Payment and Activation Process

1. Individual completes application

2. HPF determines eligibility: WAH → APTC → QHP

3. Individual completes plan selection

4. HPF sends enrollment information to insurance company

5. Insurance company processes enrollment

6. Insurance company invoices and collects binding payment

7. Insurance company sends HPF payment response to activate or cancel enrollment

8. HPF updates enrollment status in Healthplanfinder
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”

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

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 insurance company’s discretion.
  ▪ 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

<table>
<thead>
<tr>
<th>Aging out Scenario</th>
<th>Actions</th>
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| 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.
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
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.
19-Year-Old WAH Age-Out

5. A 100% match will allow you to proceed

Confirm your identity

These questions help verify your identity. If you can’t answer these questions, you will still be able to complete your application but you will need to contact us to confirm your identity.
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
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

Sarah Jones

- Washington Apple Health Adult
- Sarah Jones has been enrolled in Washington Apple Health Adult Coverage. Why this result?
- Coverage Start Date: 01/01/2019
- Coverage End Date: 12/31/2019
- Renewal Information: 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 file 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?