

Paper Application Data Entry

Process & Procedure Guide

Document Controls

Document Purpose

Paper applications are received via electronic work items, in Portable Document Format (PDF). This document provides guidance on the key components of effectively processing paper applications through the shared HIX/Tier-1 system. The following includes what actions are required by data entry staff, such as data entering consumer application information for eligibility determination and documenting actions on the consumer’s account.

Intended Audience

The expected audience for this document includes:

1. DSS Management
2. DSS Cadres
3. Process trainers
4. Process staff as required
5. Access Health CT Staff

Version Control

Version	Date	Author(s)	Change
1.0	01/31/2017	DSS	Initial Version
1.1	11/17/2017	Jose Martinez	Updated relationship enhancements, current income clarification, generating missing information (not sending a form), and DCF escalation instructions.
1.2	09/18/2018	Jose Martinez	Added Accounts Already Processed section to page 10 Added Spouse as an acceptable signature on page 22 Added Adult Child Scenarios on page 23 Added Removing a Primary Applicant section on page 24 Added language for future HIX release regarding checkbox on page 27

			Added updated MIN spreadsheet to Appendix C, including Spanish text.
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Process Overview

High Level Description

Per the ACA, the exchange must provide one comprehensive application that will screen consumers for all available health insurance coverage and financial assistance options. The Single Streamlined Application (SSA) was created, as it determines consumer's eligibility for Medicaid and Children's Health Insurance Plan (CHIP) programs. If consumers are ineligible for Medicaid/CHIP, the application screens them for financial assistance towards the purchase of a Qualified Health Plan (QHP), in the form of Cost Sharing Reductions (CSR) and/or Advanced Premium Tax Credits (APTC).

The ACA states that applying for health insurance should be as accessible as possible. Connecticut residents may apply for health care coverage by filling out and submitting the application through any of the following mediums:

- Mail – Paper applications available at Department of Social Services (DSS) offices throughout the state may be mailed to ACHT (PO BOX 670, Manchester, CT 06045-0670). The applications are then scanned and converted to PDF work items. The data is entered into the shared HIX/Tier-1 system by Application Processors in order to determine eligibility. Depending on the program eligibility, Application Processors or the consumer will follow the steps necessary to enroll in a health care plan. (Refer to [Enrollment](#) section)
- Online – Consumers may create an account in the AHCT consumer portal (AccessHealthCT.com), apply, and submit their application for eligibility determination. Options for health care plans are displayed and the consumer may select and enroll in a plan immediately.
- Phone – Consumers may call the AHCT call center (855-805-4325) and speak with a Customer Service Representative (CSR) that will enter their information into the shared HIX/Tier-1 system and submit their application for eligibility determination. Options for healthcare plans are provided by the CSR and the consumer may select and enroll in a plan immediately.

This guide only applies to paper application submitted by consumers (mail or walk-in) and then scanned into the HIX/Tier-1 system.

Guiding Principles & Goals

Applications mailed in by consumers will be entered into the shared HIX/Tier-1 system by an Application Processor. Their goal is to locate the consumer's application history, if one already exists, or create a new application in order to enter all of the household's data and yield an eligibility determination. Enrollment and case comments, or notes, are required to finalize the process.

If critical information required for eligibility determination is missing or is unclear, Application Processors will perform an outbound call in order to clarify information with the consumer. If the consumer is not reached, Application Processors will construct and send a Missing Information Notice (MIN), which will inform the consumer of the critical missing application data. Case comments on the consumer's HIX account are also required.

Single Streamlined Application (SSA) Types

There are three versions of the AHCT SSA, though Form AH3 accounts for almost all of the work items received today.

1. [Form AH1](#) – Application for anyone that wants to purchase a QHP and does not want to be screened for Medicaid/CHIP programs or receive subsidies in the form of APTC/CSR for QHPs.
2. [Form AH2](#) – Application for a single adult that wants to be screened for Medicaid/CHIP programs or receive subsidies in the form of APTC/CSR for the purchase of a QHP. The applicant must file a tax return in which no one is claimed as a dependent. Also, the applicant must not be claimed as a dependent by someone else.
3. [Form AH3](#) - Application for a family (up to four, but extra pages may be attached for additional applicants) that wants to be screened for Medicaid/CHIP programs and/or receive subsidies in the form of APTC/CSR for the purchase of a QHP.

The Work Item

There are three different work items associated with Single Streamlined Applications:

- 1) Paper Applications
- 2) Paper Renewals

3) Missing Information Notices

The majority of processing for these three work items will follow the same procedures as laid out by this document. There are minor differences that will be explained within each work item's associated P&P guide.

Application Processors working in the paper applications queue will receive Single Streamlined Applications (SSAs) via work items sent to their shared HIX/Tier-1 system inbox. Each application is identified by an assigned document ID, and stamped with a document received date, located under the document details section of its work item. The Application Processor will perform an application search in the shared HIX/Tier-1 system to determine if a new application needs to be created. The consumer's information is then entered in the system according to the directives outlined in this guide.

After an Application Processor has entered all of the consumers' application data in the shared HIX/Tier-1 system, or has reached a point where he/she needs further assistance, a work item action must be selected in order to close the item window. The paper application work item actions include:

- **Send To DSS** – This action is not used in the paper application queue.
- **On Hold** – This action will close the work item, but keep it in the Application Processor's inbox for further review. Items are to be placed on hold when Application Processors are pending directives from leadership/training staff, but is still expected for the processor to complete upon receiving directives.
- **Escalate** – This action will close the work item, remove it from the Application Processor's inbox and send it to the desired party. When the action is selected, a dropdown menu will populate with leadership/training staff names. Application Processors are only to escalate items to staff when specific directives apply and the party that receives the escalation is expected to complete the work item.
- **Complete** – This action will close the work item and remove it from the Application Processor's inbox. Application Processors are to select this action when the application was successfully submitted and yielded an eligibility determination.
- **Missing Info** – This action will close the work item and remove it from the Application Processor's inbox, as well as kick off the Missing Information process.

Application Processors are to select this action when critical missing information prevented application submission.

An application work item may also include manual verification documents that were scanned in as part of the intake process. Application Processors are to enter all information provided on the paper application in the shared HIX/Tier-1 system before using data from verification documents. In the interest of determining eligibility, if critical missing application information is retrievable via the attached verification documents, it should be entered into the shared HIX/Tier-1 system. After application submission, verification documents that happened to be attached to the Paper Application should be used to manage any outstanding Verification Checklist (VCL) items, according to directives in the *Tier 1 Manual Verifications: Process and Procedure Guide*.

Process Details

Once the paper application work item is opened, the Application Processor begins with a thorough search in the shared HIX/Tier-1 system via the Application Search tab. Processors will attempt to locate the consumer(s) in an existing application if present, using demographic data from the paper application. A thorough search must be performed for each consumer on the application by using their Social Security Number (SSN) or first name, last name, and date of birth.

- If the consumer(s) are found in the shared HIX/Tier-1 system, the Application Processor will navigate to the most recent application from the search results, which will have the highest Application ID number (App ID), and assess whether the account needs to be updated.
- If the consumer(s) are not found in the shared HIX/Tier-1 system, the Application Processor will navigate to the system home screen and click Create New Application.

Clicking the Create New Application link will create an Initial Application Type, with a unique App ID. If a consumer sends in a second application, the Initial Application may need to be updated. This is to ensure that there is only one application string for each unique person. Application Processors will click the Report a Change Quick Link from the Initial Application's homepage to make the necessary changes; this action generates a new App ID. Each subsequent change report action will create additional Change Reporting Application Types.

The action will generate higher App IDs under the same application string, stemming from the Initial application.

The shared HIX/Tier-1 system will not allow an application to be submitted for a consumer that is already applying on an existing application. A Multiple Initial Application (MIA) hard stop error message will display the App ID(s) that currently have the consumer(s) applying for coverage. The thorough application search described above is critical, as it allows the Application Processor to locate the consumer in the shared HIX/Tier-1 system and avoid unnecessarily creating a new Initial application. The MIA hard stop has not always been a feature of the shared HIX/Tier-1 system. As such, there are consumers who have more than one MIA string. For directives on how to resolve MIAs when processing paper applications, refer to the [Multiple Initial Application](#) section.

“Commissioner of DCF” Cases

For applications that identify a household member as the Commission of DCF (a name of “CMR DCF” or similar), whether that is on a paper application/renewal or in the HIX/Tier-1 system, Application Processors should alert their supervisor in order to escalate the work item. The work item can be marked as complete and the details sent to DSS Policy to be worked. A Case Comment, or note, is required on the account, indicating that the application was “sent to DCF Policy Team for review.”

Accounts Already Processed

Application Processors may assess the signature date on the application in order to determine if more recent action has been taken on the account. If the household’s coverage has been renewed, and the last shared HIX/Tier-1 system action occurred after the signature date (or work item Document Received date, if signature date is missing), Application Processors are not required to update the shared HIX/Tier-1 system with the application data. The work item should be completed and the Case Comment on the account should state, “Consumer already renewed, with data more recent than application received; no action taken.”

Paper Application Data Entry Premise

It's important to understand that the paper application and the shared HIX/Tier-1 system application formats do not fully correspond to one another. Some fields that are required for determining eligibility on the shared HIX/Tier-1 system will not appear anywhere on the paper application. However, data defaults have been developed in order to allow Application Processor to proceed and submit application. The data defaults reduce the need to request further information from the consumer, through Missing Information Notices (MINs), when the data does not play a role in the eligibility determination process. Each approved data default is described in its corresponding application section below.

Shared HIX/Tier-1 System Single Streamlined Application (SSA)

The shared HIX/Tier-1 system divides the SSA into nine sections:

- Applicant and Family
- Household Relationships
- Contact Information
- Person Information
- Income Information
- Detailed Person Information
- Family Health Coverage
- Confirm Application
- View All

Each section of the application contains one or more pages that collect pertinent consumer data. Application Processors are to update each application section, in sequential order, with the paper application data. A notepad, Word document, etc... should be used by Application Processors to keep track of any missing information items, along with any "placeholder" defaults keyed during the data entry process. An organized list will yield a more efficient outbound call with the consumer and serve as the starting point for the processor's Case Comments. Page information, data entry procedures for Application Processors, and data defaults for applications in the shared HIX/Tier-1 system are presented by section.

*NOTE: The information below is based on the more commonly received AH3 version of the AHCT paper application. When applicable, the AH1 and AH2 distinctions will be noted.

Applicant and Family

1. Application Information – When Application Processors Create a New Application or Report a Change on an existing application, the Application Information page is the first screen displayed and it requires the following data:

- a. Application Filing Date: Use work item document received date
 - b. Document ID: Use document number from work item
 - c. Channel: Select **Paper**
 - d. Applying for Subsidy:
 - Select **Yes** for AH2 and AH3 applications
 - Select **No** for AH1 applications
 - e. Click **Save**
2. Household Members – Application Processors will click **Add/Edit** from this page in order to access the Cross System Individual search screen, which allows for a consumer search in the Enterprise Master Person Index (EMPI). A search must be performed for each consumer by using first name, last name, date of birth, SSN, and gender.
- a. If a matching record is found for the consumer, the Application Processor will select the **Assign Applicant** action, which adds the consumer to the household table at the bottom of the screen.
 - b. If a matching record is not found for the consumer, the Application Processor will select the **Create New Record** action. This will allow the Application Processor to edit the consumer’s information before adding him/her to the household table at the bottom of the screen.

After a search has been conducted for each individual on the paper application and they have been added to the household table, Application Processors will click **Next** at the bottom of the screen to return to the Household Members page. The demographic data entered during the search process will carry over, but the following additional fields are required:

- a. Primary Applicant – This is Person 1 on the paper application. He/she will be designated as such by selecting the radio button under the **Primary Applicant** column.
- b. Middle Name – The Cross System Individual search screen only allows Application Processors to enter a middle initial. Once back in the Household Members section, the full middle name should be added, if applicable.
- c. Needs Coverage – This **Yes/No** response corresponds to the following paper application question for each consumer: *“Do you need healthcare coverage?”*
 - In order to be able to save the Household Members page, at least one consumer has to have a **Yes** response.

- If the question is not answered, but the other sections dependent upon this question are filled out, default to **Yes**. Otherwise, default to **No**.
- d. Resides with Primary – This **Yes/No** question will auto populate to **Yes** for the Primary Applicant. For the rest of the household, this response corresponds to the following paper application question for each consumer: *“Does Person X live at the same address as you?”*
 - Select **Yes** if the box is checked
 - If the **No** box is checked, an address field on the paper application is available for the consumer to indicate their residing address, so it may be entered in the Residency page of the shared HIX/Tier-1 system.
- e. Social Security Number – If the consumer does not provide a Social Security Number, see step (g) below. If no SSN can be found for someone applying for coverage, a Missing Information Notice needs to be sent out. Application Processors will select the **Applicant is Applying for an SSN** dropdown menu option for people not applying for health coverage..
- f. Date of Birth – If the date of birth is not provided by an applicant, see step (g) below. Application Processors will need to clarify with consumer prior to submitting application. In order to save the Household Members page, each applicant must have the date of birth field populated. While pending for clarification, the default date of birth **01/01/1900** should be entered as a “placeholder” default.
- g. For consumers who do not provide a Social Security Number (SSN) and/or date of birth (DOB) on the paper application, Application Processors should:
 - Perform an outbound call and request the SSN /DOB (s) for all applicant/recipients for whom details are not provided
 - If unavailable refer back to step (e) or (f) above.

Once all of the details above have been updated for all applicants, click **Save**. This action will take the Application Processor back to the application homepage, as the shared HIX/Tier-1 system generates an App ID and Person ID for the account and primary applicant, respectively. At this point, the Application Processor should navigate to the work item and update it with the App ID:

1. Under Work Item Details section of work item, click **Edit**.

2. Copy the App ID from the consumer’s homepage in the shared HIX/Tier-1 system and paste it to the Application ID field of the work item.
3. Click **Save**.

Household Relationships

1. Relationships –

- a. Relationships – Application Processors will click **Add/Edit** in order to assign the appropriate relationships for each consumer on the account. The paper application provides each consumer’s relationship to the primary applicant. Sibling relationships may be assumed if they share the same surname and both children are listed as “child of the primary” on the application. If not provided or unsure, Application Processors will need to clarify relationships with the consumer. These additional restrictions apply:
 - The **Legal Domestic Partner** relationship should only be used for confirmed out-of-state legally recognized relationships. All other unmarried couples should reflect the **Boyfriend/Girlfriend or (unmarried) Partner** relationship (. For individuals in a same sex relationship it is a better “fit” to use unmarried Partner).
 - Foster parents should reflect the **Not a Relative** relationship for each **Foster Child**.
 - If the primary applicant is a related adult, and there are no parents in the household, the primary applicant can be assumed to be the **Caretaker Relative**.
 - For situations not covered above, the Application Processor should reach out to the consumer. If the consumer is reached, the Application Processor should confirm any assumptions made. If the consumer cannot be reached the default should be **Not a Relative**.
- b. Marital Status – Application Processors will select **Yes/No** from the dropdown menu under the Married column:
 - Since the paper application does not ask this question outright, Application Processors may infer response from the tax filing section. If not provided, this question may be defaulted to **No** for all consumers.
 - Children under sixteen years old will have this field auto-populated to **No**.

- c. Marital Details – This section is not required for eligibility determination.
 - Children under sixteen years old will have this field auto-populated to **Never Married**.
2. Caretaker Relatives – This section is only applicable when the **Caretaker Relative** relationship is previously selected. Otherwise, the section displays the message “*There are no household members on this application for whom this screen is applicable.*”
3. Foster Care Information - This section is only applicable when the **Foster Child** relationship is previously selected. Otherwise, the section displays the message “*There are no household members on this application for whom this screen is applicable.*”

Contact Information

1. Primary Applicant Home Address – Application Processors will enter the home and mailing address exactly as the consumer wrote it on the paper application. The only exception is for cities, as abbreviations by the consumer should be corrected by the Application Processor. Additional directives for this page:
 - Unless otherwise indicated, the first phone number provided by the consumer should be denoted as **Home**, while the second number should be denoted as **Other**.
 - If an email address is provided, add it to the application. The box for “*I want to receive Paperless Notifications*” should be checked in the shared HIX/Tier-1 system when the consumer requests paperless communication. NOTE: SSA Processors will be unable to save this setting for consumers without an active user account.
 - For Spanish applications, the Preferred Language should be denoted as **Spanish**, unless otherwise indicated.
 - For homeless consumers who do not provide an address, Application Processors should select the closest Regional DSS office to the city/zip code provided. If there is no indication as to which location is preferable for the consumer, default to the **main DSS office in Hartford, CT**:
 - 925 Housatonic Avenue, Bridgeport, CT 06606
 - 342 Main Street, Danbury, CT 06810
 - **55 Farmington, Hartford, CT 06105**
 - 699 East Middle Turnpike, Manchester, CT 06040
 - 2081 S Main St. B, Middletown, CT 06457
 - 30 Christian Lane, New Britain, CT 06051

- 50 Humphrey Street, New Haven CT, 06513
 - 401 West Thames Street, Unit 102, Norwich, CT 06360
 - 1642 Bedford Street, Stamford, CT 06905
 - 62 Commercial Boulevard, Suite 1, Torrington, CT 06790
 - 249 Thomaston Ave., Waterbury, CT 06702
 - 676 Main Street, Willimantic, CT 06226
- For consumers who do not indicate a mailing or primary address on the application, Application Processors should first attempt to confirm if another outbound call is being made. Otherwise, they should:
 1. Call non-applicants that don't provide an address may have their address defaulted to the primary applicant's Town and Zip Code with the Street Address being "Not living with".
 - 2.

After all of the consumer's information has been updated, Application Processors will click **Save**. Prior to returning to the account homepage, the shared HIX/Tier-1 system may prompt Application Processors with a Suggested Address field, presenting an altered address format. This format suggestion should always be disregarded.

2. Residency - This section is only applicable when a consumer previously denoted he/she does not reside with the primary applicant. The residing address provided on the paper application should be entered for the prompted consumer. Otherwise, the section displays the message *"There are no household members on this application for whom this screen is applicable."*
3. Living Arrangement – This section will auto-populate for each consumer to the **At Home** arrangement. Application Processors will need to update this section under the following scenarios:
 - If a consumer is not residing with the primary applicant, select **Not in Home**.
 - The signature page of the paper application asks the consumer to indicate if any household member is incarcerated. Application Processors should select the **Correctional Facility** arrangement if the consumer attests as such.

Person Information

1. Tax Status – This section asks for the consumer's tax filing status for the last three years. The paper application only asks for the coverage seeking year's tax filing status. If the consumer provides the tax filing status on the application, Application Processors

can default the other years to the same status. For instance, if a consumer declares **Single filing taxes** for 2016, the same status may be populated for 2014 and 2015.

Additional directives for tax filing status:

- As long as every consumer's tax filing status is provided somewhere on the paper application, without contradictions, Application Processors do not have to clarify blank sections; this is common with children.
 - AH1 Applications – Tax filing status is not a required field and may remain blank for all applicants.
 - AH2 Applications – Application Processor should select **Single filing taxes**.
 - AH3 Applications –
 - i. If a consumer is filing jointly with a spouse, the primary applicant will be denoted as the primary filer. If the married couple has any dependents, the primary applicant is also the claimant of the children.
 - ii. If the consumer is not filing jointly with a spouse and is not claiming any dependents, Application Processor should select **Single filing taxes**.
 - iii. If the consumer is not filing jointly with a spouse and is claiming a dependent, Application Processor should select **Head of Household**.
 - iv. If the previous shared HIX/Tier-1 system application was submitted via the Online channel and no tax filing information is available, Application Processors may default each consumer to **Neither Filed or Claimed as a Dependent**.
 - v. Any other scenarios may need to be clarified by the consumer.
- a. Add Yearly Income – The tax filing status page will not save until a yearly income figure is provided. Application Processors will click on Add Yearly Income and enter the annual income amount for all adults prompted by the shared HIX/Tier-1 system. Dependent's income will be prompted by the system if they are also tax filers. Consumers have the option of entering a yearly income figure on the paper application, if their income varies. Otherwise, Application Processors will calculate yearly income from the current income section of the paper application. Once entered, click **Save** to navigate back to the Tax Status section. Click **Save** again to return to the account homepage.
2. Pregnancy – This section is only applicable when a consumer indicates she is pregnant. Unless otherwise indicated, the number of babies can be defaulted to one. If

unanswered on the paper application, Application Processors may assume consumer is not pregnant.

3. Disability Status – This section is required for eligibility determination. It allows consumers to indicate if they have a physical disability or mental health condition. If question is unanswered, Application Processors may default the consumer to **No**.
4. Citizen and Immigration Status – This section will allow consumers to indicate their current status in the U.S. This is a required field for all applicants. Non-applicants may leave this attestation blank. Any missing information for applying consumers must be clarified prior to application submission. The dropdown menu includes:
 - U.S. Citizen – No further information is required when the consumer indicates on the paper application that he/she is a **U.S. citizen**.
 - Naturalized Citizen – Application Processors will be prompted with a dropdown menu, asking to provide document type and corresponding information for the consumer’s provided status; this information is asked of the consumer on the paper application.
 - Eligible Immigration Status – Application Processors will be prompted with a dropdown menu, asking to provide document type and corresponding information for the consumer’s declared status; this information is asked of the consumer on the paper application.
 - Unknown – This status may be selected for all non-applying consumers. For applying consumers who require clarification, this status may be selected as a “placeholder” default, in order to save page and proceed with the application.
5. Ethnicity and Race – This section of the application is not required for eligibility determination. However, if the consumer provides a response, it must be entered in the shared HIX/Tier-1 system by the Application Processor.
 - If the **American Indian** or **Alaska Native** Race is selected, the Tribal Status section of the paper application must be answered. (Refer to [Tribal Status](#) section)

Monthly Income and Deduction Information

1. Current Income and Deduction(s) – In this section, Application Processors will enter the income amount provided by each consumer based on their attested values and frequency. This is a required section for all applying adult consumers and consumers with applying dependents.

- If no income is provided, assume income is 0.
 - If an income range is provided, the average will be entered in HIX.
 - Unemployment Income – Application Processors may need to make an outbound call to clarify end dates of Unemployment compensation benefits if not provided. If Former Employer is unavailable, Application Processors may default the Former Employer field to **State of CT** and Benefit Year End to [Application Filing Date plus one (1) year].
 - Deductions – Must be entered in HIX and accounted for when calculating Yearly Income for Tax Status section, if applicable.
2. Previous Months Income and Deduction – This section corresponds to the Retro-Medicaid question on the paper application. Application Processors need to update this section in the shared HIX/Tier-1 system if at least one consumer responded **Yes** to the initial question: *“Do you want help paying for medical bills from the last three months?”* If a **Yes** response is provided, the consumer is asked a secondary question: *“Was your income in the last three months equal to your current month’s income?”*
- If the consumer answers **Yes** to the initial question and responds **Yes** to the secondary question, no further information is required.
 - If the consumer answers **Yes** to the initial question, but does not provide a response to the secondary question, Application Processors may assume the consumer’s income is not different.
 - If the consumer answers **Yes** to the initial question, but responds **No** to the secondary question, Application Processors must clarify income for the last three months with consumer in order to enter amounts in the prompted shared HIX/Tier-1 system fields.
 - Application Processors should not enter a request for Retro Medicaid coverage via this section if the consumer indicates active Medicaid coverage via the Health Insurance section.

Detailed Person Information

1. Tribal Status – Information for this section of the application is only required when any of the following scenarios apply:
- The Tribal Status question on the application *“Are you or is anyone in your family American Indian or Alaska Native?”* is answered with a **Yes** response. Consumers are instructed to go to Appendix B of the application, where they will

provide detailed information regarding their federally recognized tribe. All data must be entered in the shared HIX/Tier-1 system.

- If a consumer indicated an American Indian or Alaska Native race previously on the application and the Tribal Status question is left blank on the paper application, Application Processors will submit a Missing Information Notice to gather the tribe name.

If there is no response for the Tribal Status question on the paper application and there was no American Indian or Alaska Native race indicated, Application Processors may leave section blank.

2. Impairments – This section of the application is not required for eligibility determination. However, if the consumer provides a response, it must be entered in the shared HIX/Tier-1 system by the Application Processor.
 - The paper application, under the Signature section, asks this question only of the primary applicant. Since a response for each consumer is required in order to save the section, when answering this question for the primary applicant, all other consumers in the household will be checked with the **No Impairment** response.
3. Accommodations – If the primary applicant provides a **Yes** response to the previous Impairment question, the secondary question on the paper application asks the consumer to provide information on the accommodation required due to the impairment. If no response is provided, Application Processors may leave section blank.
4. Veteran Status – This section of the application is required for eligibility determination. Unless otherwise indicated on the paper application, each consumer may be defaulted to **Not Veteran**.

Family Health Coverage

1. Health Insurance – There are two questions under this section, which ask the consumer to provide information on any currently enrolled health insurance plans, and to indicate if anyone in the household will be offered health coverage from a job during the coverage seeking year. Both questions are required for APTC/QHP eligibility determination.

Additional guidance for this section:

- AH1 Applications – These questions are not required and the section may remain blank.

- AH2 Applications – The question for currently enrolled consumers is asked on Step 3 of the application. However, the health coverage offering question is addressed in the Signature page. As long as the consumer signed the application, a **No** response may be entered.
- AH3 Applications – Both questions are asked on Step 4 of the paper application.
 - i. If a consumer is deemed Medicaid eligible, by the Application Processor assessing income, household size and lawful presence, both Family Health Coverage questions maybe defaulted to **No**, unless otherwise indicated.
 - ii. If the previous application was completed via the Online channel, Application Processors may default both Family Health Coverage questions to **No**, unless otherwise indicated.
 - iii. For the currently enrolled question, Application Processors should select **No** if the consumer stated **Yes**, but checked the Medicaid or HUSKY (CHIP) boxes.
 - iv. For the health coverage offering question, if **Yes**, consumers are instructed to go to Appendix A of the application in order to provide plan details. Application Processors must enter information in the shared HIX/Tier-1 system and clarify any missing details with consumer prior to submitting the application.

When both Health Insurance questions have been answered, click **Save** to return to the account homepage.

Confirm Application

1. Yearly Renewal Confirmation – Under this section the consumer indicates whether they will give AHCT permission to electronically access their tax return information in order to expedite their annual renewal process in future years. They may decline or give AHCT up to 5 years of permission.
 - If the paper application does not provide a response, Application Processors may leave the previously provided response in the shared HIX/Tier-1 system.
 - If both the paper application and the system do not provide a response, Application Processors may default to **0 years (Don't use information from tax returns to renew my coverage)**.

- Click **Save** to return to the application homepage.
2. Signature – Required of the primary applicant, spouse or Authorized Representative; no date required. When signed, Application Processors will update the following fields accordingly:
- Signature Provided: **Yes**
 - Signature Type: **Paper**
 - Click **Save** to return to the account homepage.

If the paper application is not signed, application processors will select **No** for Signature Provided. This action will populate a Generate Notice link, which should be clicked by the Application Processor in order to send the consumer a Missing Signature notice.

3. Assignment of Interest – Under this section, Application Processors will indicate if the consumer agrees and accepts the application terms and conditions:
- If the consumer signed the application, Application Processors will select **Yes**.
 - If the consumer did not sign the application, Application Processors will select **No**.

After providing a response, click **Save** to return to the account homepage.

4. Authorized Representative – Consumers have the option of designating an authorized representative (AREP). An AREP may act on behalf of the primary applicant in all matters related to their application. Appendix C of the paper application must be filled out by the primary applicant in order for Application Processors to add the AREP's information to the shared HIX/Tier-1 system. After providing a response, click **Save** to return to the account homepage.

View All

This section provides a summary of the entire application, displaying all consumer information by application section. Application Processors are encouraged to check the View All screen for accuracy of data entered, prior to submitting the application. Each application section is editable from this screen. After information has been reviewed, Application Processors may click **Cancel** to return to the account homepage.

Adult Child Scenarios

When a paper application only includes an adult child that is already part of an existing HIX/Tier-1 system account under a separate household, Application Processors must assess certain sections of the paper application and the existing application in order to determine the appropriate scenario and the corresponding action required.

1. If the address and child's tax filing status on paper application match the address and child's tax filing status on existing account.
2. If the address on the paper application matches address on the existing HIX/Tier-1 system account and the tax filing status for the child mismatches, but the paper application states that the adult child is being "claimed by someone in the same household."

For scenarios 1 and 2, Application Processors should follow the following steps:

- Enter all paper application data on newly created HIX/Tier-1 system application.
- For the consumer(s) already active on a separate application, select "No" for the [Needs Coverage] question under Household Members screen.
- Include the following Case Comment:
 - "Selected no coverage needed for _____, since s/he is already active on a separate account."
- Do not take any action on the existing account that has the consumer active as part of a different household.

The following scenarios require different action by Application Processors SSA action that differs from current directives. All three variations listed below require SSAs to perform the steps that follow the scenarios:

3. If the address on the paper application matches the address on the existing account and the tax filing status for the child mismatches, but the paper application states that the adult child is Single Filing Taxes, follow directives below.
4. If there is a change of address for adult child on application received with different tax filing status (i.e. doesn't match address/status on existing account), follow directives below.
5. If there is a change of address for adult child on application received with same tax filing status (i.e. doesn't match address/status on existing account), follow directives below.

For scenarios 3, 4, and 5, Application Processors should follow the following steps:

- Update existing account in order to remove applying child on paper application from the Household Members section by clicking the red X next to their name. When prompted, update the following fields:
 - **Reason:** Other
 - **Date:** Current Date
- Submit the application and check Eligibility Determination. If the child was on a HUSKY program, note the Coverage End Date.
- Create New Application and enter paper Application data in the HIX/Tier-1 system, under normal directives provided in the sections above, but ensure the following actions are taken:

- Health Insurance Section – If the child was an active HUSKY consumer on the existing application, workers need to update the Health Insurance section for the purpose of aligning the adult child’s HUSKY coverage. To achieve this, update the Health Insurance section on the newly created application accordingly:
 - **Are any members of this household currently enrolled in a health insurance?** Yes
 - **Please select the health coverage your house members enrolled from the following?**
Select the appropriate program from existing App (Medicaid or HUSKY (CHIP))
 - **Who does this health insurance cover?**
Check the box for adult child
 - **Coverage Type:**
Major Medical
 - **Policy Holder:**
Child or first person on dropdown
 - **Premium Cost:**
\$1.00
 - **Pay Frequency:**
Monthly
 - **Coverage End Date / Policy End Date fields:**
Update according to HUSKY program end date previously noted from the Eligibility Determination page of the existing HIX/Tier-1 system account.
 - **Coverage Effective Date / Policy Effective Date:**
Updated for the month following the Coverage End Date / Policy End Date.
 - **Lost Coverage Due to Non-payment of premiums?**
No
 - *The remaining fields in the HIX/Tier-1 system need to be updated with the default “HUSKY”

Removing a Primary Applicant

When a primary applicant requests to be removed from the existing account, Application Processors are required to update the existing account with the following steps and create a new application in the HIX/Tier-1 system with the guidance below.

On the existing account, all other household members should be set to “Not Residing with Primary and select “No” for the [Needs Coverage] question. The contact information screen should be updated with the primary applicant’s new address. If not provided, Application Processors should make an outbound call to obtain the new address.

If any of the remaining household members were requesting coverage, a new application is required. Application Processors will use data from existing HIX/Tier-1 system application to add all remaining household members to the newly created application. For any household members on a HUSKY program, note the Coverage End Date, as this will also be required for the newly created application.

Using the Create New Application link, Application Processors will follow normal directives provided in the sections above in order to update the application. For consumers that had HUSKY coverage on the previous application, the questions from the Health Insurance section needs to be updated accordingly:

- **Are any members of this household currently enrolled in a health insurance?** Yes
- **Please select the health coverage your house members enrolled from the following?**
Select the appropriate program from existing App (Medicaid or HUSKY (CHIP))
- **Who does this health insurance cover?**
Check the box for all HUSKY consumers
- **Coverage Type:**
Major Medical
- **Policy Holder:**
First person on dropdown
- **Premium Cost:**
\$1.00
- **Pay Frequency:**
Monthly
- **Coverage End Date / Policy End Date fields:**
Update according to HUSKY program end date previously noted from the Eligibility Determination page of the existing HIX/Tier-1 system account.
- **Coverage Effective Date / Policy Effective Date:**
Updated for the month following the Coverage End Date / Policy End Date.
- **Lost Coverage Due to Non-payment of premiums?**
No
- *The remaining fields in the HIX/Tier-1 system should be updated with the default “HUSKY”

Application Processors may submit the newly created application, even though there is no signature from a member of the newly created account. The application is acceptable with the signature of the Primary Applicant that is no longer a part of the household.

Outbound Phone Call

When Application Processors are unable to submit an application due to critical missing information, he/she must try to clarify the missing data with the consumer by performing an outbound phone call. The primary applicant and AREP, if applicable, are able to speak on behalf of the entire household. Other adult consumers on the account may clarify information that only pertains to them; children may not provide any clarification.

- When the consumer is reached, the opening script for Application Processors reads:

- “Can I please speak to *[Head of Household]*? This is *[Your Name]* from Access Health regarding the application you submitted for health insurance coverage. Before we move forward, for security purposes I need to verify some information. Will you please verify your date of birth? Will you please verify the last 4 digits of your social security number? Thank you so much for verifying that information.”
 - If caller is unable to verify both pieces of verification data, Application Processors may not divulge any specific account information and should advise the consumer to call AHCT when data is available.
 - If verification data is not available in the shared HIX/Tier-1 system (e.g., consumer does not have an SSN), Application Processors may resort to verifying consumer’s full home address.
- Once the consumer is verified, the Application Processor will proceed with the call unscripted, obtaining the application’s critical missing information from the consumer in order to determine eligibility.
- All information obtained during the call must be documented via Case Comments. (Refer to [Case Comments](#) section)
- When the consumer is not reached, Application Processors will leave the following voicemail message:
 - “This is Access Health for *[Head of Household]* regarding the information we have received. We have some questions regarding your application. Please contact us at 1-855-805-4325.”
 - After leaving the voicemail message above, Application Processors are required to call back a second time. If the consumer is still not reached, Application Processors should not leave a second voicemail message.
 - The steps above should be followed for each phone number on the application.

Generating Missing Information Notices (MINs)

When Application Processors are unable to obtain critical missing information from the consumer, a Missing Information Notice (MIN) needs to be created and generated in the shared HIX/Tier-1 system. Application Processors are provided with an [MIN spreadsheet](#), which contains pre-constructed prompts for each piece of critically missing information. Application

Processors will navigate between the MIN spreadsheet and the shared HIX/Tier-1 system during the process of creating an MIN:

1. Navigate to the account homepage and click the **Manage Missing Information** Quick Link.
2. Uncheck the box for **Include blank application?**
 - Note that we could still send a blank application under extreme exception scenarios. However, it has generally been found to be unhelpful. Current system functionality does not allow the box to remain unchecked, but the change is expected in a future release of the HIX/Tier-1 system.
3. Select the checkbox next to the first household member for which we require further information. This action will populate a box for the consumer, which includes an Add Missing Item dropdown menu and a Notes section.
4. The Paper App Type field will always be populated with the **Family-Sub** selection.
5. Repeat step 3 for each household member with missing information.
6. Populate the Notes section of the notice/screen for each consumer who is missing information. Specifically:
 - For each consumer's **Notes** section, add the following text:

"The best way to finish your application is to call the call center with the missing information indicated below at 1-855-805-4325."
 - Copy and paste the corresponding pre-constructed prompts from the MIN spreadsheet for each piece of critically missing information.
7. Click **Generate Notice**.
8. Click **Save** to return to the account homepage.

Enrollment

When Application Processors are ready to submit an application for eligibility determination, from the account homepage:

- For Initial Applications: Click **Submit**
- For Change Reporting Applications: Click **Submit Pending Changes**

Once submitted, the shared HIX/Tier-1 system will display the Eligibility Results page. This page presents the eligibility status for each applying consumer. The system automatically sends the household an Enrollment Selection Notice when eligibility is determined. However, in

order to take a proactive approach, Application Processors may need to enroll or reenroll consumers.

- The following scenarios require program enrollment action:
 1. If consumers are eligible for HUSKY A, HUSKY B and/or HUSKY D.
 2. For Mixed Households, which yield eligibility determinations for both HUSKY and APTC/QHP programs, Application Processors will enroll consumers who are not newly APTC/QHP eligible, along with the HUSKY program eligible consumers. Consumers who remain eligible for APTC/QHP are identifiable in the Eligibility Results screen by the following:
 - Consumer's status will be displayed as Ineligible for all Programs. This represents the consumer's ineligibility to shop for a new plan; not that they are actually ineligible for coverage. To confirm this, from the account homepage, Application Processors may navigate to the Change Eligibility Determination Quick Link. This screen will display the true eligibility status for APTC/QHP consumers.
 - The Select enrollment box will not be present.

NOTE: Application Processors will not enroll any newly eligible APTC/QHP consumers.

- The enrollment process involves the following steps:
 1. Consumers who require enrollment will have their Select box checked by the Application Processor.
 2. Click **Proceed to Enrollment** and then click **Continue**.
 3. The final steps depend on the household's program:
 - When all consumers are HUSKY eligible - Click **Next/Confirm** on the following three pages in order to finalize enrollment. The Voter Registration page is last in the enrollment screen sequence. Application Processors will select **No Response** and click **Proceed to Account Home**.

- When a Mixed Household includes non-newly eligible APTC/QHP consumers - A Coverage Change page may appear first in the screen sequence, if there was a change in the APTC amount for the consumer; click **Next**. The following page will require Application Processors to check the boxes next to the following statements and click **Next**:

- "I wish to remain in my currently selected QHP for (current year) and do not wish to shop for a different plan."
- "I have read and understood the above Disclaimer."

Click **Next/Confirm** on the following pages in order to finalize enrollment. The Voter Registration page is last in the enrollment screen sequence. Application Processors will select **No Response** and click **Proceed to Account Home**.

Case Comments

Case Comments are essential for successful processing across multiple vendors. They provide information that will assist future workers understand prior actions and detail account history. Under the account homepage, the notes section is accessible by clicking the **Manage Case Comments** Quick Link. From this page, Application Processors will click **Add Case Comment**, which will yield a popup text box for entering required notes. Case Comments are not required for all assigned paper applications. Case Comments are required by Processors in the following scenarios:

- Outbound call performed
- Missing Information Notice generated
- Any processing action taken that deviates from standard directives

When required, Application Case Comments must include the following criteria:

1. Application Processor's shared HIX/Tier-1 system username
2. Denote vendor name
3. Specify Processing Queue: Application Processed or Application Received.

4. If an outbound call was performed, document any clarifications or changes received from the consumer.
5. If an MIN was sent, indicate all of the information that was requested.
6. After Case Comments are complete, Application Processors will click **Add Comment** in order to save notes in the shared HIX/Tier-1 system.

Closing the Work Item

After Application Processors have assessed all documents included in their work item and have made all necessary updates in the shared HIX/Tier-1 system, the correct action must be selected in order to close the work item window. For work item actions and their corresponding use, refer to [The Work Item](#) section.

Multiple Initial Applications (MIAs)

Prior to the March 2016 release of the shared HIX/Tier-1 system, consumers were able to apply multiple times by creating more than one Initial Application. Each Initial Application creates a separate string of App IDs and eligibility determinations for the consumer.

Every month the number of MIAs in the system gradually decreases as they are encountered and dealt with.

With the current release of the shared HIX/Tier-1 system, consumers and processors will receive an "MIA hard stop" when attempting to submit an application for a consumer that is already requesting coverage on a separate application string. Application Processors will need to resolve the MIAs, by identifying the appropriate application string and dis-enrolling the consumer(s) from the other application strings in the system. Consumers with active APTC/QHP coverage on multiple application strings should place the work item On Hold and alert their supervisor for further instructions. Typically the AHCT Issue Resolution Department (IRD) must be contacted to ensure the correct coverage remains intact. In the paper application queue, Application Processors will follow the following steps to determine the correct application string with which to proceed:

1. If there is only one application string for the household with active coverage, Application Processors may proceed with the active application string.

2. If there are no active strings, or there are multiple active application strings contact the consumer to review the differing application information. Confirm the information with the consumer to establish which application string has the most accurate data and household composition in order to proceed.
3. If the consumer is not reached, allow the paper application data from the Application Processor's work item determine which application string in the shared HIX/Tier-1 system is most accurate. The goal is to find the application string that is the closest and/or an exact match to the paper application received.
4. If multiple application strings have identical household compositions, select the application string that extends the consumer's coverage out the furthest. Rely on the Manage Active Enrollment Quick Link screen for coverage end dates.

Appendix A – Single Streamlined Application (SSA) Versions



AH1
Application.pdf



AH2 -
2014-07-14.pdf



AH3 -
2014-07-14.pdf

Older version of AH3:



Family Subsidy-
AH3 9 11.pdf

Appendix B – Individual Exemption Application



Individual Exemption
Application.pdf

Appendix C – MIN Spreadsheet



MIN Spreadsheet
2018.xlsx

