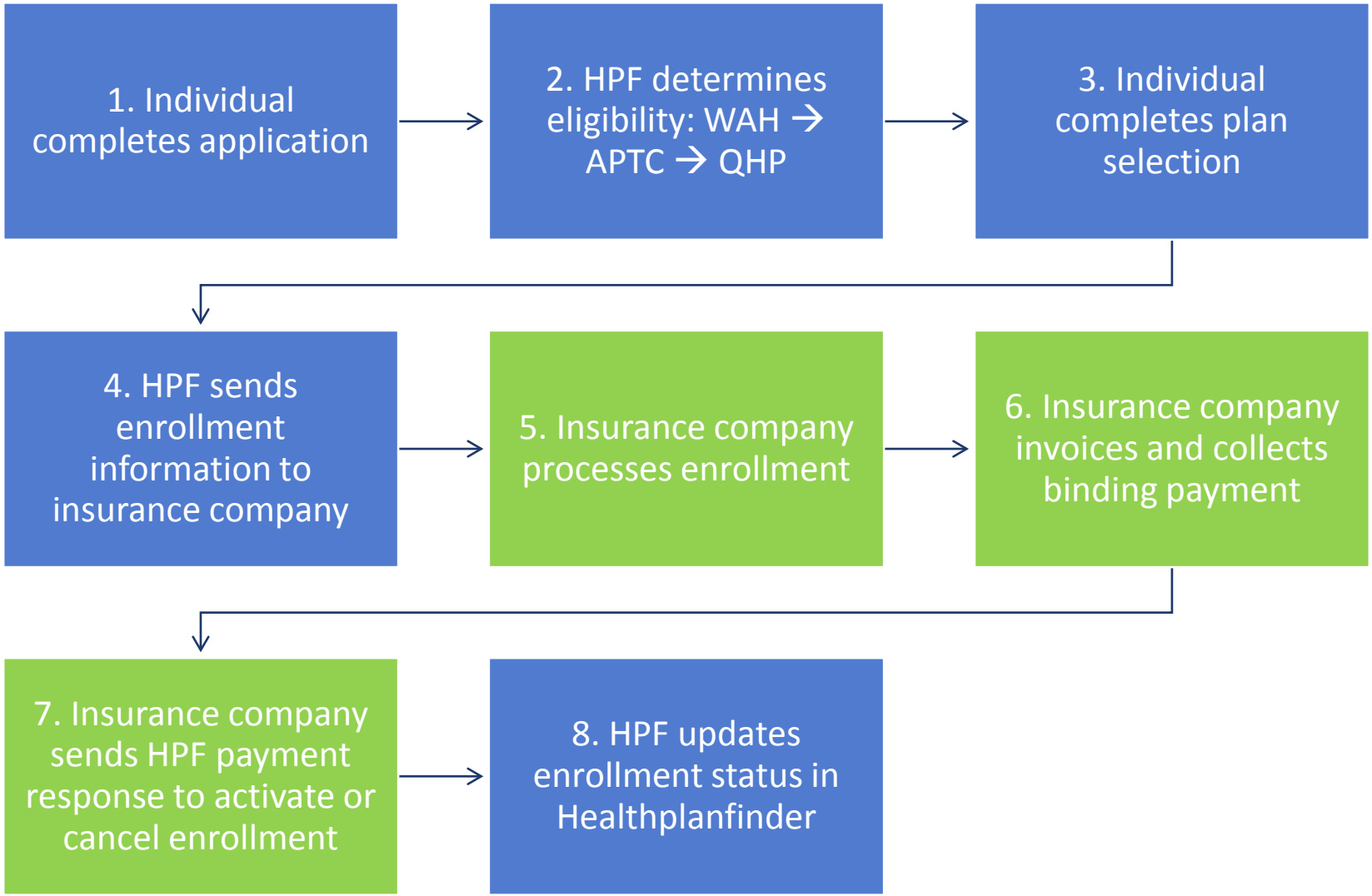
Washington Health Benefit Exchange

QHP Invoicing

Application Errors

Payment and Activation Process



After the Binding Payment Deadline

- If a binding payment is received, the insurance company notifies HPF within 10 business days of receipt to activate the enrollment
  - Because of this lag time, HPF may continue to display a customer as enrolled, but not yet active

- If a binding payment is not received, the insurance company notifies HPF within 10 business days of the due date to cancel the enrollment
  - Because of this lag time, HPF may continue to display a customer as enrolled, even when they are not

Invoicing and Binding Payments

- Customers should expect an invoice by mail within 7-10 business days
  - Insurance company typically loads an enrollment within 3 business days. Customers can call to pay via phone or pay online if they know their Exchange Subscriber ID
- Binding payment is due no earlier than the coverage effective date, and no later than 30 calendar days after.
  - Payment due date must allow at least 15 business days for a consumer to make a binding payment after invoice is received

Special Enrollment Periods

- Coverage start dates for plans selected through a Special Enrollment Period follow specific rules
- Regular effective dates often follow the "15th rule"
  - Plan selected by the 15th: start date is 1st of the following month.
  - Plan selected after the 15th: start date is the 1st of the second following month.
  - Binding payment deadlines must be no earlier than the coverage effective date, but no later than 30 calendar days after.
- Special or retro effective dates (e.g. birth, WAH to QHP)
  - Binding payment deadlines are no later than 30 days from the date the carrier receives the enrollment transaction

SEP Documentation

- Insurance companies may request documents to prove a customer's Qualifying Life Event
- These documents must be submitted *before* a customer can make their binding payment
- The customer has 30 days to submit their documents.
- Coverage start date is based on when the plan is chosen. However, coverage cannot be used until SEP eligibility is confirmed and binding payment has been made.
  - If the customer delays sending documents or payment, their coverage start date will not be changed

Reinstatement: Accidental Disenrollment

- Accidentally disenrolled
  - Reported a change
  - Marked someone not seeking coverage
  - Clicked “Cancel Coverage”

Cancel Coverage

To Add or Remove specific individuals from coverage, select ‘Report a Change’ from Quick Links.

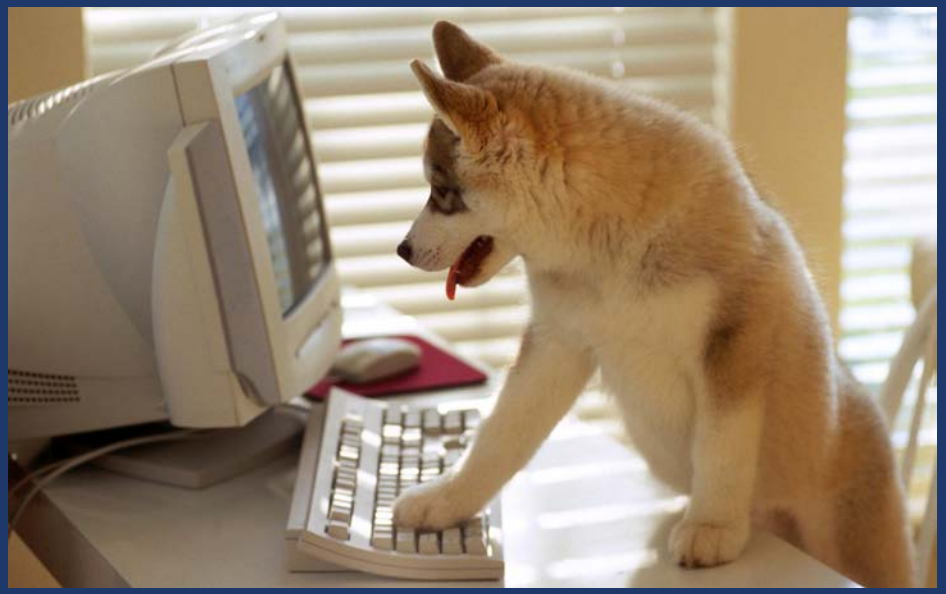
Back to Account Worker Dashboard

- Contact customer support *immediately* to request reinstatement

Reinstatement: Non-Payment Termination

- Grace Period
  - Non-subsidized = 30 day grace period
  - Subsidized = 90 day grace period – customer must apply a minimum of $1 of their tax credit
  - Insurance company sends termination to HPF within 10 business days of grace period expiration
- Reinstatement after an enrollment has been terminated or cancelled for nonpayment is at the <u>insurance company's discretion</u>.
  - Customer should contact the insurance company directly
  - If approved, the insurance company will notify HPF
- Sometimes there are delays/issues where the carrier reinstates the customer but does not notify HPF. Contact your Lead Org to submit a Zendesk ticket.

Application Errors and Troubleshooting



Multiple Application error

Age-out overview

Reporting changes

Multiple Application Error Modal

- *Washington Healthplanfinder* does not allow dual eligibility
- An applicant cannot have an active eligibility (enrollment) on two applications
  - Resolve by marking as seeking coverage on only one application
- An expired eligibility (enrollment) will allow you to submit a new application with the individual still seeking coverage

Age-Out Overview

Aging out Scenario	Actions
19 year old aging out of WAH for Kids – PA enrolled in WAH	1. 19 year old needs to be updated as "not seeking coverage" on PA application 2. 19 year old needs to complete a separate account and application to enroll in WAH for Adults (if eligible)
19 year old aging out of CHIP – PA enrolled in QHP	1. 19 year old can choose to enroll in existing coverage with QHP, or 2. 19 year old can create a separate account and application, then enroll in WAH/QHP for themselves.
26 year old aging out of QHP with parents – PA enrolled in QHP	1. 26 year old needs to create their own account and application to enroll in coverage as an adult

19-Year-Old WAH Age-Out (PA on WAH)

1. Submit the PA's application. Don't assume the 19-year-old needs a new application—let the system tell you.

Your eligibility results

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below.

1 You have 1 household member(s) with additional action required. Please review for more information.

John Jordan

APPROVED
Household: Primary Applicant
Coverage: WAH - Adult
Start Date: 01/01/2019
End Date: 12/31/2019
View Details

Sarah Jones

SEPARATE APPLICATION
Household: Child
Coverage: None
Start Date: Not Applicable
End Date: Not Applicable

Sarah Jones — SEPARATE APPLICATION

Separate Application Needed
A separate application is needed due to the following reasons:

REASON(S)

We then evaluated you for Health Insurance Premium Tax Credits. You are not eligible for the following reasons:

- Income is below allowable amount

You will need to create a separate application for the following reasons:

- Must submit separate application for Washington Apple Health due to age requirement
- Relationship criteria with primary applicant for Qualified Health Plan not met

Next Steps for Sarah Jones
Please complete and submit a new application.

Next

19-Year-Old WAH Age-Out

2. Update the 19-year old to “not seeking coverage” and submit the application

3. Go back out to **your dashboard** and create a new application

Add your household members

* REQUIRED FIELD

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

Name	Sex	Last 4 of SSN	DOB	Applying for Coverage	Living in Same Home as John Jordan	Edit	Remove
John Jordan	M	3456	01/01/1960	Yes	N/A		
Sarah Jones	F	3456	09/19/1999	No	Yes		

Add Member

Back

Finish Later

Next

19-Year-Old WAH Age-Out

4. Enter the 19-year-old's information *exactly* as it was on the previous application—the goal is a 100% match

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 * Sarah

M.I E.g. J

LAST NAME * Jones

SUFFIX

Notice:
Provide full legal name such as what appears on the Social Security card.

SOCIAL SECURITY NUMBER E.g. 123-45-6789

SOCIAL SECURITY DISCLOSURE

DATE OF BIRTH * 09/19/1999

SEX *
- MALE
- FEMALE

Contact customer support

Potential Match Found.

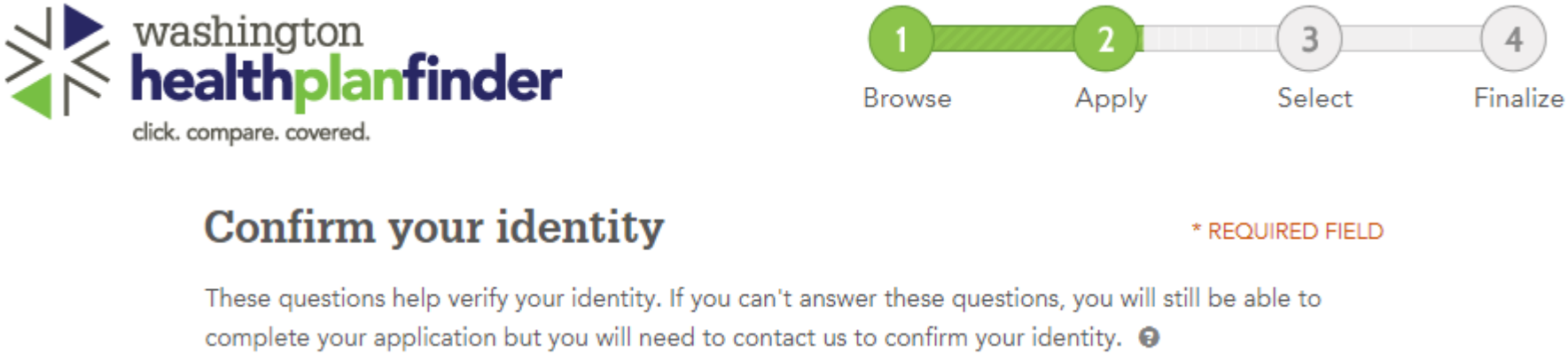
We are unable to process your application.

Please call customer support at 1-855-WAFINDER (1-855-923-4633) during business hours for help completing your application.

OK

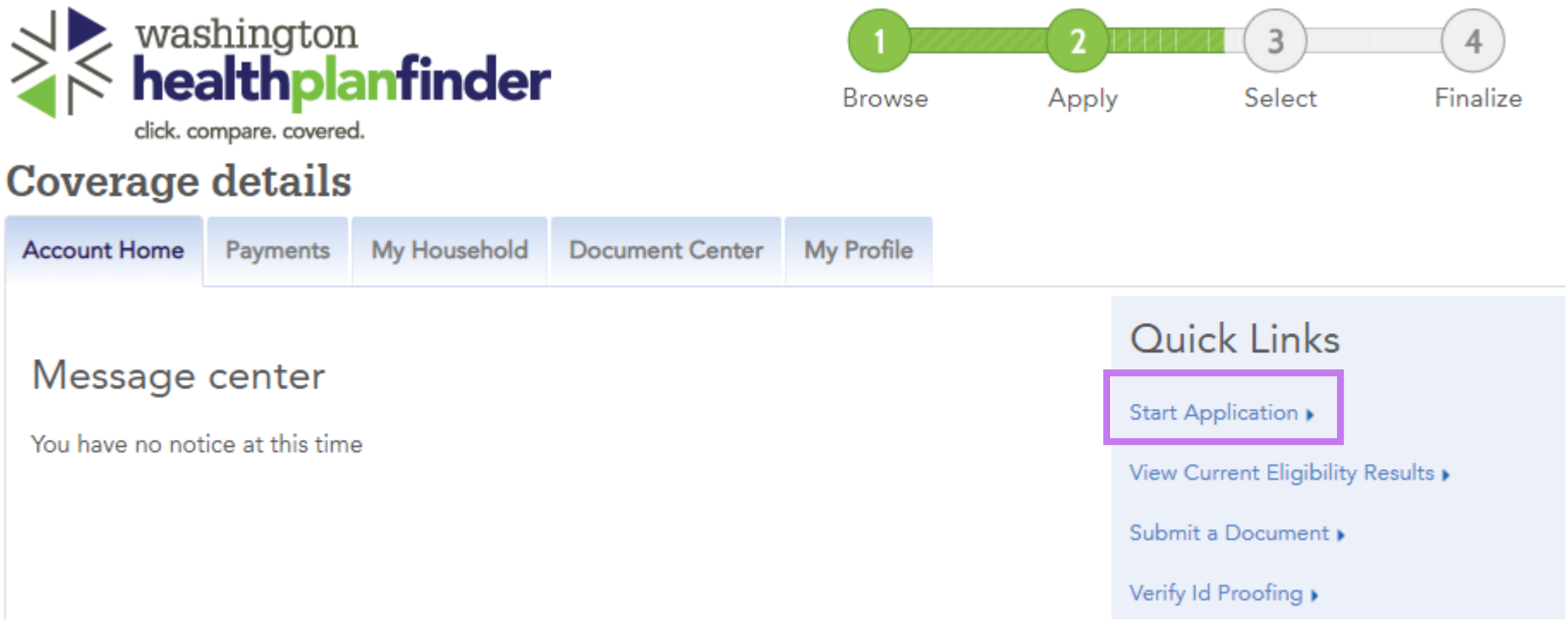
19-Year-Old WAH Age-Out

5. A 100% match will allow you to proceed



19-Year-Old WAH Age-Out

6. Partner with and start the new application



19-Year-Old WAH Age-Out

7. No auto pre-population—you will have to re-enter all of the application information

Enter your contact information

* REQUIRED FIELD

What Is Your Home Address?

☐ I don't have a home address

ADDRESS LINE 1 *

E.g. 1234 Main Street

APT/SUITE/OTHER

E.g. Apt 3

CITY *

E.g. Everett

STATE *

Washington

COUNTY

What Is Your Mailing Address?

☐ My mailing address is the same as my home address

☐ I don't have a mailing address

Add your household members

* REQUIRED FIELD

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

Name	Sex	Last 4 of SSN	DOB	Applying for Coverage	Living in Same Home as Sarah Jones	Edit	Remove
Sarah Jones	F	3456	09/19/1999	Yes	N/A		
John Jordan	M	3456	01/01/1960	No	Yes		

Add Member

Back

Finish Later

Next

19-Year-Old WAH Age-Out

8. Success!

Your eligibility results

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below.

Sarah Jones

APPROVED
Household: Primary Applicant
Coverage: WAH - Adult
Start Date: 01/01/2019
End Date: 12/31/2019

John Jordan

NOT SEEKING COVERAGE
Household: Parent
Coverage: Not Applicable
Start Date: Not Applicable
End Date: Not Applicable

Sarah Jones

APPROVED

Washington Apple Health Adult

Sarah Jones has been enrolled in Washington Apple Health Adult Coverage. Why this result?

Coverage Start Date	Coverage End Date	Renewal Information
01/01/2019	12/31/2019	Sarah Jones will need to renew coverage by 12/31/2019. We will contact you with more information when it's time to renew.

Next Steps for Sarah Jones

Starting 01/01/2019 Washington Apple Health Adult Coverage will cover Sarah Jones. Click 'Next' to see Washington Apple Health Managed Care Plan options.

Reporting Changes

- When a change is reported, a corresponding files is generated to the insurance company
  - Sent out the next day
- Excessive reporting of changes in one single day increases the chance of a timing or file error
- Recommend using the Explore Your Options page to anonymously browse

Questions?

washington
healthplanfinder
powered by the Washington Health Benefit Exchange