	MIDDLE INITIAL	LAST NAME *
<input type="text"/>	<input type="text" value="Eg. A"/>	<input type="text" value="Eg. Smith"/>

◀ Back

Submit My Application

How to create a separate application

- You will notice that once back at the individual's dashboard, there will be additional applications listed on the user's dashboard.
- To view the other application(s), select the application from the drop down
- Please note: It is important to confirm that you are on the correct application when updating the application.

HOME | WELCOME, NATOSHIA ES (SIGN OUT) | ESPAÑOL | CUSTOMER SUPPORT

washington healthplanfinder
click. compare. covered.

VIEWING APPLICATION 120415 Alisha Stonebraker Created On - 04/06/2014

Account Home | Billing & Payments | My Household | Action Center

Message Center

You have no notice at this time

Quick Links

- Create Another Application
- Manage My Broker/Navigator
- Report a Change in Income or Household
- Submit A Document
- Verify Id Proofing

My Household Coverage

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status
Alisha Stonebraker	APTC Test Plan	06/01/2014	12/31/2014	N/A	Enrolled

Questions?



Washington Health Benefit Exchange

Common Errors and Possible Workarounds

How to Remove a Spouse

Background information to the issue...

Currently there is a defect in the Healthplanfinder in which a spouse cannot be removed successfully from an application when the tax filing status is “Married Filing Jointly”.

This occurs because there is a system screen level validations on the “Add a Member” page that is being invoked incorrectly.

The screen level validation is intended to ensure that tax filing status and household composition/size are accurate.

Unfortunately, the validation is being invoked during removal of a member, which is a defect. This causes the following validation message to appear on the “Add a Member” screen:

You indicated a tax filing status of “Married filing taxes jointly”. Please add your spouse as a household member on this screen and enter the same tax filing status.

Background information to the issue contd...

Subsequently what we are seeing is that the Primary Applicant's tax filing status is then being updated to "Single Filing Taxes" to avoid the previous validation.

Because the deleted members' information is still behind the scene on the application, the following screen validation is received:

"You have indicated a tax filing status of "single filing taxes". Per the Internal Revenue Service (IRS), married couples must claim "Married Filing Separately" or "Married Filing jointly" when filing their annual tax returns; please update you tax filing status and the tax filing status of your spouse.

At this point, the applicant cannot proceed passed the "Add a Member" screen without the assistant of an Account Worker

****IMPORTANT****

Do NOT remove a member from the application, if they should still be included in the household for reasons of determining household composition.

Instead, simply update the application to reflect that the individual is no longer seeking coverage

If spouse needs to be removed, submit a Zen desk ticket with the subject line “Unable to remove a spouse” this will be processed by an account worker

Questions?

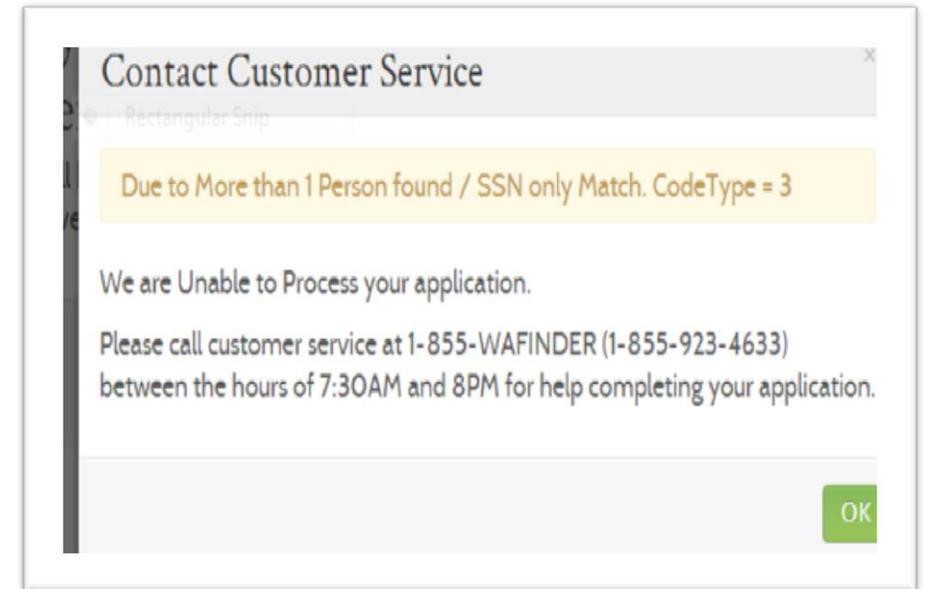
Person Matching Errors

Partial Match

When the Healthplanfinder identifies a potential person match, meaning the applicant's information matches an existing Healthplanfinder client, an error message is displayed on screen.

This error most often occurs in the following situations:

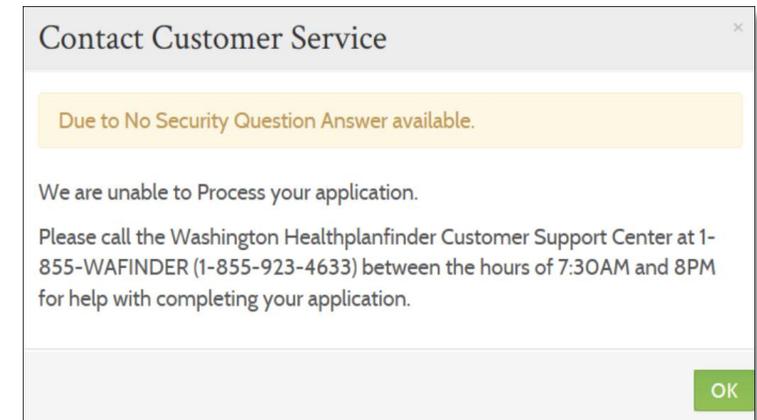
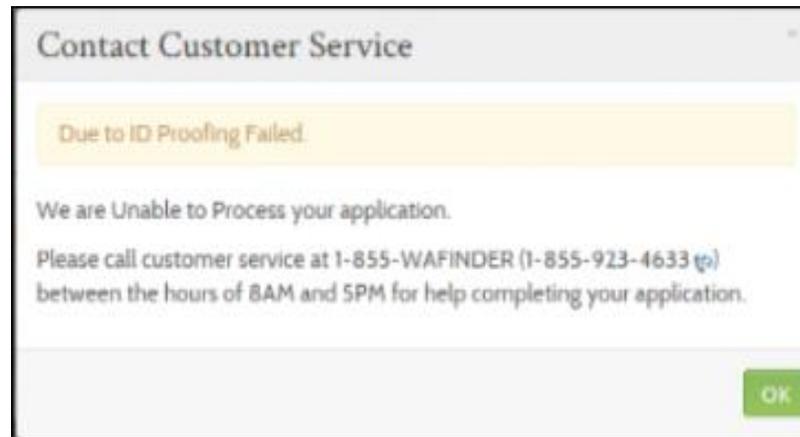
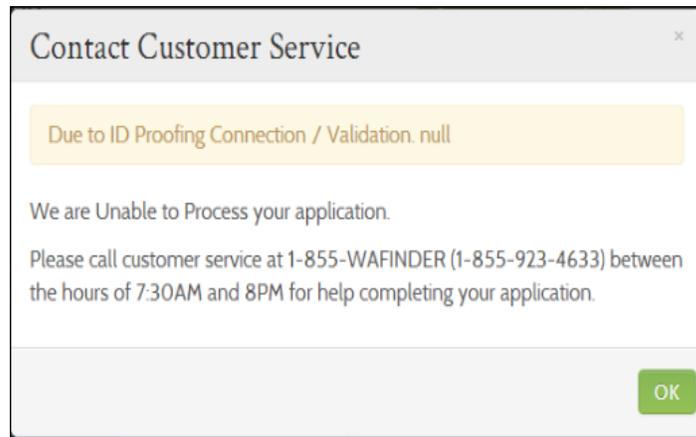
- A converted client is accessing the Washington Healthplanfinder for the first time and does not enter his Personal Identifiable Information the same as what he is known in ACES with; *e.g. shortened name is entered when ACES knows them by their full legal name*
- An individual attempts to add a dependent to the application and mistakenly enters the wrong SSN or attempts to use the same SSN for two children.
- Any individual who does not provide a SSN has a greater risk of experiencing a Partial Person Identification Match as a result of less data values to validate against



Exact Match

When the Healthplanfinder identifies an exact person match, meaning the applicant's information matches an existing Healthplanfinder client exactly, then the identity proofing service is invoked. This ensures that prior to allowing the individual access to their information they have passed all security protocols.

In the case that the Identity proofing service cannot be invoked, one of three errors below may appear:



Steps an Assister can take to resolve the issue the error...

- Always create logon credential for the user. This will give the individual access to their dashboard/account going forward and they will not be required to go through the Identity Proofing service every time they want to update their application.
- Ensure the User has entered name as it is already known to ACES, (if a converted client)
- Always provide SSN (if available)
- If error is received, first confirm that the Name, DOB, and SSN have been entered correctly before contacting Customer Support.

Questions?

Errors with Adding and Removing Members During the Same Request

Issue:

when a member on the application is removed during the same request where a new member is being added, this will result in relationship and tax filing errors, most commonly, it will show error 3013, 3029, 3027, etc.

How to avoid it:

Do not add and remove household members during the same application submission.

For example, if you need to delete a domestic partner and add another child to the application, remove the domestic partner and then navigate to the end of the application and submit. *Then*, go back into the application, select “Report a Change”, add the child, and submit. If the “report a change” link is unavailable; i.e. you see a “Complete my application” link instead, this means that the request that you just sent was not processed successfully. We consider this to be the same request as it was not successfully submitted. If you were to then add the new member, this will error out.

What to do if error 3013 is unresolvable:

Create a Zen Desk ticket and link it to problem ticket # 39975.

If you are making multiple changes across different areas of the application (such as adding a person, then adjusting household income, and whether or not they have insurance coverage), this should not cause the same error. The problem occurs when we are adding and deleting household members in the same transaction.

Questions?



Washington Health Benefit Exchange

Thank You!