



Washington Health Benefit Exchange

Tribal Assister Training

Submitting Separate Applications

Objectives

- Explain the rules for AI/AN mixed households
- Identify the key application screens for submitting separate applications
- Identify next steps for applying full tax credit benefit to household enrollment



AI/AN mixed household rules

- What is a mixed household? *For this discussion and training a mixed household refers to having some AI/AN enrolled members and non AI/AN enrolled members seeking coverage.*
- Being an enrolled member of a federally recognized tribe or native corporation allows members to enroll in special Cost-Sharing when they meet the appropriate criteria.
- When a household has mixed members, the *Washington Healthplanfinder* requires separate applications for enrollment and application of benefits.
- This training will address key screens when submitting separate applications.



Household example for submitting separate applications

Scenario: for this demonstration of screens we are working with the following household

Mom and 2 children

Mom is not AI/AN, but seeking coverage

2 children are AI/AN enrolled in Squaxin Island Tribe and also seeking coverage



About You – 1st application

- Once your customer has created an account, the first important screen when submitting separate applications is the **About You** screen.
- For a mixed AI/AN household you will submit 2 applications.
- On the first application, you will answer the **Who are you applying for** according to who you are submitting on the first application. The order for who/how you apply doesn't matter necessarily.
- For our scenario are applying for **Mom June** – first.
 - Who are you applying for** will be listed as **Myself**.
- Continue through the application to the **Add household member** screen.

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

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

SOCIAL SECURITY NUMBER DATE OF BIRTH *

SOCIAL SECURITY DISCLOSURE

SEX *

MALE

FEMALE

WHO ARE YOU APPLYING FOR? *

DO YOU WANT TO APPLY FOR HELP TO PAY YOUR PREMIUMS, OUT-OF-POCKET COSTS, OR APPLY FOR WASHINGTON APPLE HEALTH (MEDICAID)? *

YES

NO

RACE

HISPANIC ORIGIN

ARE YOU AN AMERICAN INDIAN OR ALASKA NATIVE? *

YES

NO

Yes, I have read the [Washington Healthplanfinder Privacy Policy](#) *

Next >



Add household member screen – 1st application

- You will select **Add Member** to add all household members – you will have to do this for each member.
- Complete household member details.
- Use the scroll down to scroll through all additional household member questions.
- On the question **Is this person applying for coverage or continuing existing coverage through Washington Healthplanfinder** select **No** for the additional household members, for the first 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 June Reddy	Edit	Remove
June Reddy	F	3232	12/25/1979	Yes	N/A		

+ Add Member

Add household member

FIRST NAME * M.I. LAST NAME * SUFFIX

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

SOCIAL SECURITY NUMBER * DATE OF BIRTH * SEX * MALE FEMALE

RACE HISPANIC ORIGIN *

YES NO

IS THIS PERSON APPLYING FOR COVERAGE OR CONTINUING EXISTING COVERAGE THROUGH WASHINGTON HEALTHPLANFINDER ? *






Add household member screen – 1st application



- Once the household members have been added you will see their details here.
- Pay attention to the **Applying for Coverage** column.
- This column should reflect who is and who is not seeking coverage on your first application being submitted.
- In this scenario, on the first application, **June** (PA/mom) is applying and the two AI/AN children are not applying.
- You will continue through application screens to report any income, deductions, and address all other additional questions.

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 June Reddy	Edit	Remove
June Reddy	F	3232	12/25/1979	Yes	N/A		
Julie Reddy	F	9999	09/01/2005	No	Yes		
Mary Reddy	F	2292	05/15/2008	No	Yes		

 Add Member

 Back  Finish Later  Next >



Application Review screen – 1st application

Review your application

Carefully review and edit your household information before submitting your application.

Notice:

We were not able to verify your information, including birth dates, to make sure everything is correct. Please verify your information.

Primary Account Holder

App

Social Sec
SOCIAL SE

Household Member's Information

Name	Sex	Social Security Number	Date of Birth	Applying for Coverage	Living With June Reddy
June Reddy	Female	XXX-XX-3232	12/25/1979	Yes	N/A
Julie Reddy	Female	XXX-XX-9999	09/01/2005	No	Yes
Mary Reddy	Female	XXX-XX-2292	05/15/2008	No	No

Tax Status

Name	2018	Primary Tax Filer	2019	Primary Tax Filer	2020	Primary Tax Filer
June Reddy	Head of household	Self	Head of household	Self	N/A	N/A
Julie Reddy	Tax dependent of someone on the application	June Reddy	Tax dependent of someone on the application	June Reddy	N/A	N/A
Mary Reddy	Tax dependent of someone on the application	June Reddy	Tax dependent of someone on the application	June Reddy	N/A	N/A

Relationship to Primary Account Holder

June Reddy	<input type="text" value="is the Parent of"/>	Mary Reddy
June Reddy	<input type="text" value="is the Parent of"/>	Julie Reddy
Julie Reddy	<input type="text" value="is the Sibling of"/>	Mary Reddy
Julie Reddy	<input type="text" value="is the Child of"/>	June Reddy
Mary Reddy	<input type="text" value="is the Child of"/>	June Reddy
Mary Reddy	<input type="text" value="is the Sibling of"/>	Julie Reddy

Edit

- The **Application Review** screen is another page to identify who is/is not applying for coverage on this application.
- Under **Household Member's Information – Applying for Coverage** column.
- Continue through to eSignature to receive June's eligibility results and select a plan.



Account Home – 2nd application

- Once you have completed the 1st application and navigated back to the **Account Home** screen – you will select **Create Another Application** in Quick Links.
- This 2nd application will be for the 2 AI/AN children who were not seeking coverage on the 1st application.

Coverage details

Account Home | Payments | My Household | Document Center | My Profile

! We need additional documents to verify your eligibility. [Upload Documents](#)

Message center
You have no notice at this time

Quick Links

- [Submit a Document](#)
- [Create Another Application](#)
- [View Current Eligibility Results](#)
- [Find a Broker](#)
- [Find a Navigator](#)
- [Report a Change](#)

Your Household Coverage Summary [PRINT](#)

Current Year- 2019
Health Coverage

Name	Plan Name	Start Date	End Date	Renewal Date	Status	Action
June Reddy	GI Ambetter Balanced Care 3 (2019)	03/01/2019	12/31/2019	N/A	Enrolled	

[Cancel Coverage](#) *To Add or Remove specific individuals from coverage, select 'Report a Change' from Quick Links.*

You can get help from a [Navigator](#) or [Broker](#)



About You – 2nd application

- Update **About You, Who are you applying for?** question to **Other Household members**.
- Continue through application to **Add your household members** screen.

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
<input type="text" value="June"/>	<input type="text" value="E.g. J"/>	<input type="text" value="Reddy"/>	<input type="text" value=""/>

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

SOCIAL SECURITY NUMBER ?	DATE OF BIRTH * ?
<input type="text" value="XXX-XX-3232"/>	<input type="text" value="12/25/1979"/>

SOCIAL SECURITY DISCLOSURE

SEX *

MALE

FEMALE

WHO ARE YOU APPLYING FOR? *

Select an Option

Myself

Myself and Others

Other Household Members

YOU ARE APPLYING FOR HELP TO PAY YOUR PREMIUMS, OUT-OF-POCKET COSTS, OR RECEIVE WASHINGTON APPLE HEALTH (MEDICAID). ?



Add your household members screen – 2nd application

- Select the **Edit pencil** to edit each additional household member who is AI/AN and needs to be “seeking coverage”.
- Continue through application to **Add your household members** screen.
- Once edited, the **Applying Coverage** column should reflect the AI/AN members seeking.
- Continue through application screens to report any income, deductions and address all other additional questions. Since you just submitted the moms application, all details will be the same for the 2nd 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 June Reddy	Edit	Remove
June Reddy	F	3232	12/25/1979	No	N/A		
Julie Reddy	F	9999	09/01/2005	No	Yes		
Mary Reddy	F	2292	05/15/2008	No	No		

Add Member

Back Finish Later Next

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 June Reddy	Edit	Remove
June Reddy	F	3232	12/25/1979	No	N/A		
Julie Reddy	F	9999	09/01/2005	Yes	Yes		
Mary Reddy	F	2292	05/15/2008	Yes	Yes		

Add Member

Back Finish Later Next



Application Review screen – 2nd application

Review your application

Carefully review and edit your household information before continuing.

Notice:

We were not able to verify your information. Review your birth dates, to make sure everything is correct. Otherwise, we will not verify your information.

Primary Account Holder

Application Type: App or W
 First Name: June
 Middle Initial:
 Last Name: Reddy
 Social Security Number: XXX-XX-XXXX
 SOCIAL SECURITY DISCLOSURE
 Date of Birth: 12/2
 Sex: Fem
 Email: man

Household Member's Information

Name	Sex	Social Security Number	Date of Birth	Applying for Coverage	Living With June Reddy
June Reddy	Female	XXX-XX-3232	12/25/1979	No	N/A
Julie Reddy	Female	XXX-XX-9999	09/01/2005	Yes	Yes
Mary Reddy	Female	XXX-XX-2292	05/15/2008	Yes	Yes

Tax Status

Name	2018	Primary Tax Filer	2019	Primary Tax Filer	2020	Primary Tax Filer
June Reddy	Head of household	Self	Head of household	Self	N/A	N/A
Julie Reddy	Tax dependent of someone on the application	June Reddy	Tax dependent of someone on the application	June Reddy	N/A	N/A
Mary Reddy	Tax dependent of someone on the application	June Reddy	Tax dependent of someone on the application	June Reddy	N/A	N/A

- The **Application Review** screen is another page to identify who is/is not applying for coverage on this application.
- Under **Household Member's Information – Applying for Coverage** column.
- Continue through to eSignature to receive Julie and Mary's eligibility results and select a plan.



Post Enrollment Actions

- Once a mixed household has been enrolled in separate applications you are required to submit a ticket to apply full tax credits to their enrollment.
- The ticket will be submitted using the **Credit Adjustment Required (Household on two apps)** macro.
- You can request the ticket by calling the call center or via the Exchange Tribal Liaison (Deb Sosa deborah.sosa@wahbexchange.org).





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Tribal Membership screen

- Customers who identify as AI/AN will be routed to a **Tribal Membership** page to identify the tribe they are a part of.
- Select **Yes/No** for the member and then **Search** will appear to search for the tribe.
- If you need to edit what is listed you can select **Search** and search again for the household member(s) tribe.

Tribal membership * REQUIRED FIELD

Please indicate Tribal Membership for the following members:

Julie Reddy

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? *

Mary Reddy

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? *

