

The Consumer-Mediated, Dynamic Eligibility and Enrollment Process



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES
Center for Consumer Information and Insurance Oversight



Health Insurance Exchange System-Wide Meeting
May 21-23, 2012



The Consumer View

Start

Baseline
Applicant
Information

Income
Information

Program-
Specific
Questions

Confirmation
and Eligibility
Determination

Proceed to
Enrollment
If
Applicable

Enrollment

Start

Sign-In or Create an Account

- **Individual**
 - Name
 - Email
 - User ID/Password
- **Assister/Navigator/Broker**
 - Name, Organization, Contact Information
 - Registration Number
 - User ID/Password

Baseline Applicant Information

- **Accept Privacy Terms**
- **Household Contact information** - name, address(s), phone number(s), language (read/spoken), e-notices and other forms of communication, applying for coverage
- **Authorized Representative** - name, organization, address, phone number, email, proxy, permissions, signature of applicant
- **Help Paying for Health Insurance**

Baseline Applicant Information

- **Household Information**
 - **If you file taxes:** list taxpayer, spouse, dependent, other relevant relatives in household
 - **If you do not file taxes:** list household members applying for coverage
- **Applicant/Non-Applicant Information** - date of birth, family relationship, SSN (voluntary for non-applicants)
- **Applicant Information** - sex, citizenship or satisfactory immigration status, race/ethnicity (optional)

Income and Other Information

- **Current/Monthly Income** – employment (wages & tips), self-employment, Social Security benefits, unemployment benefits, interest & dividends, non-SSA retirement , other income, frequency of income, scholarships/grants, Indian payments, adjustments to income
- **Annual/Projected Annual Income**
- **Resolving Income Discrepancies** - employment changes such as loss of a job, decrease in hours, changed jobs
- **Additional Information** - enrollment in other health insurance, pregnancy, blindness, disability, need for long-term care, incarceration

Program-Specific Questions

- **Exchange** - offer of affordable employer sponsored health coverage that meets minimum value, employer name, EIN, contact information, eligibility for other public coverage, AI/AN, SSNs of taxpayer if not provided, questions related to Special Enrollment Periods
- **Medicaid** - medical expenses, pregnancy, absent parent/spouse, AI/AN, insurance status of non-applicant children
- **CHIP – coverage that recently ended**, child of public employee, AI/AN

Confirmation and Determination of Eligibility

- **Application Summary** - correct, make edits if needed
- **Rights, Responsibilities and Signatures** - APTC attestations, permission to use tax data at renewal, understand rights & responsibilities, signature(s)
- **Eligibility Determinations and Notice(s)**

Proceed to
Enrollment
If
Applicable

- **Proceed to Plan Selection and Enrollment**
 - If eligible for enrollment in a QHP or online plan selection is available for Medicaid and CHIP

Enrollment

- **Select Qualified Health Plan(s)**
- **Identify Responsible Party** (person responsible for paying the premium)
- **Select Amount of APTC** (portion of the eligible APTC amount person chooses to apply toward the premium)