

# **My Medical Benefits**

## **Individuals and Families – Portal Experience User Guide**

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# 1 Overview

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## 1.1 Document Overview

This document is intended to provide an overview of the My Medical Benefits Portal Experience for Individuals and Families. The Portal Experience is divided into two main sections, outlined below.

- The Anonymous Features section details the Screening tool, which allows the Customer to enter data anonymously to see if they are likely to qualify for programs such as Premium Assistance or Medicaid, and view available health plans.
- The Application section includes a walkthrough of an example case scenario, where the Customer and their family apply for and enroll in Medicaid.

The purpose of this document is to provide standards and practices to help guide Users to a high-quality and timely experience while navigating the portal. Accordingly, note that the assumed audience for this document is all stakeholders that will be trained to support Customers.

## 1.2 Glossary of Terms

User	A person (Assister, Broker, Navigator) guiding the Customer through the interview, or (in self-service) the Customers themselves
Customer	A person whose data is entered, reviewed, and edited by the User
Caseworker	A person who administers, reviews and determines eligibility

## 1.3 Use Case Description

- Application: 35-year-old male US citizen, earning \$1,000 monthly named HHM

## 2 Tips

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### 2.1 General Tips

It is helpful to have the following information below ready initiating an application. Even with complete information, it can take approximately 30-40 minutes to complete an application. Without complete information, it can take even longer.

- Social Security numbers (SSNs)
- Document numbers for eligible immigrants who want health coverage
- Birth dates
- Paystubs, W-2 forms, or other information about your family's income
- Policy/member numbers for any current health coverage
- Information about any health coverage from a job that's available to you or your family

An application does not need to be completed in one session. The User can save and return to an application at any time before submitting the application.

\*Users assisting applicants will be responsible for verifying identity before beginning the application process through the portal.

### 2.2 Eligible Immigration Status

- Lawful permanent resident (LPR/Green Card holder)
- Asylee
- Refugee
- Cuban/Haitian entrant
- Paroled into the U.S.
- Conditional entrant granted before 1980
- Battered spouse, child, or parent
- Victim of trafficking and his or her spouse, child, sibling, or parent
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)
- Deferred Action Status (Deferred Action for Childhood Arrivals (DACA) isn't an eligible immigration status for applying for health coverage.)

#### **Applicant for:**

- Special Immigrant Juvenile Status

- Adjustment to LPR Status with an approved visa petition
- Victim of trafficking visa
- Asylum who has either been granted employment authorization, OR is under 14 and has had an application for asylum pending for at least 180 days.
- Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT) who has either been granted employment authorization, OR is under 14 and has had an application for withholding of deportation or withholding of removal under the immigration laws or under the CAT pending for at least 180 days.

**Certain individuals with employment authorization document:**

- Registry applicants
- Order of supervision
- Applicant for Cancellation of Removal or Suspension of Deportation
- Applicant for Legalization under IRCA
- Applicant for Temporary Protected Status (TPS)
- Legalization under the LIFE Act
- Lawful temporary resident
- Granted an administrative stay of removal by the Department of Homeland Security (DHS)
- Member of a federally recognized Indian tribe or American Indian born in Canada
- Resident of American Samoa

## 2.3 Immigration Status and Document types

If an applicant is an eligible non-citizen applying for health coverage, list immigration document(s). The list below includes some common document types.

Permanent Resident Card, “Green Card” (I-551)	<ul style="list-style-type: none"><li>• Alien registration number</li><li>• Card number</li></ul>
Reentry Permit (I-327)	<ul style="list-style-type: none"><li>• Alien registration number</li></ul>
Refugee Travel Document (I-571)	<ul style="list-style-type: none"><li>• Alien registration number</li></ul>
Employment Authorization Card (I-766)	<ul style="list-style-type: none"><li>• Alien registration number</li><li>• Card number</li><li>• Expiration date</li><li>• Category code</li></ul>
Machine Readable Immigrant Visa (with temporary I-551 language)	<ul style="list-style-type: none"><li>• Alien registration number</li><li>• Passport number</li></ul>
Temporary I-551 Stamp (on passport or I-94/I-94A)	<ul style="list-style-type: none"><li>• Alien registration number</li></ul>
Arrival/Departure Record (I-94/I-94A)	<ul style="list-style-type: none"><li>• I-94 number</li></ul>
Arrival/Departure Record in foreign passport (I-94)	<ul style="list-style-type: none"><li>• I-94 number</li><li>• Passport number</li><li>• Expiration date</li><li>• Country of issuance</li></ul>
Foreign passport	<ul style="list-style-type: none"><li>• Passport number</li><li>• Expiration date</li><li>• Country of issuance</li></ul>
Certificate of Eligibility for Nonimmigrant Student Status (I-20)	<ul style="list-style-type: none"><li>• SEVIS ID</li></ul>
Certificate of Eligibility for Exchange Visitor Status	<ul style="list-style-type: none"><li>• SEVIS ID</li></ul>
Notice of Action (I-797)	<ul style="list-style-type: none"><li>• Alien registration number <b>or</b> an I-94 number</li></ul>
Other	<ul style="list-style-type: none"><li>• Alien registration number <b>or</b> an I-94 number</li><li>• Description of the type or name of the document</li></ul>

The following documents or statuses can also be used:

- Document indicating a member of a federally recognized Indian tribe or American Indian born in Canada (Note: This is considered an eligible immigration status for Medicaid, but not for a Qualified Health Plan (QHP).)
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)
- Document indicating withholding of removal
- Administrative order staying removal issued by the Department of Homeland Security (DHS)

- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Cuban/Haitian entrant
- Resident of American Samoa

## **2.4 Self-Employment**

Self-employed applicants with any of the following expenses can subtract them from gross income to get an amount for net self-employment income:

- Car and truck expenses (for travel during the workday, not commuting)
- Employee wages and fringe benefits
- Interest (including mortgage interest paid to banks, etc.)
- Rent or lease of business property and utilities
- Advertising
- Repairs and maintenance
- Deductible self-employment taxes
- Contributions to a self-employed SEP, SIMPLE, or qualified retirement plan
- Property, liability, or business interruption insurance
- Depreciation
- Legal and professional services
- Commissions, taxes, licenses, and fees
- Contract labor
- Certain business travel and meals
- Cost of self-employed health insurance

## 3 Anonymous Features

The following section provides an example of the User navigation through the Health Coverage Eligibility Screener feature.

The process described below is not required to start an application, and no information from this anonymous feature section is used to determine final eligibility, as all final eligibility determinations are processed through the application.

### 3.1 Health Coverage Eligibility Screener

The Health Coverage Eligibility Screener allows Users to enter minimal information about a household and returns an initial assessment of its eligibility for assistance.

1. Click on **Individuals & Families**, and select **Find out now**.

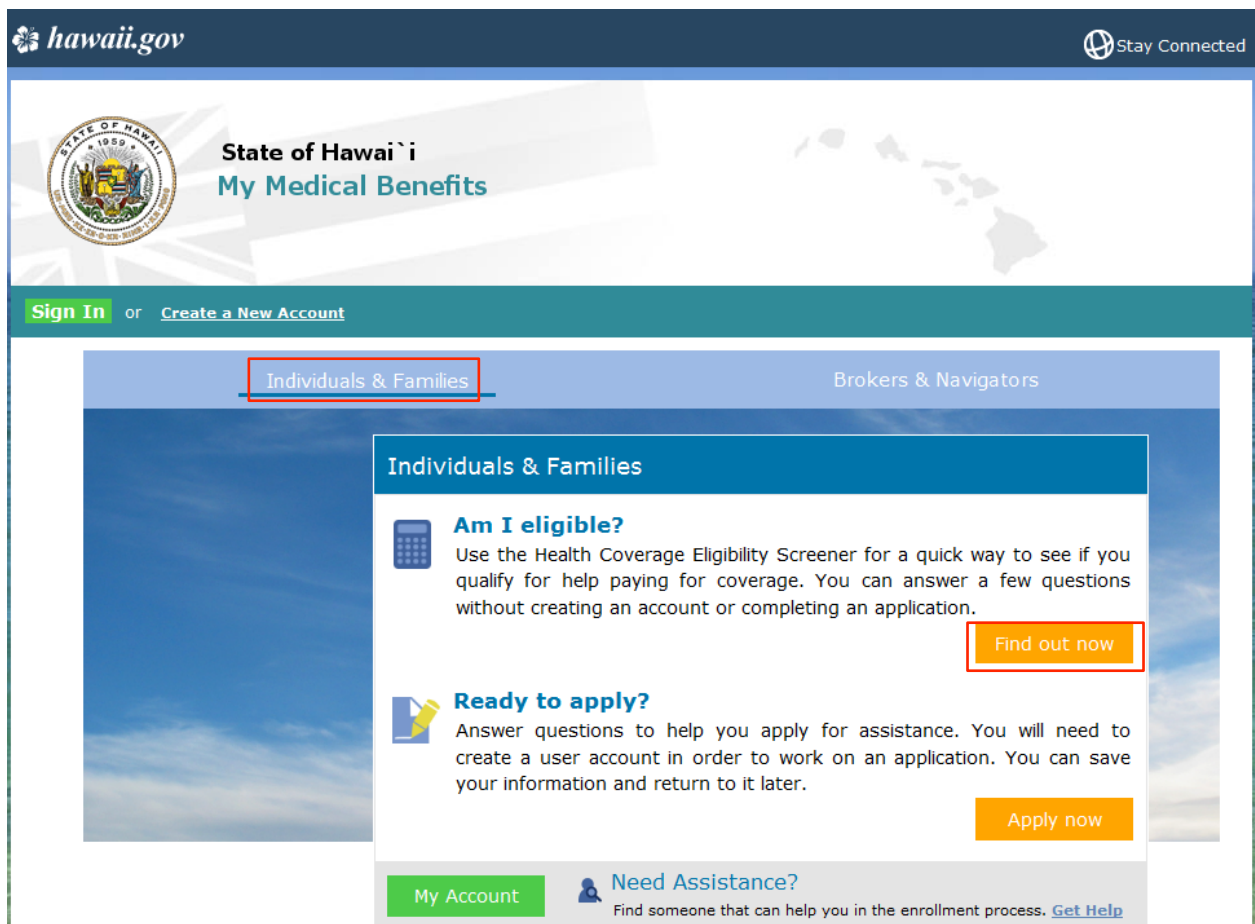


Figure 1: Home Page – Individuals & Families screen

Input household details. To add a household member, click **Add Another Person**. To remove a household member, click **Remove This Person**. Once all information has been entered, click **Calculate** to get an eligibility determination.

The screenshot shows a web form titled "Health Coverage Eligibility Screener". Below the title is a section "Household Information" with a welcome message. The form contains several input fields: "Monthly Household Income:" with a dollar sign and a text box, "ZIP code:" with a text box, and "Age:" with a text box. There is also a "Uses Tobacco?" question with "Yes" and "No" radio buttons. At the bottom of the form, there are three buttons: "Add Another Person" with a plus icon, "Remove This Person" with a minus icon, and a large green "Next" button with a right arrow. Red boxes highlight the "Add Another Person" and "Remove This Person" buttons, and a dashed box highlights the "Age:" field and the "Remove This Person" button.

**Health Coverage Eligibility Screener**

**Household Information**

Welcome to the Health Coverage Eligibility Screener! Using this tool, you can find out if your family is likely to qualify for help paying for health insurance. For us to figure this out, we will need to know some basic information about your family. You can add a person using the "Add" button. You can remove a person using the "Remove" button.

? Monthly Household Income: \* \$

? ZIP code: \*

? Age: \*

? Uses Tobacco? ☐ Yes ☐ No

Remove This Person -

Add Another Person +

Next ►

Figure 2: Assistance Calculator screen

2. Basic eligibility results are shown on the right. To immediately begin an application, click **Apply Now** and skip ahead to section **3 – Application** of this user guide. To run a new eligibility determination, update the information under the Household Information section and click **Calculate Again**.

### Eligibility

Based on the information you told us, it looks like your family probably does not qualify for help paying for health insurance. You can still enroll in a health plan through the Exchange as long as your family meets a few basic requirements.

You still need to submit a full application before you can enroll. If you wish, you may begin an application by clicking "Apply Now" below. You can also click the "View Plan Options" button to see more about the health plans that may be available to your family.

Apply Now

Calculate Again

Figure 3: Assistance Calculator screen

## 4 Application

The following section provides an example of the User navigation through the Individuals & Families application process.

To initiate an application without going through the Health Coverage Eligibility Screener described in the previous section, from the home page, click on **Individuals & Families**, and select **Apply Now**.

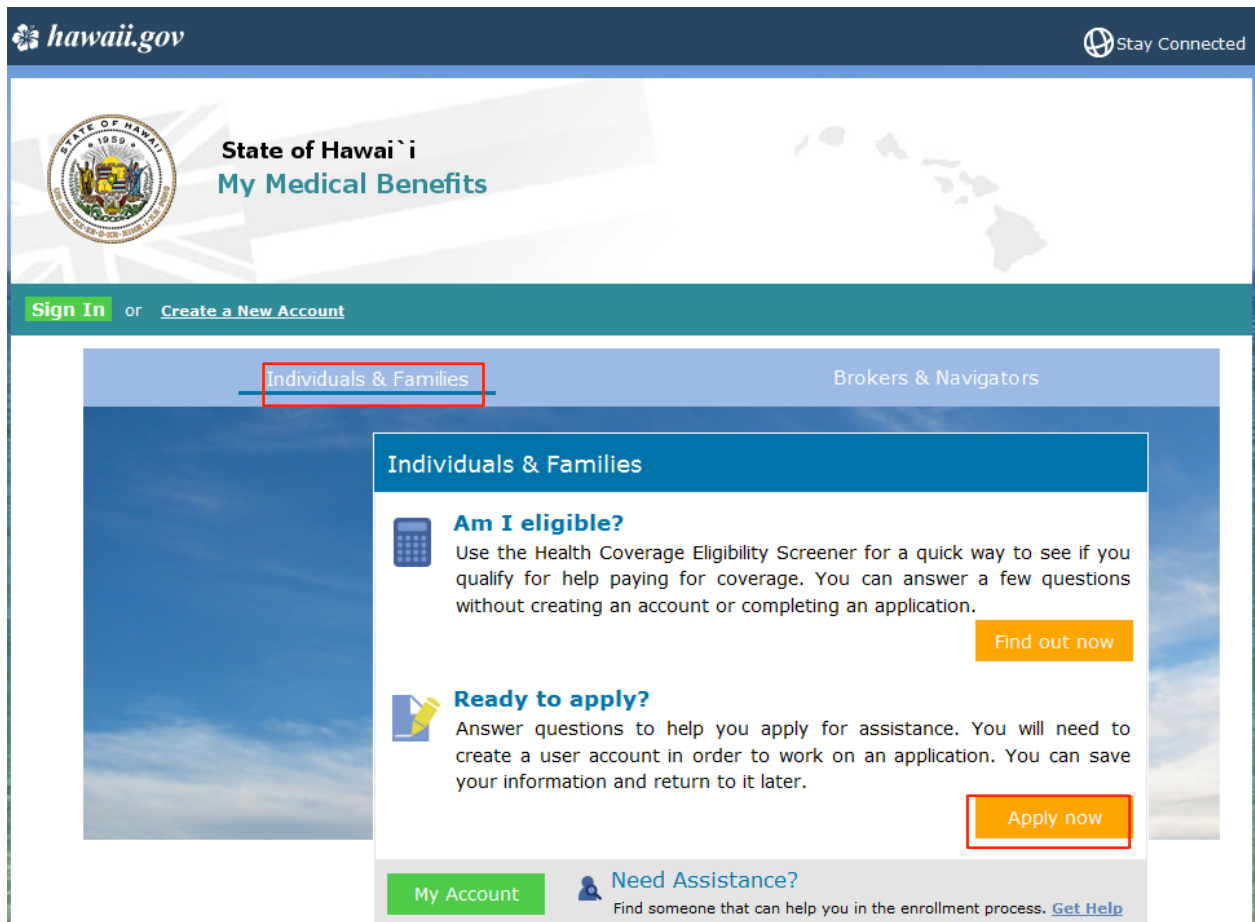


Figure 4: Home Page – Individuals & Families screen

## 4.1 User Registration

My Medical Benefits Users are required to create a User account before beginning an application.

**NOTE:** Users that have already registered can sign in and continue on to section **3.2 – Application**. For users that have not yet registered, refer to the steps below.

1. From the Sign In screen, select **Register Now**.

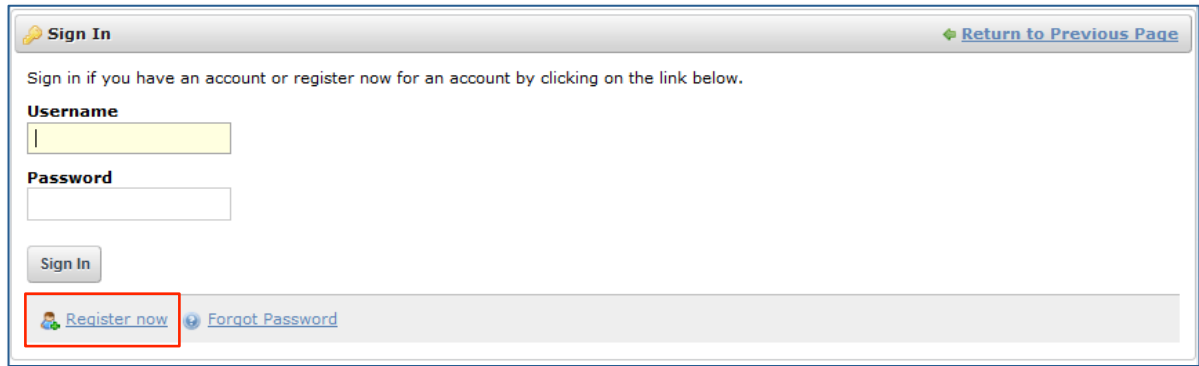
The image shows a web form titled "Sign In" with a "Return to Previous Page" link in the top right. Below the title, there is a message: "Sign in if you have an account or register now for an account by clicking on the link below." The form contains two input fields: "Username" and "Password". Below these fields is a "Sign In" button. At the bottom of the form, there are two links: "Register now" (highlighted with a red box) and "Forgot Password".

Figure 5: Sign In screen

2. Create login credentials on the Create Account screen. Select the "Individual" **User Type**, and click **Create**. The User must complete all of the requested information on the Create Account screen in order to successfully create an account.

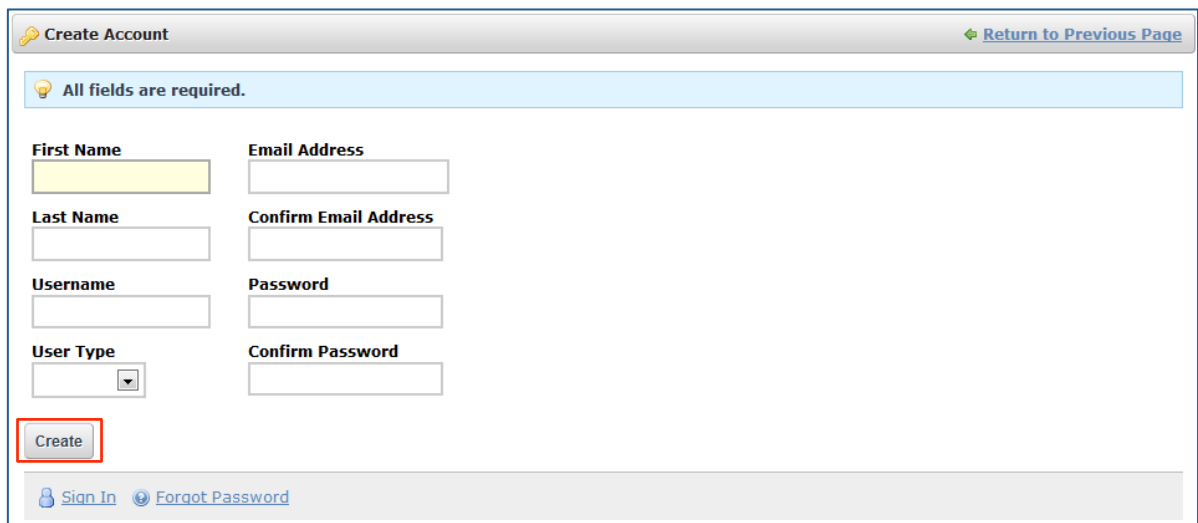
The image shows a web form titled "Create Account" with a "Return to Previous Page" link in the top right. Below the title, there is a message: "All fields are required." The form contains several input fields: "First Name", "Last Name", "Email Address", "Confirm Email Address", "Username", "Password", "Confirm Password", and "User Type" (a dropdown menu). Below these fields is a "Create" button (highlighted with a red box). At the bottom of the form, there are two links: "Sign In" and "Forgot Password".

Figure 6: Create Account screen

## 4.2 Application

From all screens in the Application process, the **Print**, **Restart**, **Exit**, and **Save And Exit** buttons, as well as a breadcrumb on the right side of the screen are available to aid the User.

The questions asked vary depending on the applicant's responses. The screens below show the questions that appear for a single male 35-year-old applicant named HHM with \$1000/month in income.

1. Review the introductory information and click **Next**.

### Welcome

Here is where you can see if you may qualify for government help for coverage.

### Privacy/Security

Please click [here](#) to review our web Privacy/Security policies and the Medicaid Notice of Privacy Practices (NPP).

### Additional Help

If you are looking to buy health insurance without any assistance, please visit the [Hawaii Health Connector site](#) . This site will allow you to shop and compare the different insurance plans.



Figure 7: Application – Welcome screen

2. Review the privacy information and click **Yes** to agree, then click **Next** to continue. The User will not be allowed to continue if **Yes** is not selected.

## Privacy & Use of Your Information

Print

Restart

Questions marked with an asterisk (\*) require an answer.

**We'll keep your information private as required by law. Your answers on this form will only be used to determine your eligibility for health coverage. Your answers will be checked against State and Federal databases. If the information doesn't match, we may ask you to send us proof.**

**We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.**

**IMPORTANT: To determine your eligibility, we may need to retrieve your information from any of the following:**

- Internal Revenue Service (IRS)
- Social Security Administration
- Department of Homeland Security
- Consumer Reporting Agency

**We need this information to check your eligibility for coverage. We may also check your information at a later time to make sure your information is up to date.**

?

I agree to have my information used and retrieved from data sources for this application. I have consent from all people I'll list on the application for their information to be retrieved and used from data sources. I review my rights regarding the HIPAA Notice of Privacy Practices (NPP).

\*

☒ Yes

☐ No

Next

Figure 8: Application - Privacy Screen

3. Click **Yes** to apply for programs that may help pay for coverage.

## Help Paying For Coverage

Print 

Restart

Questions marked with an asterisk (\*) require an answer.

Even working families can pay less for health coverage. You may be eligible for a free or low-cost plan, or a new kind of tax credit that can be used to lower your monthly premiums right away even if you earn as much as \$94,000 a year (for a family of 4).

If you choose to apply for help paying for coverage, we will ask you some questions to see if you can get Medicaid or Premium Assistance Tax Credits. Here are some of the questions we may ask you about yourself and your family members:

- How much money each family member gets each year or each month
- How family members are related to each other
- Whether family members have certain benefits right now
- Whether family members have any health coverage right now, including employer sponsored insurance

If you choose to not apply for help to pay for coverage, we will not ask you these questions. You may shop for health insurance after answering a few short questions. If you enroll in a plan this way, you will pay its full costs each month. You will not be able to get any Premium Assistance Tax Credits.

Not sure if you want to apply for help to pay for coverage? Our [Health Program Eligibility Screen](#) can quickly help you find out if you and your family are eligible to get help paying for coverage.



Do you want to find out if you and your family can get help paying for health coverage? If you select Yes, you'll answer questions about your income to see what help you and your family qualify for. If you select No, you'll answer fewer questions, but you won't get help paying for coverage.

\*

☒ Yes

☐ No

[Back](#)



**Next**



Figure 9: Application - Help Paying for Coverage

- On the **Identification** screen, submit identifying information about the Customer's household members. Click **Add** or **Remove** to add or remove a household member. Click **Next** to continue.

## Identification




Questions marked with an asterisk (\*) require an answer.

Please tell us about yourself and all the people who live at your home, even if someone does not want to apply for health insurance today. Be sure to include yourself, spouse, parents, step-parents, and if applicable, include children under 21 who live with you, or anyone under 21 who you take care of and lives with you. Also include any children, age 21 through 26, that you want on your Qualified Health Plan, even if they do not live with you.

If you file taxes, we need to know about everyone on your tax return. (You do not need to file taxes to get health coverage.)

Please enter everyone's name exactly as it appears on his or her Social Security card, if they have one, or other documentation.

At the bottom, you can add someone with "Add". You can take someone out with "Remove".

Remove 

First Name: \*

Middle Name:

Last Name: \*

Suffix:

Other Name (Maiden or Former Name):

Birth Date (MM/DD/YY): \*

Sex: \*

Marital Status: \*


Is this person the household member who is filling out the application? \*

Male

Female

Yes

No

Add 

[Back](#)




Next 

Figure 10: Application - Identification Screen


5. Enter the preferred method of contact and any additional contact information, then click **Next**.


## Contact Details





Questions marked with an asterisk (\*) require an answer.


**Please tell us how we can get in touch with HHM.**


 Home Phone (XXX-XXX-XXXX):


 Work Phone (XXX-XXX-XXXX):


 Cell Phone (XXX-XXX-XXXX):


 Email Address:


 Preferred spoken language:



 Preferred written language:



 What is the best way to get in touch with HHM? \*



[Back](#)


**Next**

Figure 11: Application - Contact Details Screen

6. Enter the Customer's home address, then click **Next**. If an applicant is homeless, then describe the applicant's resident in the Street Address field and enter the zip code for the location. For example, "Ala Moana park" and 96819.

## Home Address

[Print](#)[Restart](#)

Questions marked with an asterisk (\*) require an answer.

**Please tell us where HHM lives. Click "Remove" if HHM does not have a home address, then click "Next". If HHM lives at two or more places, please add the address where he/she spends the greatest number of nights.**

Remove

Street Address (Line 1): \*

Apartment or suite number (Line 2):

City: \*

State: \*

County: \*

ZIP code (XXXXX): \*

Add

[Back](#)

Next

Figure 12: Application - Home Address Screen

7. Confirm that the home address is the same as the mailing address then click **Next**.

## Reaching HHM via Mail

[Print](#)[Restart](#)

Questions marked with an asterisk (\*) require an answer.

**Please tell us about HHM's mailing address.**

Is HHM's mailing address the same as 1 Test Address, City?

\*

☐ Yes ☐ No

[Back](#)

Next

Figure 13: Application - Mailing Address Screen

8. Select **Yes** if a household member (HHM) is going to file a federal income tax return then click **Next** to continue.

### Household Tax Filing Status for 2014

Print

Restart

Questions marked with an asterisk (\*) require an answer.

**Please think about if HHM plans to file a federal income tax return for 2014. You don't have to file taxes to apply for coverage.**

?

Does HHM plan to file a federal income tax return for 2014?

\*

☐ Yes

☐ No

Back

Next

Figure 14: Application - Household Tax Filing Status Screen

9. In order to determine the tax filing household, necessary questions are asked, such as who the tax dependents are in the tax filing household.

### People Who Will Claim HHM as a Tax Dependent for 2014

Print

Restart

Questions marked with an asterisk (\*) require an answer.

**Please think about if there is another person who will claim HHM as a dependent on his or her federal income tax return for 2014.**

?

Will HHM be claimed as a tax dependent by a taxpayer who is not a part of this application?

\*

☐ Yes

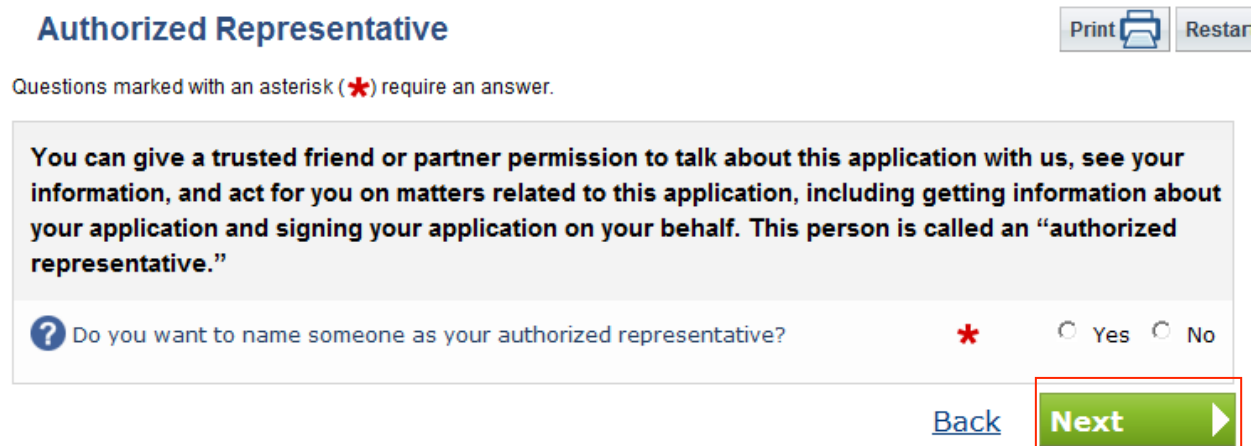
☐ No

Back

Next

Figure 15: Application - Tax Dependent Screen

10. The applicant can choose to appoint an authorized representative. Afterwards, click **Next** to continue.



**Authorized Representative** Print Restart

Questions marked with an asterisk (\*) require an answer.

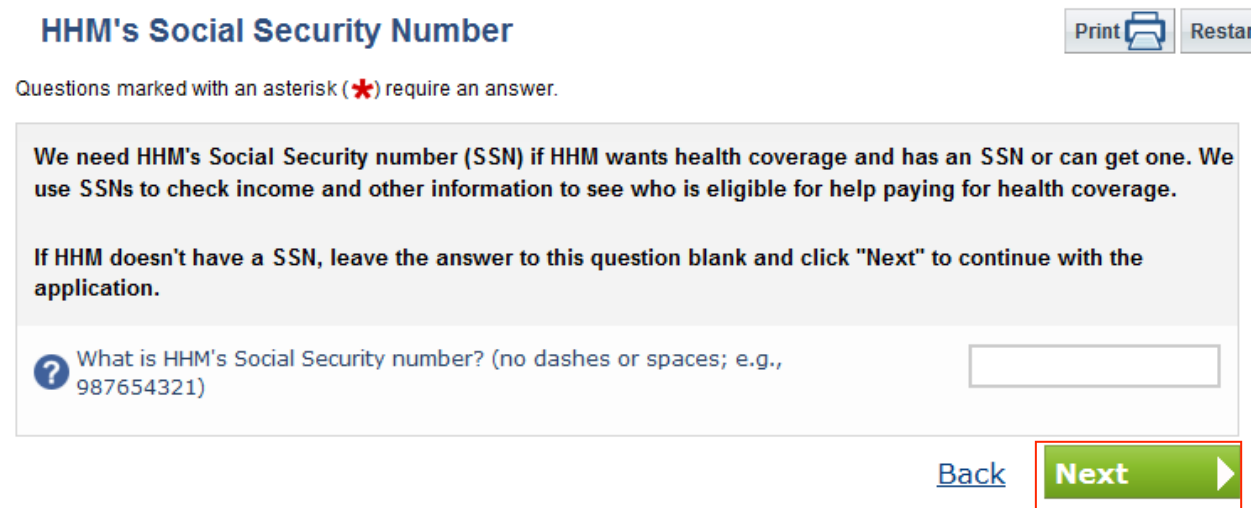
**You can give a trusted friend or partner permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an “authorized representative.”**

? Do you want to name someone as your authorized representative? \* ☐ Yes ☐ No

[Back](#) **Next**

Figure 16: Application - Authorized Representative Screen

11. Applicant can enter a Social Security Number to facilitate verification (Optional). Click **Next** to continue.



**HHM's Social Security Number** Print Restart

Questions marked with an asterisk (\*) require an answer.

**We need HHM's Social Security number (SSN) if HHM wants health coverage and has an SSN or can get one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage.**

**If HHM doesn't have a SSN, leave the answer to this question blank and click "Next" to continue with the application.**

? What is HHM's Social Security number? (no dashes or spaces; e.g., 987654321)

[Back](#) **Next**

Figure 17: Application - Social Security Number Screen

12. Answer non-financial questions such as disability and Native American status. Click **Next** to continue.

### HHM's Basic Information

Print

Restart

Questions marked with an asterisk (★) require an answer.

**Please tell us more about HHM.**

?

Is HHM an American Indian or Alaska Native?

★

☐ Yes

☐ No

?

Is HHM incarcerated (in prison)?

★

☐ Yes

☐ No

?

Does HHM have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?

★

☐ Yes

☐ No

?

Does HHM need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a medical facility or nursing home?

★

☐ Yes

☐ No

?

Has HHM received Emergency Services in the past 10 days?

★

☐ Yes

☐ No

?

Is HHM receiving Supplemental Security Income (SSI)?

★

☐ Yes

☐ No

**You can tell us about HHM's ethnicity and race below, but you can still apply if you would rather not tell us. The information you do (or don't) provide about race and ethnicity will not affect whether your application is accepted. If you do not want to tell us about HHM's race or ethnicity, you may skip this question by clicking "Next".**

?

HHM's ethnicity? (optional)

?

HHM's race? (optional)

[Back](#)

Next

Figure 18: Application - Basic Information Screen

13. Answer a question about citizenship status. Click **Next** to continue.

### HHM's Citizenship Status

Print

Restart

Questions marked with an asterisk (★) require an answer.

**Please tell us about HHM's citizenship status.**

?

Is HHM a US Citizen or a US National?

★

☐ Yes

☐ No

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Next

Figure 19: Application - Citizenship Status Screen


14. Provide additional details about HHM's citizenship status. Click **Next** to continue.

## More About HHM's Citizenship Status

[Print](#)[Restart](#)

Questions marked with an asterisk (\*) require an answer.

**Please tell us about HHM's citizenship status.**

 Is HHM a Naturalized or Derived Citizen?

\*

☐ Yes ☐ No

[Back](#)[Next](#)

Figure 20: Application - More About Citizenship Status Screen


15. Applicant can choose to be considered for programs other than Medicaid. Afterwards, click **Next** to continue.

## Applying for Other Programs

[Print](#)[Restart](#)

Questions marked with an asterisk (\*) require an answer.

**Based on your answers, it seems like there might be someone in the household who qualifies for other Medicaid programs, such as programs related to age, disability, foster care, COFA citizenship, or certain medical conditions. Please answer "Yes" if you wish to apply for these programs on this application.**

 Is the household applying for other programs?

\*

☐ Yes ☐ No

[Back](#)[Next](#)

Figure 21: Application – Applying for Other Programs Screen

16. Click **Yes** to consent to the external verification process and click **Next** to continue.

## External Verification

Print

Restart

Questions marked with an asterisk (\*) require an answer.

**By choosing "Yes," I indicate that I understand that my identifying information will be sent to government systems to try to collect information about my household for this application and for future processing. I also understand that my information will be kept secure and will only be used to help verify my household information.**

?

I understand the above information and wish to continue with the application process.

\*

☐ Yes

☐ No

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Next

Figure 22: Application - External Verification Screen

17. Use the **Add** button to add an income source. Income sources should be reported for all HHMs. Use the **Remove** button to remove an income source. Click **Next** to continue.

## HHM's Income Sources

Print

Restart

Questions marked with an asterisk (\*) require an answer.

**Please think about all of the sources of income that HHM expects to get this year. For each income source, select the income type. Many people will need to add more than one income source. For example, if HHM has two jobs, select "Job" below, then click "Add" and select "Job" again. Once you have added all of HHM's income sources click "Next". We will ask you questions about each income source on the next few screens. To add another income source click "Add". To take one away click "Remove".**

Add

Back

Next

Figure 23: Application - Income Sources

18. Provide additional information about the HHM's income source, like job income, for example. Click **Next** to continue.

### HHM's Income Details

[Print](#)[Restar](#)

Questions marked with an asterisk (\*) require an answer.

**Please tell us about HHM's job.**

? Name of employer: \*

? How much does HHM get (before taxes are taken out)? \*

? How often does HHM get this amount? \*

? Start date (MM/DD/YY): \*

? End date (MM/DD/YY): \*

? Will HHM get any one-time amounts from this job this month, like a bonus or a severance payment? \*

\$   
  
1/1/2013  
12/31/2013  
☐ Yes ☐ No

[Back](#)[Next](#)

Figure 24: Application - Income Details

19. Report any deductions from HHM's income. Click **Next** to continue.

### HHM's Deductions

[Print](#)[Restar](#)

Questions marked with an asterisk (\*) require an answer.

**Does HHM get any of these deductions reported on the front page of a federal income tax return form 1040? This could make the cost of coverage a little lower.**

? Alimony paid?

? Student loan interest?

? Other deductions?

\*

\*

\*

☐ Yes ☐ No

☐ Yes ☐ No



☐ Yes ☐ No

[Back](#)[Next](#)

Figure 25: Application - Deductions


20. Click **Yes** to confirm the HHM's annual income. Click **Next** to continue.

### HHM's Income this Year



Questions marked with an asterisk (★) require an answer.

**Based on what you told us, if HHM's income is steady each month, then it is about \$12,000.00 per year.**

 Is this how much you think HHM will get in 2014? ★ ☐ Yes ☐ No




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Figure 26: Application - Confirm Annual Income









21. The following questions are related to minimum essential coverage. Answer them and click **Next** to continue.

### Household Health Coverage



Questions marked with an asterisk (★) require an answer.

**Is HHM enrolled in health coverage from any of the following?**

 Medicaid?	★	<input type="radio"/> Yes <input type="radio"/> No
 Medicare?	★	<input type="radio"/> Yes <input type="radio"/> No
 TRICARE (do not choose this if you have Direct Care or Line of Duty)?	★	<input type="radio"/> Yes <input type="radio"/> No
 VA health care program?	★	<input type="radio"/> Yes <input type="radio"/> No
 Peace Corps?	★	<input type="radio"/> Yes <input type="radio"/> No
 Employer-sponsored insurance?	★	<input type="radio"/> Yes <input type="radio"/> No
 Individual insurance (not including group coverage or employer-sponsored coverage)?	★	<input type="radio"/> Yes <input type="radio"/> No
 Other limited benefit coverage (like a school accident policy)?	★	<input type="radio"/> Yes <input type="radio"/> No


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Figure 27: Application - Health Coverage

22. Report tobacco usage for enrollment purposes only. Answering this question will not affect eligibility. It is for Hawaii Health Connector enrollment purposes only. Click **Next** to continue.

### Tobacco Information

[Print](#)[Restart](#)

Questions marked with an asterisk (\*) require an answer.

**Please tell us about tobacco use in your household. If nobody uses tobacco, please click "Next".**

Within the past 6 months, has anyone in your family used tobacco regularly (4 or more times per week on average)? Don't count religious or ceremonial uses. Please check all that apply. Your response to the following question does not affect medical assistance eligibility. People who use tobacco:

☐ HHM

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Figure 28: Application - Tobacco Information

23. Select how you heard about help . Click **Next** to continue.

### How Did You Hear About Us?

[Print](#)[Restart](#)

Questions marked with an asterisk (\*) require an answer.

**Please feel free to tell us how you heard about us.**

?

How did you hear about us?

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Figure 29: Application - How Did You Hear

24. Select a preference for automatic renewals. Click **Next** to continue.

\*The Marketplace referred to in this screen is the Hawaii Health Connector.

**Automatic Renewal** Print Restart

Questions marked with an asterisk (\*) require an answer.

I understand that if I'm eligible for help paying for health insurance, I may also be able to renew the coverage.

During the renewal process, the Marketplace will use income data including information from the tax returns of household members. This will determine yearly eligibility for help paying for health insurance for the next 5 years. The Marketplace will send me a notice and let me make changes. If I don't respond, the Marketplace will continue my eligibility at the level indicated by the data.

I understand this renewal process will occur each year for the next 5 years unless I tell the Marketplace that I don't want to renew, or if I leave the Marketplace. I also understand that I can change my answer later.

? Do you agree to a renewal period of 5 years? \* ☐ Yes ☐ No

[Back](#) **Next**

Figure 30: Application - Automatic Renewal

25. This is the data review screen. The applicant can verify the application or change the responses by clicking the **Edit** buttons to return to a screen in the application and edit information entered.

**Confirmation** Print Restart

Questions marked with an asterisk (\*) require an answer.

Please confirm the information below is correct. Then sign your name in the signature box at the bottom of the screen to continue with your application.

▼ Identification **Edit**

First Name:

Figure 31: Application - Data Review Screen

26. To submit the application, click **Yes** to agree to the consent statements. If the User does not agree, the application cannot be submitted. Next, enter a signature, and click **Confirm** to submit the application for eligibility determination. If the User chooses to, he/she may abandon the application at this time.

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

By typing my name in the box and submitting the application, I agree that I have carefully checked the information in this application and confirm it is correct. HHM's electronic signature: \*

Figure 32: Application - Data Review Confirmation

27. The benefits summary screen provides the applicant with instructions on next steps. The User will be able to view the results of the eligibility determination within the next 1 to 3 days.

## 5 My Account (Self-Service)

The following section provides an example of the User navigation through the self-service My Account pages. These pages are displayed as individual tabs for sets of information gathered and generated during non-anonymous processes.

To access the My Account pages from the home page, click on **Individuals & Families** and select **My Account**.

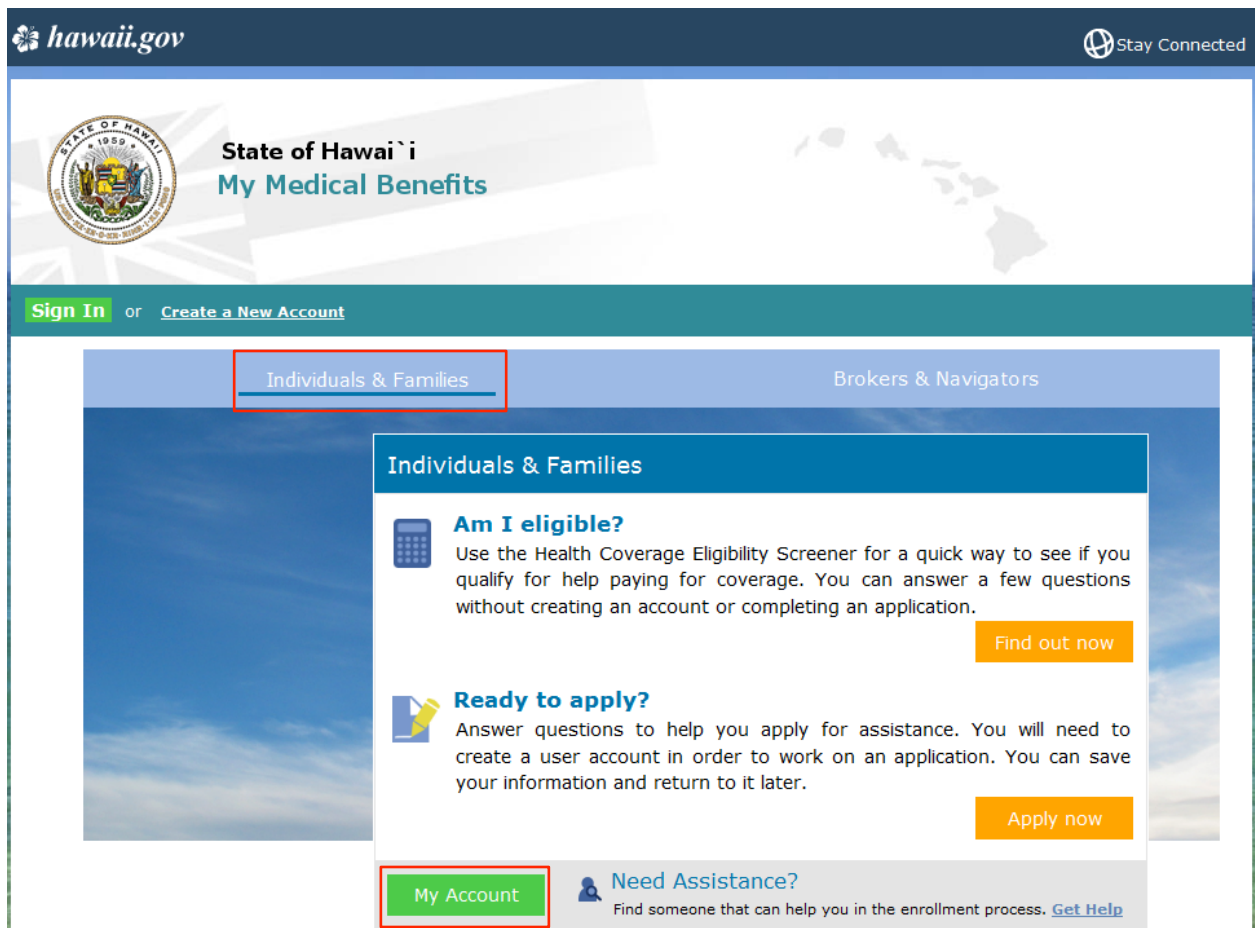


Figure 33: Home Page - Individuals & Families screen

1. The **My Applications** tab displays the Customer's applications. Customers can view or withdraw an application using the **View** and **Withdraw** buttons. Customers can also print a copy of the application by clicking on the **Download Printable** link.

Messages in your Message Center. Please [click here](#) to view your

\$

Application Name	Benefits Applying For	Status	Actions
[REDACTED]	Health Insurance	Active	<a href="#">Download Printable</a> <a href="#">Withdraw</a> <a href="#">View</a>
[REDACTED]	Medicaid	Active	<a href="#">Download Printable</a> <a href="#">Withdraw</a> <a href="#">View</a>

Figure 34: My Account - My Applications tab

- The **Download Printable** link opens up a PDF version of the application data. Applicant can print or download an electronic copy of the application by click on the **Print** or **Download** icons on the upper right hand corner of the page.

Page: 1 of 4

Automatic Zoom

**Privacy & Use of Your Information**

I agree to have my information used and retrieved from data sources for this application. I have consent from all people I'll list on the application for their information to be retrieved and used from data sources. Yes

**Help Paying For Coverage**

Do you want to find out if you and your family can get help paying for health coverage? If you select Yes, you'll answer questions about your income to see what help you and your family qualify for. If you select No, you'll answer fewer questions, but you won't get help paying for coverage. Yes

**Identification**

First Name: [Redacted]  
Middle Name: [Redacted]  
Last Name: [Redacted]  
Suffix: [Redacted]  
Other Name (Maiden or Former Name): [Redacted]  
Birth Date (MM/DD/YY): [Redacted]  
Sex: [Redacted]  
Marital Status: [Redacted]  
Is this person the household member who is filling out the application? Yes  
Did this person's employer direct them to enroll in employer-sponsored insurance through this Exchange? Yes

Figure 35: My Account - Download Printable

- The **My Verifications** tab displays the Customer's verification items and their status.

Verification					
The table below displays the status of your verification items.					
Due Date	Who	Required Verification Items	Status	Source	Actions
11/02/2013	HHM User	<a href="#">Eligibility for Minimum Essential Coverage</a>	Verified	SSA	
11/02/2013	HHM User	<a href="#">Household Size</a>	Waived	SSA	

Figure 36: My Account - My Verifications tab

4. The **My Eligibility** tab enables Customers to view each household member's eligibility, as well as current benefits received, and benefits history. The benefits for which each household member has applied for, as well as the status for each benefit, is shown. Details on the past status of benefits can be found on the **Past Benefits** sub-tabs.

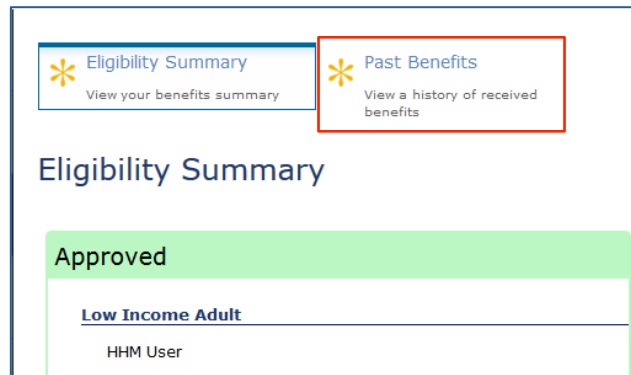


Figure 37: My Account - My Eligibility tab

5. The **My Messages** tab enables Customers to view messages and attachments from caseworkers by clicking on a specific message. Full functionality will be available in subsequent releases. To return to the message list from a message, click on the **Back to Message List** link.

My Messages		
Date	Subject	From
07/30/2013	<a href="#">Health Plan Enrollment Confirmation (Reference: )</a>	SiebelAdministrator
07/30/2013	<a href="#">Individual and Family</a>	SiebelAdministrator

Figure 38: My Account - My Messages tab

6. The **My Profile** tab displays Customer household and contact preference data, including each household member's income, resources and expenses, according to data entered in the portal. Customers can edit their contact preferences by using the checkboxes at the bottom of the screen and clicking **Save**. Full functionality will be available in subsequent releases.

### My Profile

▼ Household Information

**Applicant:** HHM User  
**Household Members:**  
HHM User

**Household Address(es):**  
1 Test Address

**Home Phone:**  
**Work Phone:**  
**Mobile Phone:**  
**Email:**

▼ Contact Preferences

**Preferred Method of Contact:**  
☐ Email ☐ Home Phone ☐ Work Phone ☐ Mobile Phone ☒ Postal Mail

**Special Communication Needs:** ☐ Hearing Impairment Assistance ☐ Language Interpretation

**Preferred Language:** English ▼

**Preferred Appointment Times:**  
**Preferred Day:** ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  
**Preferred Appointment Times:** ☐ 9AM- 12PM ☐ 12PM- 3PM ☐ 3PM- 6PM

Figure 39: My Account - My Profile tab