Conditional Eligibility Verification

July 2019
Topics

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- Conditional Eligibility Categories (QHPs only)
- How to upload documentation
- Navigator/Assister tips
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Conditional Eligibility

What?

▪ Federal regulations require all state-based exchanges and the federal marketplace to verify eligibility for all customers

▪ “Conditional Eligibility” is a status a Qualified health plan/Qualified dental plan customer may receive if they have submitted an application and the federal hub was unable to verify a part of their application

▪ Conditional means a customer can still get enrolled, but has a deadline (or designated time frame) to provide documentation that resolves the inconsistencies that don’t match with the Federal Hub

Why?

▪ The conditional status could be with customer income, incarceration status, social security number, citizenship/lawful presence, or other insurance eligibility (Medicare/VA/Tricare/etc.)

▪ Conditional eligibility can happen to any individual customer who is enrolling through Washington Healthplanfinder, applying for a Qualified health/dental plan, or simply making a change to an existing Qualified health/dental plan application
Conditional Eligibility

When?

▪ Customers must upload verification documents within 95 days of being found “conditionally eligible”

▪ Customers receive 2 Washington Healthplanfinder correspondences:
  ▪ Eligibility Decision or Updated Eligibility Decision
  ▪ Important Deadline to Submit Information – this correspondence tells the customer everything they need to know related to their Conditional Eligibility status

▪ Customers account will display a warning message on their Account Home which directs them to the Document Center to view what additional documentation is requested and for who
Conditional Eligibility

How?

▪ Customers can upload verification documents several ways (preferred method)
  ▪ Upload a 5MB or smaller file to their Document Center from their Washington Healthplanfinder account
  ▪ Upload a document via WAPlanfinder to their Document Center
  ▪ Submit document via fax (360) 841-7620
  ▪ Submit document via US Mail –
    Washington Healthplanfinder
    PO Box 946
    Olympia WA 98501
  ▪ If customers submit documents via fax or US Mail include customer name and application ID# on the document
  ▪ Do not mail original copies – they will not be returned to customers
  ▪ If the deadline is less than 2 weeks away do not mail documents (this can cause a delay). Using an online method will guarantee the documents arrive on time: https://www.wahbexchange.org/new-customers/application-quick-tips/how-to-submit-documents/
Conditional Eligibility Categories

- Proof of Income or Deductions
- Proof of Lawful Presence
- Proof of Citizenship
- Proof of No Other Coverage
- Proof of Non-Incarceration
- Proof of Social Security Number
- Proof of Tribal Membership

Conditional Eligibility – Income or Deductions

What proves Income/Deductions?

Customers will need to provide proof of income for each household member on their application.

Some example documents that prove income include:

- Payroll statements for the last 60 days
- The first 2 pages of most recent tax return
- Self-employment Profit and Loss document for the past 3 months
- Receipts showing recent payment of reported deductions
Conditional Eligibility – Lawful Presence & Citizenship

What proves US Citizenship?:

Some example documents that prove your citizenship include:

▪ U.S. Passport or U.S. Passport card
▪ Enhanced Driver’s license or Enhanced State ID (must say “enhanced”)
▪ Certificate of Naturalization
▪ Official U.S. county birth certificate

What proves Lawful Presence?:

Some example documents that prove lawful presence include:

▪ Permanent Resident Card (Form I-551)
▪ Refugee Travel Document (Form I-571)
▪ Valid foreign passport with I-94 stamp of admission
▪ Visa with I-94 stamp of admission
Conditional Eligibility – Proof of No Other Coverage

Some example documents that prove you don’t have other coverage include:

▪ Copy of insurance policy showing enrollment end date
▪ Termination letter from insurance company
▪ Declaration of Ineligibility for Other Health Insurance Coverage form (below)

▪ Customers can also use a form to attest that they or their household member(s) are not eligible for other coverage.
  ▪ This form is available in 9 languages and can be found at https://www.wahbexchange.org/new-customers/application-quick-tips/how-to-submit-documents/
Conditional Eligibility – Proof of Non-Incarceration

- Customers can use a form to attest that they or their household member(s) are not incarcerated in a city, county, state, or federal jail or prison.
  - The form is available in 9 languages and can be found [https://www.wahbexchange.org/new-customers/application-quick-tips/how-to-submit-documents/](https://www.wahbexchange.org/new-customers/application-quick-tips/how-to-submit-documents/)
Conditional Eligibility – Proof of Social Security Number

Some example documents that prove your Social Security number include:

- Social Security card
- IRS, military, or payroll documents showing complete SSN
- Proof of a pending Social Security Application
Conditional Eligibility – Proof of Tribal Membership

Some example documents that prove your tribal membership include:

- Any official document issued by a federally recognized tribe that shows that you’re a member of that tribe, such as:
  - Tribal Membership or Enrollment Card
  - Certificate of Indian Blood (must state that you’re a member or enrolled in the tribe)
## Medicare & Washington Healthplanfinder

<table>
<thead>
<tr>
<th>If you are:</th>
<th>Can you keep your <em>Washington Healthplanfinder</em> Qualified health plan after enrolling in Medicare?</th>
<th>Are you eligible to continue receiving tax credits and reduced cost-sharing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently enrolled in a Qualified health plan and become entitled to free Part A</td>
<td>Yes</td>
<td>No. Any tax credits the individual is receiving in the Qualified health plan will be discontinued once Part A coverage begins</td>
</tr>
<tr>
<td>Currently enrolled in a Qualified health plan and become eligible to buy Premium Part A and Part B</td>
<td>Yes</td>
<td>Yes, if you enroll in Part B only. Part B doesn’t qualify as Minimum Essential Coverage. No, if you enroll in Premium Part A</td>
</tr>
</tbody>
</table>

- The Exchange cannot sell a Qualified health plan to someone already enrolled in Medicare. It is illegal to knowingly sell or issue a Qualified health plan to a Medicare beneficiary.

Customer should be referred to SHIBA Resources who are trained state volunteers with expertise in Medicare and advising customers on the law and actions to take - [https://www.insurance.wa.gov/about-oic/what-we-do/advocate-for-consumers/shiba/](https://www.insurance.wa.gov/about-oic/what-we-do/advocate-for-consumers/shiba/)
Conditional Eligibility – Application Review Page

- If a customer has information that doesn’t match the Federal Hub, it will appear on the Application Review Page.

- This page displays prior to eSigning customers application.

- Anything that has mismatched will display in **Red**.

- Use this as an opportunity to **verify** all application information entered is accurate to the best of the customers knowledge.

- If a mistake was made or information was miss-typed, **Edit** the incorrect information, **before** clicking **Next** to eSign and submit customers application.
Conditional Eligibility – Eligibility Status Page

- On the **Eligibility Status** page customers will see their **Conditional** eligibility status for **Qualified health plan & Qualified dental plan**

- There will be a **Yellow** box that calls out that **additional documents required**

- Click **Next** to complete plan selection and enrollment

- Customers are required to upload documentation within **95 days**
Conditional Eligibility – Account Home

- On the customers **Account Home** a warning and yellow box with messaging that **additional documents are needed to verify their eligibility**

- Click **Upload Documents** to upload documents or click on **Document Center** tab

- Customers are required to upload documentation within **95 days**
A tab displays for each household member in the Document Center.

- **Documents Needed** with warning symbol will display for household members who need to upload additional documentation.

- Click **Upload Documents** to view **Documents Needed** page.

- Self-Attestation forms may be available for certain conditional categories.
Submitting Documents

- Upload documents to their *Washington Healthplanfinder* account:
  - Sign in to your account
  - Click the tab **Document Center**
  - The documents you need to submit will be under the “Documents Needed” section
  - Click **Upload Documents** button

- Upload via **WAPlanfinder**, available on the Google Play or App Store

- Fax or mail a *copy* of their documents *(we can’t return original copies to you)*
  - **Fax:** 360-841-7620
  - **Mail:**
    - *Washington Healthplanfinder*
    - P.O. Box 946, Olympia, WA 98507

**IMPORTANT!** Customers should not mail documents if their deadline is less than 2 weeks away
Navigator Responsibility

- If a customer, broker, navigator or account worker is submitting an application and sees the red messaging on their Application Review page then **additional documentation is required**

- Review the application page for typos or any wrong information displayed click **Edit** to view that page and update information
  - If still red on the **Application Review**, submit the documentation requested

- Customers are notified in the following places of their Conditional Eligibility:
  - **Application Review** page (Red Messaging)
  - On the **Eligibility Status** page
  - **Eligibility Decision** or **Updated Eligibility Decision** letter
  - **Important Deadline to Submit Information** letter
## Navigator Responsibility

<table>
<thead>
<tr>
<th>Customer past 95 day window – no documents uploaded</th>
<th>Customer within 95 day window – no documents uploaded</th>
<th>Customer within 95 day window – documents uploaded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain Conditional Eligibility to the customer</td>
<td>1) Explain Conditional Eligibility to the customer</td>
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</tr>
<tr>
<td>Explain the timeline and deadline for conditional documentation</td>
<td>2) Tell them their deadline and to upload documentation</td>
<td>2) Tell them their deadline and view documentation already uploaded</td>
</tr>
<tr>
<td></td>
<td>3) Answer questions they may have to the best of your knowledge; OR</td>
<td>3) Answer questions they may have to the best of your knowledge; OR</td>
</tr>
<tr>
<td></td>
<td>4) Refer them to “How to Submit Documents” page on corporate site</td>
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</tr>
<tr>
<td></td>
<td>5) Advise customer that documents need to be uploaded for review within 95 day deadline</td>
<td>5) Advise customer that documents will be reviewed without any additional contact to Customer Support needed.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6) Review may or may not happen before the 95-day deadline, but a delay in reviewing their documents does not impact their current enrollment</td>
</tr>
<tr>
<td>If customer insists on escalating, once documentation is uploaded, submit a ticket</td>
<td>If customer insists on escalating, submit a ticket, otherwise only submit tickets after they’ve missed their 95-day deadline</td>
<td>If customer has uploaded documentation, submit a ticket</td>
</tr>
</tbody>
</table>

Navigators contact your Lead Organization to submit a ticket. CACs contact the Customer Support Center to submit a ticket: 1-855-923-4633
What if a customer uploads documentation after the 95 day verification period?

- Federal regulations allow the Exchange to review documents after the customers verification period

- If a customer uploads documentation after the verification period has ended a Zendesk ticket can be submitted by an Enhanced User to L2 Documentation Review
  - If the document uploaded resolves the inconsistency that made them conditional, the customer is now eligible for a Special Enrollment Period and may choose a new plan. The customers deductibles and cost-sharing start over since they select a new plan. The customer is not eligible for retro-active enrollment of the same plan
  - Customers will be notified of their updated eligibility for a Special Enrollment Period by USPS or email (depending on their notification preference in Washington Healthplanfinder)
  - Customers must select their plan within 60 days of the date the inconsistency is resolved
Who reviews customer’s conditional eligibility?

- Exchange staff completes conditional eligibility verification (they are referred to as “Conditional Eligibility Verification team” or “CEV Team”)

- CEV Team is responsible for
  - Reviewing uploaded documents; and
  - Contacting customers whose documents are insufficient to resolve the inconsistency; and
  - Resolving the inconsistency or failing the customer’s eligibility

- CEV Team sometimes contacts customers via Important Deadline to Submit Information (EE001) & General Notice (EE13) letter (with free form text this letter will show on customer Message Center), email to customer and by calling the customer
  - If the CEV outreaches to the customer via email or direct call, the customer is instructed to connect directly with that CEV worker
Failing CEV

- The Exchange has a batch process that runs “on demand”. The batch is used outside Open Enrollment
  - The batch fails eligibility for applications that meet all the below conditions:
    - Person isn’t enrolled in a Qualified health or Qualified dental plan
    - Application isn’t in a special enrollment period
    - Customer has no open and unresolved Zendesk tickets
    - Application has had no new activity on the account for at least 2 weeks

- Customers who are enrolled are **never** failed through a batch process

- Enrolled customers are contacted prior to the CEV team failing eligibility (*this is subject to change*)

- When a customers eligibility is failed for one of the following, the failure will result in the termination of their enrollment:
  - Incarceration
  - Citizenship
  - Lawful Presence
  - Medicare
  - SSN
Customer Tips about Conditional Eligibility

▪ Customer who missed the verification deadline to upload documents may lose their coverage, and/or lose tax credit or see a change in their tax credit – resulting in a higher or lower monthly premium amount.

▪ Customers should upload documents as soon as they receive conditional eligibility results. The sooner the better!

▪ Customers can and should select a health plan and enroll in coverage even if they are in “conditional” status.

▪ Customers have 95 days from the date on the eligibility notice to resolve the eligibility status on their account.

▪ When a customer is conditional for SSN, they are usually conditional for multiple other CEV categories – they should upload all documentation that is being requested of them and their household members (check for typos!)
Navigator User Tips

You can help your customer avoid loss of coverage or termination by:

▪ Entering information into *Washington Healthplanfinder carefully*, avoid typos and be sure your customer understands they are answering all questions **under the penalty of perjury**
  ▪ Input customer name as it appears on their document *(for example Certificate of Naturalization or Lawful Permanent Resident Card)*
  ▪ Be sure customer inputs their legal name and not what they choose to go by *(for example customer is married, but legal documents are still in their maiden name)*

▪ Notifying your customers immediately when they are conditional

▪ Explaining to your customer what “conditional eligibility” means

▪ Explaining to customers that they can and should choose a plan

▪ Telling the customer what their **deadline** is and how best to send documents *(online methods are the fastest!)*
  ▪ *WAPlanfinder* allows customers to upload documentation from their phone to their *Washington Healthplanfinder* account!

▪ Faxing or mailing documents delays the upload into their account by 1-3 weeks

▪ Explain that failure to provide documentation **could result in the loss of their coverage or tax credits**
Customer Appeals

- Customers have the right to appeal if they think their eligibility decision is wrong. An appeal is a hearing before a Presiding Officer where customers can present case for their eligibility determination.

Eligibility decisions customers can appeal include:

- The amount of their tax credit
- The amount of their cost-sharing reduction
- Employers, can appeal whether the insurance they provide their employees meets the coverage requirements and whether that insurance coverage is affordable for their employees
- Failure to provide timely notice of an eligibility decision
- Being found not eligible to enroll in a Qualified health plan

Customer Appeals website - https://www.wahbexchange.org/new-customers/appeals/
powered by the Washington Health Benefit Exchange