

**MyBenefits.Hawaii.Gov**

Med-QUEST Division

# **Online User Guide**

**January 2015**

# Table of Contents

<b>1. Introduction</b>	<b>3</b>
1.1 Document Overview	3
<b>2. Application Pre-Assessment</b>	<b>4</b>
<b>3. Application</b>	<b>7</b>
3.1 User Registration	7
3.2 Apply	10
3.3 Save and Exit	27
<b>4. Account Management</b>	<b>29</b>
4.1 My Applications	29
4.2 My Eligibility	30
4.3 My Verifications	31
4.4 My Documents	33
4.4.1 Notices	33
4.4.2 Upload Verification Document	34
4.4.3 Upload Form	39
4.5 Change of Circumstance	42
4.5.1 Predefined Change of Circumstance	42
4.5.2 Other Change of Circumstance	45
4.6 Appeals	46
<b>5. Contact Us</b>	<b>48</b>

# 1. Introduction

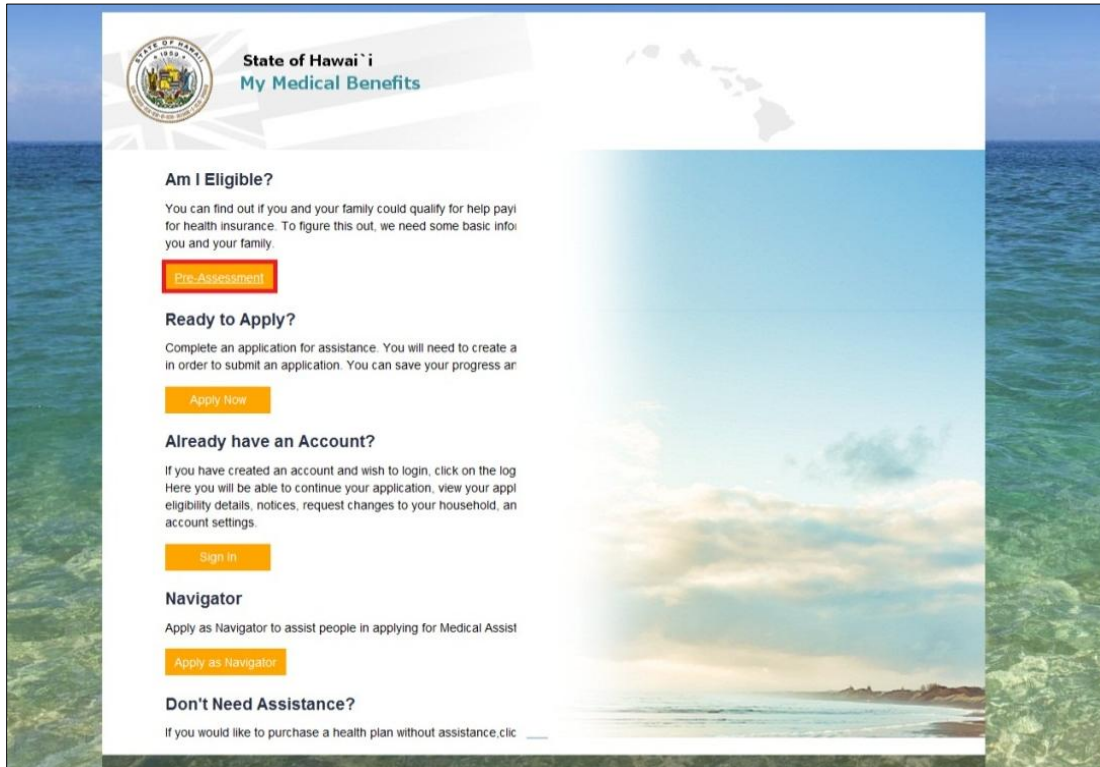
## 1.1 Document Overview

This document is intended to provide an overview of the Portal for Individuals and Families (the “Portal”). The Portal is divided into three main sections, outlined below:

- The Application Pre-Assessment section details the Screening tool, which allows you to enter data anonymously to see if you are likely to qualify for assistance including Advance Premium Tax Credits or Medicaid.
- The Application section describes the process for creating a user account, and starting, saving and submitting an application.
- The Account Management section includes walkthroughs of all functionality available to applicants with an existing user account, including viewing application and eligibility information, verification items, uploaded documents, reporting change of circumstance, and appeals.

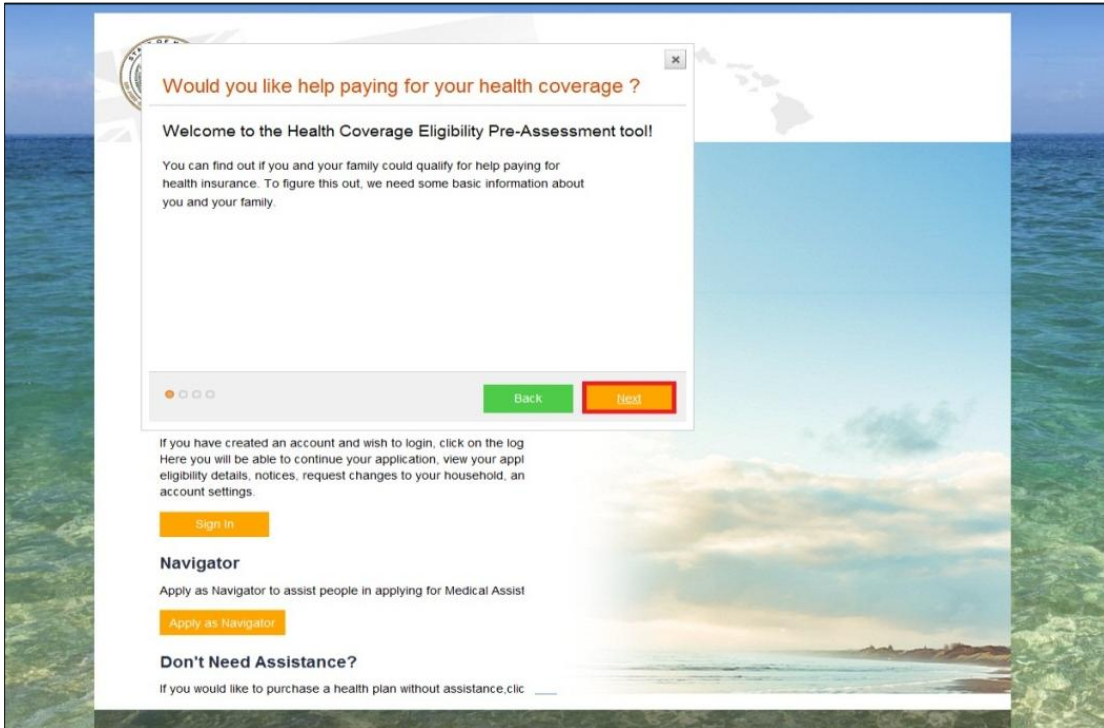
## 2. Application Pre-Assessment

1. By answering a few questions in the **Application Pre-Assessment**, you can determine whether you might be eligible for assistance paying for health coverage. This feature is anonymous and neither a user account or application is required. No information input into the **Application Pre-Assessment** is used for determination, as all eligibility determinations require the submittal of an application. The following section provides an example of the **Application Pre-Assessment** feature. Click on the **Pre-Assessment** button under **Am I Eligible?**

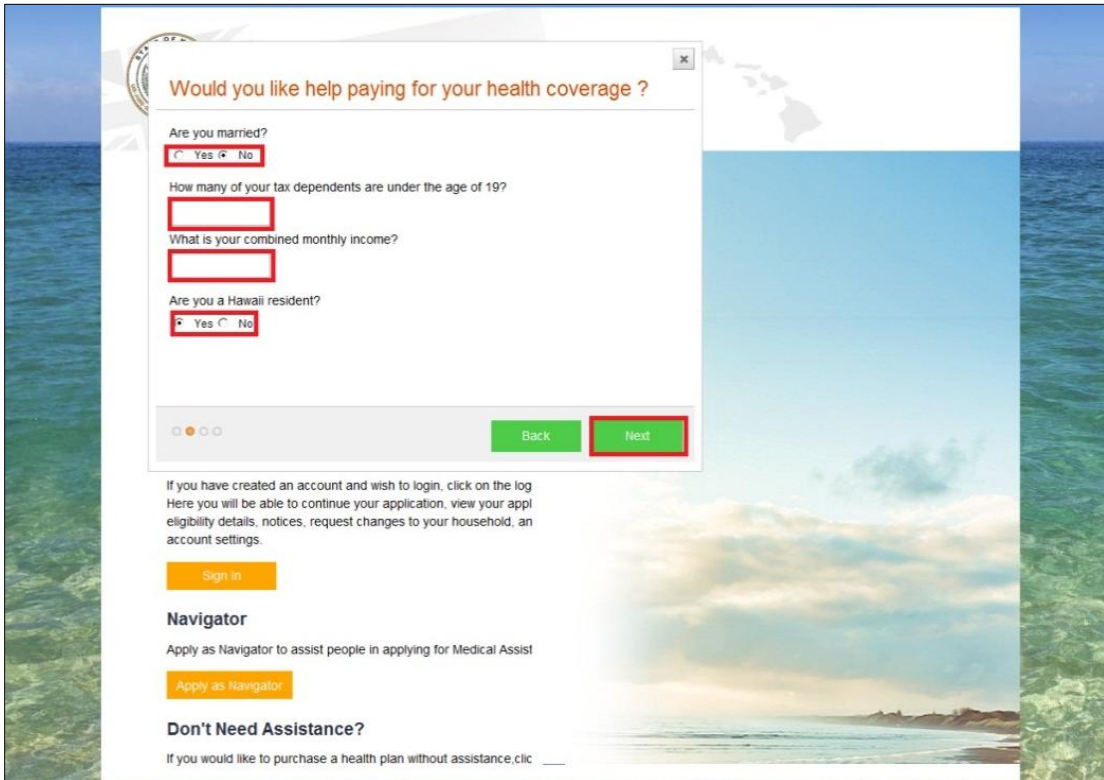




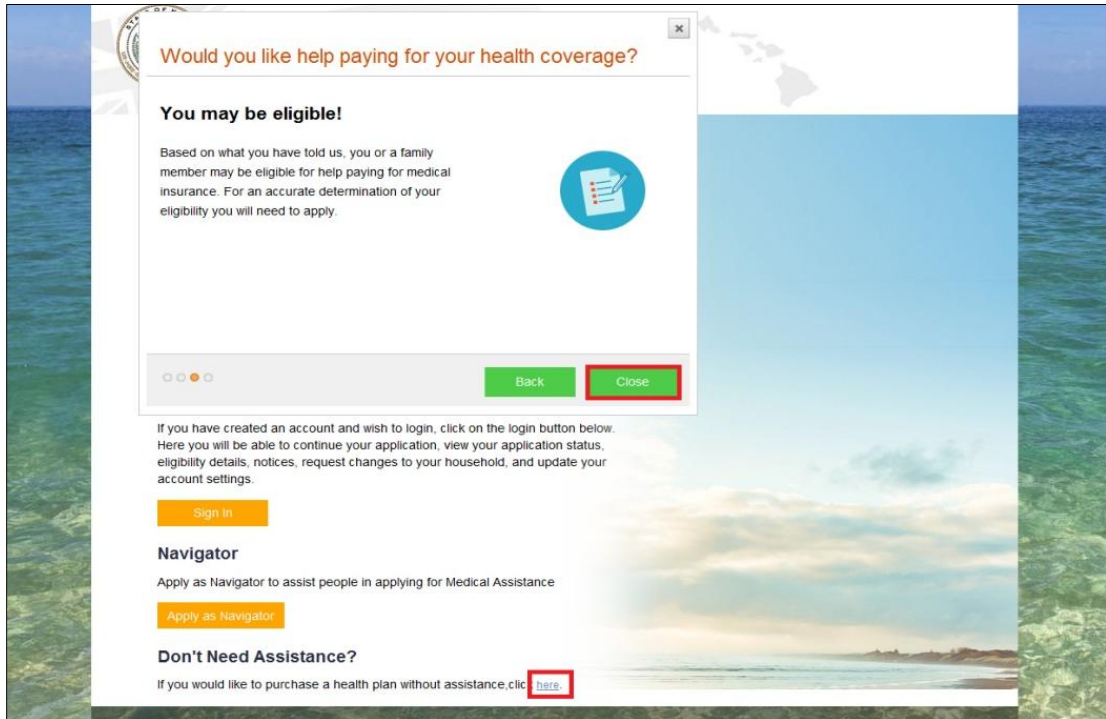
2. Click on **Next** to continue.



3. Answer all questions and click **Next** to continue.



4. The Portal will conduct a pre-assessment for eligibility for assistance. If you want to redo the pre-assessment, click the **Back** button. If you want to file an application click the **Close** button and click **Apply Now**. If you want to purchase health insurance without assistance click on the hyperlink under **Don't Need Assistance**.



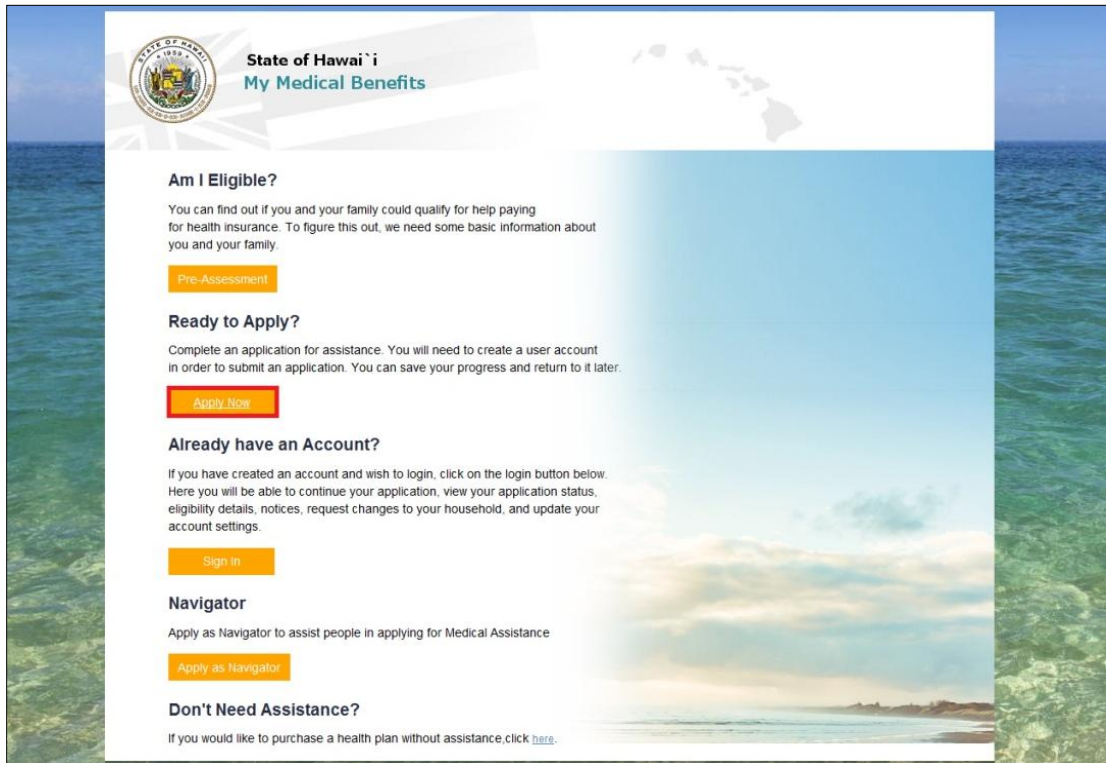
## 3. Application

This process describes the process to create, save and submit an application.

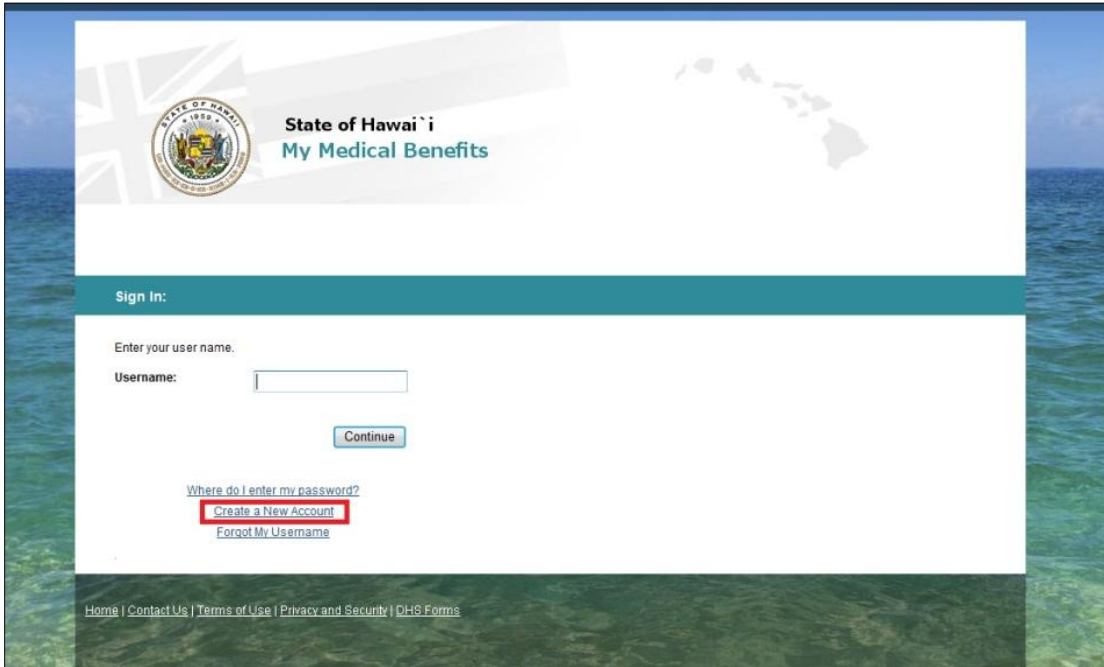
### 3.1 User Registration

A User Account is required in order to create an application. This process describes the steps to create a new account within the online system.

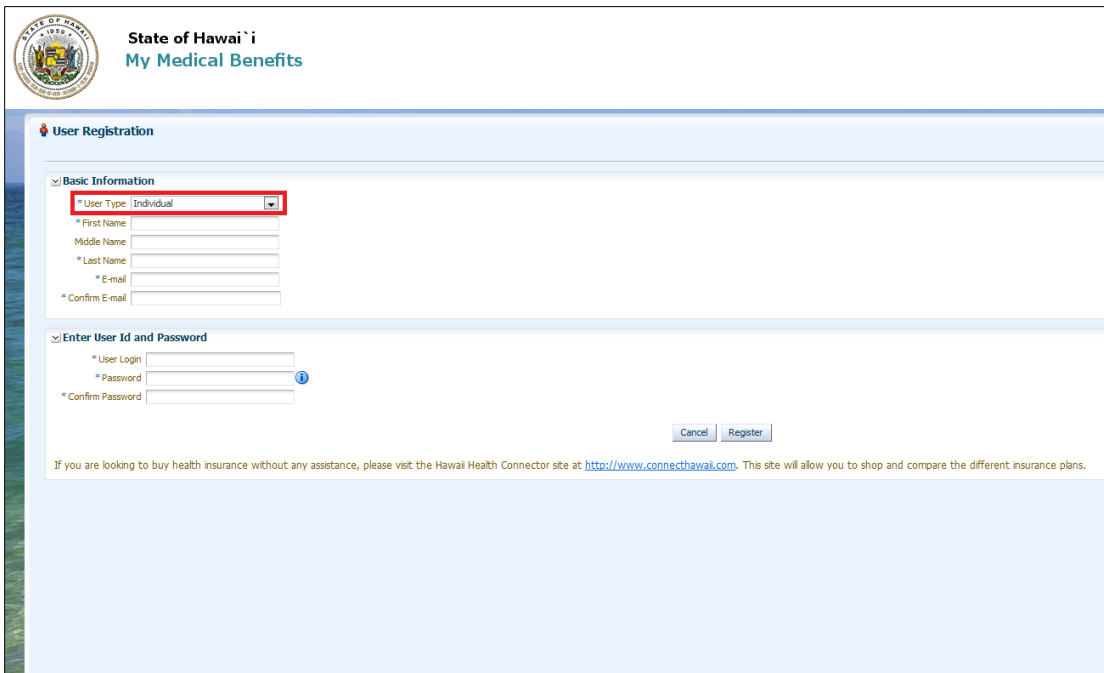
1. Navigate to the homepage and select **Apply Now**.



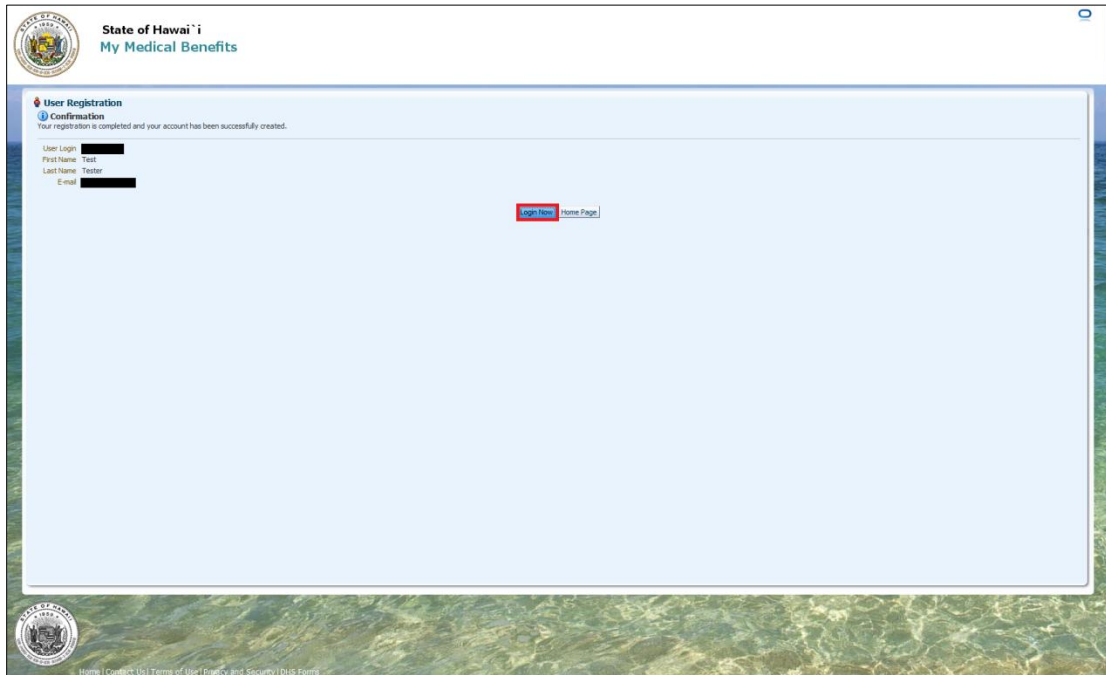
2. Select **Create New Account**.



3. Select **Individual** in **User Type** and complete the required information indicated with an asterisk (\*). Click the **Register** button.



4. An account has now been created. Select **Login Now** to create an application.





## 3.2 Apply

1. Enter the username and password created in [User Registration](#).

Stay Connected

**State of Hawai`i**  
My Medical Benefits

Sign In:

Enter your user name.

Username:

[Where do I enter my password?](#)  
[Create a New Account](#)  
[Forgot My Username](#)

[Home](#) | [Contact Us](#) | [Terms of Use](#) | [Privacy and Security](#) | [DHS Forms](#)

**State of Hawai`i**  
My Medical Benefits

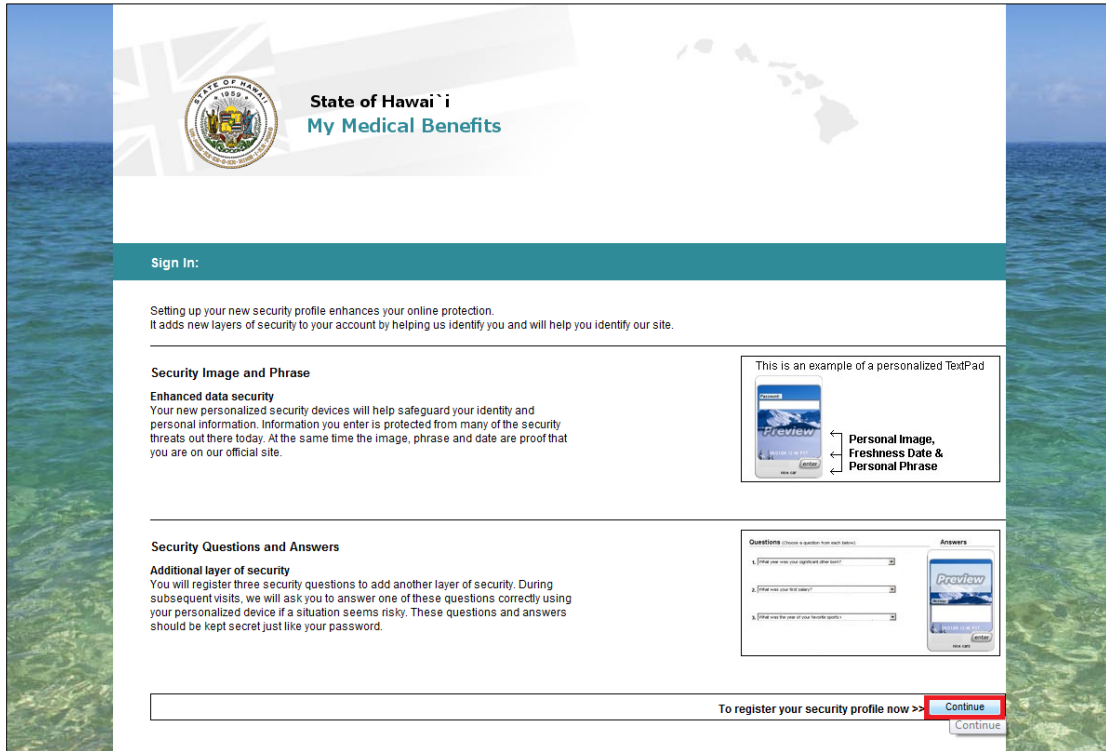
Sign In:

Please use this secure TextPad to enter your password.

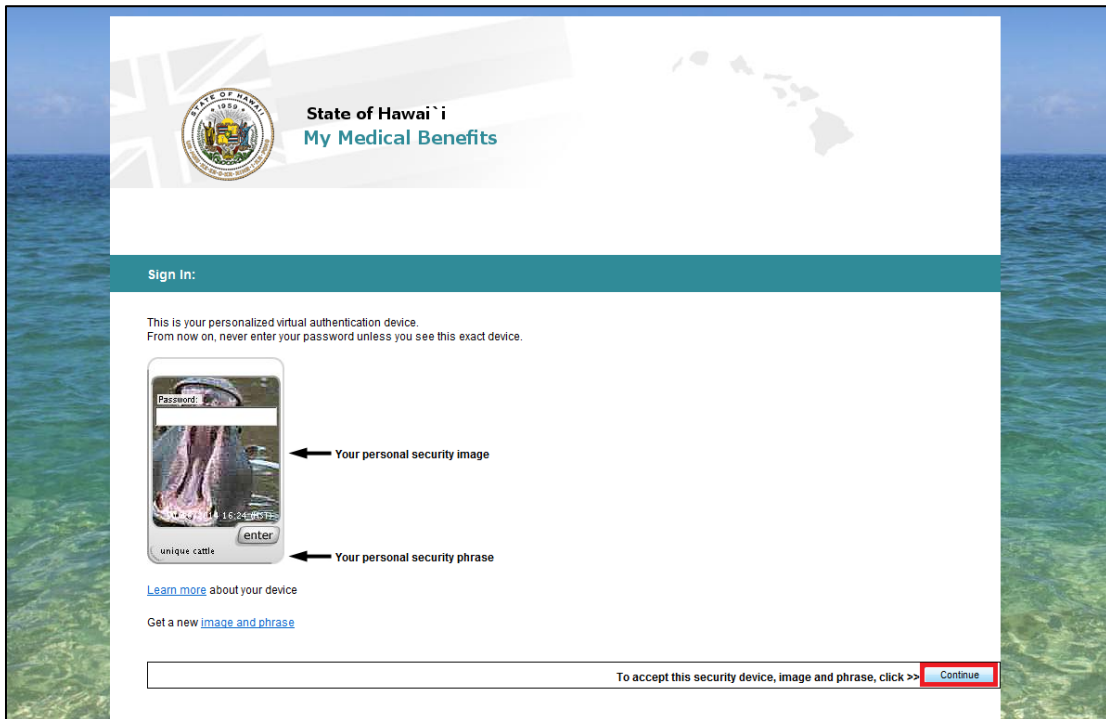
[Whats this?](#)

[Home](#) | [Contact Us](#) | [Terms of Use](#) | [Privacy and Security](#) | [DHS Forms](#)

2. You will be required to complete the security process the first time you log in. This screen explains the security images and security questions that are available.



3. The image shown here will be the secure image that will be visible during login. You may select another image if you like.



4. You will be asked to pick and answer three security questions for future security use. Please remember the answers to these questions. If you forget your password you will be asked to answer one of these questions in order to reset your password.

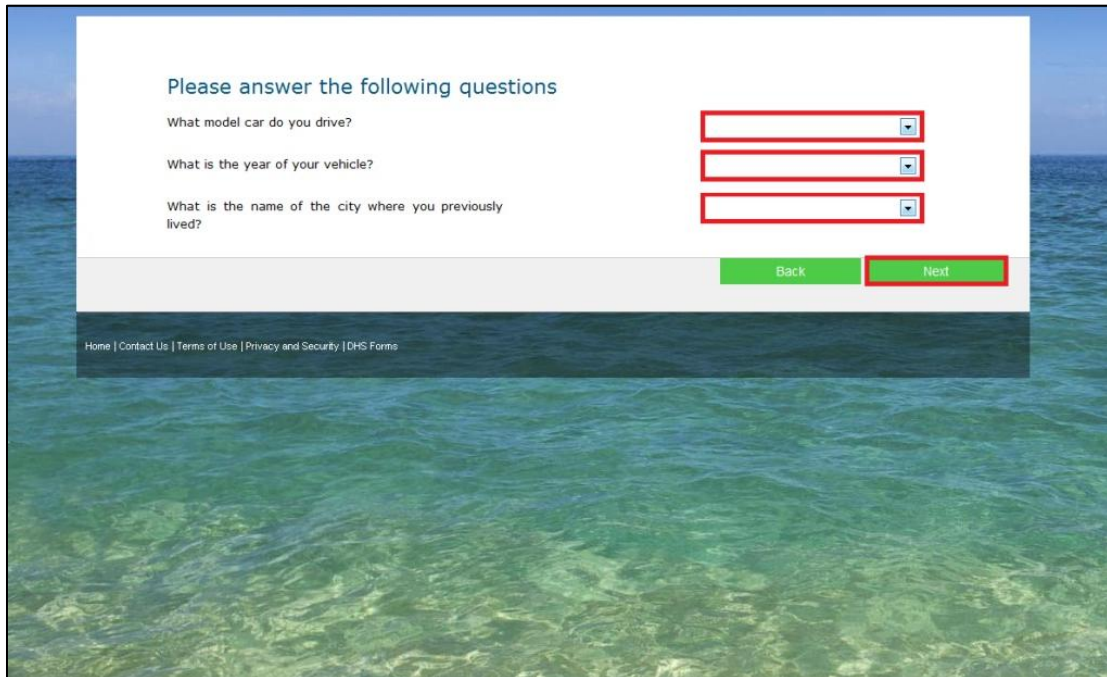
The screenshot shows the 'State of Hawai'i My Medical Benefits' sign-in page. At the top, there is a header with the state seal and the text 'State of Hawai'i My Medical Benefits'. Below this is a 'Sign In:' section. A message states: 'We will use your security questions and answers to confirm your identity at times when extra safety is needed.' Underneath, there are two columns: 'Questions (Choose a question from each list below.)' and 'Answers'. The 'Questions' column contains three dropdown menus, each with 'Select One' selected. The 'Answers' column shows a mobile phone screen with a photo of a person, a text input field, and an 'enter' button. A green arrow points from the first question dropdown to the answer section. At the bottom, there are links for 'Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms'.

5. The Portal uses a federal service to validate your identity. Answer the questions in the required fields.

The screenshot shows an identity verification form for the 'Primary Applicant'. The heading reads: 'Please complete the following information to verify the identity of the Primary Applicant: Fields marked with an asterisk(\*) require an answer.' The form contains the following fields: 'Legal First Name \*' (text input), 'Middle Name' (text input), 'Last Name \*' (text input), 'Suffix' (dropdown menu), 'Social Security Number' (text input), 'Date Of Birth \*' (text input), 'Primary Phone Number' (text input), 'Residential Street Address \*' (text input), 'Residential Street Address2' (text input), 'City \*' (text input), 'State \*' (text input), and 'Zip Code \*' (text input). A green 'NEXT' button is located at the bottom right. At the bottom, there are links for 'Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms'.



6. The federal service will return three challenge questions to confirm your identity. Answer the required questions and click **Next**.



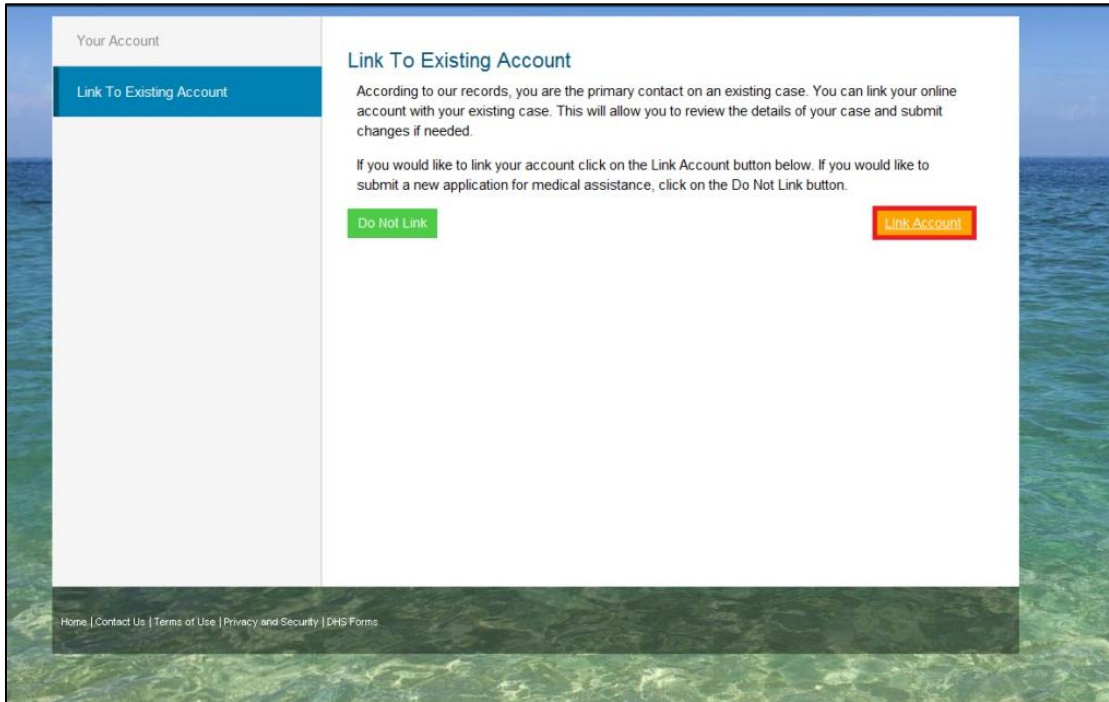
The screenshot shows a web form titled "Please answer the following questions" set against a background of ocean waves. The form contains three questions, each with a dropdown menu to its right:

- What model car do you drive?
- What is the year of your vehicle?
- What is the name of the city where you previously lived?

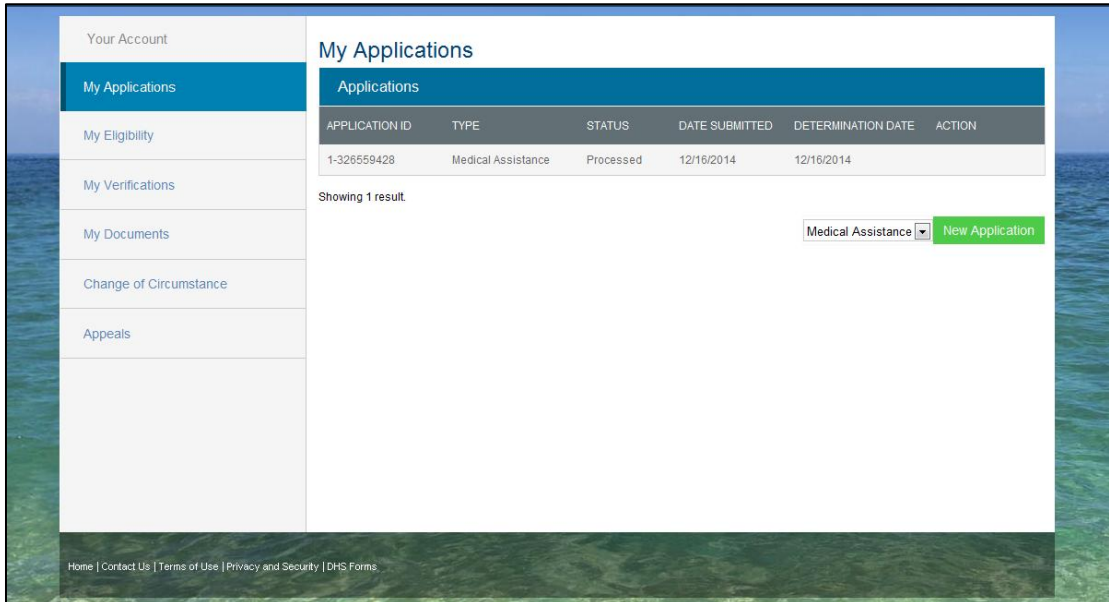
At the bottom right of the form are two buttons: "Back" and "Next". The "Next" button is highlighted with a red border. At the bottom left of the page, there is a footer with the text: "Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms".

**Note:** If you are unable to answer the questions correctly in three attempts, you will be presented with a contact number and a reference number. If you want to continue the process, call the number presented and provide the reference number. This is a separate process with the federal service provided by Experian. The **Department of Human Services** and the **Hawaii Health Connector** will not be able to help you with this process. Instead of completing this process, you can choose to submit a paper application.

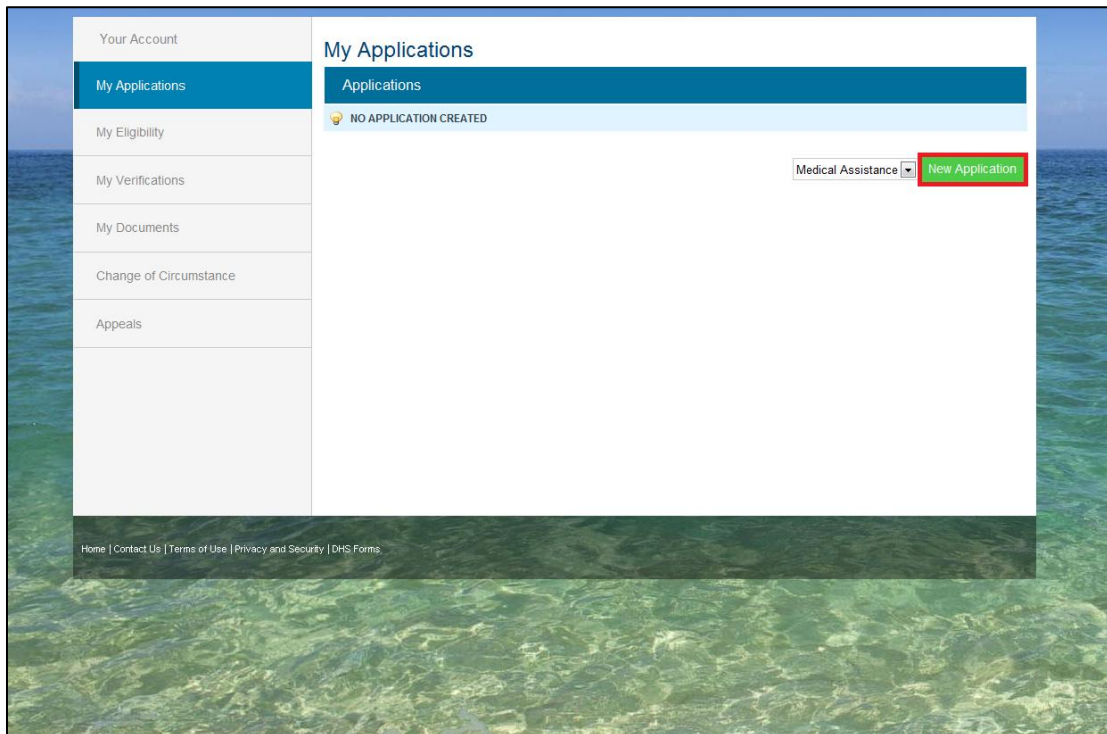
7. Once the security image and questions are selected and answered and the remote identify proofing is complete, the Portal will search for an existing application. If you already have an existing case, the Portal will give you the option to link your account. Select **Link Account** to do so.



8. Your account is now linked to your existing case. To view what to do next, refer to [Account Management](#).



9. If you choose not to link your account or do not have an existing account, navigate to the **My Applications** tab and click **New Application**.



10. If you successfully completed the remote identity proofing process, the Portal will prepopulate your information in the application. Confirm the information and make changes if necessary. If there is any information missing, enter the information in the required fields. Required fields are annotated with an asterisk (\*). You will not be able to continue on until all required fields are complete.

The screenshot shows a web application interface. On the left is a vertical sidebar menu with the following items: Primary Contact Information (highlighted in blue), Primary Applicant Details, Household Details, Tax Dependents, Family Health Coverage, Health Coverage from Jobs, AI/AN Information, Authorized Representative, Review, Declare & File, and Application Confirmation. The main content area is titled 'Tell us about yourself.' and contains the following fields:

- 1. First Name \* (text input, highlighted with a red box)
- Middle Name (text input)
- Last Name \* (text input, highlighted with a red box)
- Suffix (dropdown menu)
- 2. Home address (text input)
- Address Line 1 \* (text input, highlighted with a red box)
- 3. Apartment or suite number (text input)
- 4. City \* (text input, highlighted with a red box)
- 5. State \* (dropdown menu, showing 'HI', highlighted with a red box)
- 6. Zip code \* (text input, highlighted with a red box)
- Please provide a mailing address if different from your home address.
- 7. Mailing Address (Leave blank if you don't have one.) (text input)
- Address Line 1 (text input)
- 8. Apartment or suite number (text input)
- 9. City (text input)
- 10. State (dropdown menu)
- 11. Zip code (text input)
- 12. Phone number (text input)
- 13. Other phone number (text input)
- 14. Do you want to get information about this application by email?  Yes  No
- 15. Preferred Spoken Language (dropdown menu, showing 'English')
- 16. Preferred Written Language (dropdown menu, showing 'English')

At the bottom right of the form are two buttons: 'Save & Exit' and 'Next' (highlighted with a red box). At the bottom left of the page is a footer with the text: Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms.

**Note:** If you did not complete the remote identity proofing process you will **NOT** be able to submit an application on-line. Complete the identity proofing process or file a paper application.

11. The Portal matches the address with the U.S. Postal Service and returns a standardized address. You have the option of picking either the provided address or the standardized address. Confirm the correct address and click **Next**.

**Standardized Address**

Please review the standardized address below. If this address is correct, please click on the Next button to update your address. If you like to use the unstandardized address please select the Provided address below and click on the Next button to update the address.

Name  
**Test Tester**

Home Address

<input type="checkbox"/> Provided Address	<input checked="" type="checkbox"/> Standardized Address
123 4th st honolulu, HI 96815	123 4th St Honolulu, HI 96818

Mailing address

<input type="checkbox"/> Provided Address	<input checked="" type="checkbox"/> Standardized Address
123 4th st honolulu, HI 96815	123 4th St Honolulu, HI 96818

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

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms

12. Enter the required information in the fields for the **Primary Applicant Details**. This is the person who will receive all eligibility notices.

Primary Contact Information

**Primary Applicant Details**

Household Details

Tax Dependents

Family Health Coverage

Health Coverage from Jobs

A/AN Information

Authorized Representative

Review, Declare & File

Application Confirmation

### PERSON 1 (Start with yourself)

Complete this step for yourself, your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. If you dont file a tax return, remember to still add family member who live with you.

1. First Name \*  Middle Name  Last Name  Suffix

2. Relationship to you ? \*  3. Date of birth (mm/dd/yyyy) \*  4. Sex \*

5. Social Security number (SSN)

6. Do you plan to file a federal Tax Return next year? \*

a. Will you jointly file with a spouse? \*

Name of Spouse \* First Name \*  Middle Name  Last Name \*

b. Will you claim any dependents on your tax return? \*

Name of dependent \* First Name \*  Middle Name  Last Name \*

c. Will you be claimed as a dependent on someone's tax return? \*

8. Do you need health coverage? \*  Yes  No

9. Do you have a physical or psychological health condition that causes limitation in activities? \*

10. Are you a U.S. citizen or U.S. national? \*

12. Do you have any medical bills for eligible medical services in the past ten(10) calender days immediately prior to the date of application?

### Current Job & Income Information

Type of Employment \*  Employed  Not Employed

Employer name \*  Phone number

Address Line 1 \*  Apartment or suite number

City \*  State \*  Zip code \*

Wages/tips (before taxes) \*  How Often ? \*

Income Start Date  Income End Date

In the past year, did you:

Self Employed



13. If you have more people in your household, use the **Add Person** button in the **Household Details** section.

First Name	Last Name	Relationship	Sex	Date Of Birth	Controls
Test	tester	Self	Male	10/01/1980	<input type="button" value="Remove Person"/> <input type="button" value="Add Person"/>

**Person 2**

Complete this step for yourself, your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. If you dont file a tax return, remember to still add family member who live with you.

1. First Name \*  Middle Name  Last Name \*  Suffix

2. Relationship to you \*  3. Date of birth (mm/dd/yyyy) \*  4. Sex \*

5. Social Security number (SSN)

6. Do you plan to file a federal Tax Return next year? \*

a. Will you jointly file with a spouse? \*

Name of Spouse \* First Name \*  Middle Name  Last Name \*

b. Will you claim any dependents on your tax return? \*

c. Will you be claimed as a dependent on someone's tax return? \*

7. Does PERSON 2 live at the same address as you?

8. Is PERSON 2 pregnant? \*

9. Does PERSON 2 need health coverage? \*  Yes  No

**Current Job & Income Information**

Type of Employment \*

Employed  Not Employed

Self Employed

**OTHER INCOME THIS MONTH**

Receiving SSI Benefits

14. Once all household members have been entered, the **Household Details** page will provide the option to edit or remove a member. To edit a member, click the blue button. To remove a member, click the red button. To add a member, click the **Add Person** button. The Primary Applicant is editable, but not removable.

The screenshot displays the 'Household Details' page. On the left is a navigation menu with the following items: Primary Contact Information, Primary Applicant Details, Household Details (highlighted in blue), Tax Dependents, Family Health Coverage, Health Coverage from Jobs, AI/AN Information, Authorized Representative, Review, Declare & File, and Application Confirmation. The main content area features a table with the following data:

First Name	Last Name	Relationship	Sex	Date Of Birth	Controls
Test	tester	Self	Male	10/01/1980	
Test	Wife	Married to	Female	10/01/1987	
Test	Child	a (step-) child of	Male	10/01/2008	

Below the table is a yellow 'Add Person' button. At the bottom of the main content area are three green buttons: 'Save & Exit', 'Back', and 'Next'. A footer at the bottom of the page contains the text: Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms.



15. The next screen prompts you to validate the relationships previously built in the **Household Details** section. Validate the relationships and click **Next**. If the relationships are incorrect, use the check boxes provided to correct the relationships.

- Primary Contact Information
- Primary Applicant Details
- Household Details
- Tax Dependents
- Family Health Coverage
- Health Coverage from Jobs
- AI/AN Information
- Authorized Representative
- Review, Declare & File
- Application Confirmation

### Tax Dependents

Answer these questions for everyone applying for help paying for health insurance.

**Does Test tester plan to file a federal income tax return NEXT YEAR? \***  Yes  No

Will Test tester file jointly with a spouse? Yes

	First Name	Middle Name	Last Name	Suffix
<input checked="" type="checkbox"/>	Test		Wife	
<input type="checkbox"/>	Test		Child	

Will Test tester claim any dependents on their tax return? Yes

	First Name	Middle Name	Last Name	Suffix
<input checked="" type="checkbox"/>	Test		Wife	
<input type="checkbox"/>	Test		Child	

Will Test tester be claimed as a dependent on someone's tax return? No

	First Name	Middle Name	Last Name	Suffix
<input type="checkbox"/>	Test		Wife	
<input type="checkbox"/>	Test		Child	

Check here if this person is not part of the household

How is Test tester related to the tax filer?

**Does Test Wife plan to file a federal income tax return NEXT YEAR? \***  Yes  No

Will Test Wife file jointly with a spouse? Yes

	First Name	Middle Name	Last Name	Suffix
<input checked="" type="checkbox"/>	Test		tester	
<input type="checkbox"/>	Test		Child	

Will Test Wife claim any dependents on their tax return? No

	First Name	Middle Name	Last Name	Suffix
<input type="checkbox"/>	Test		tester	

16. If a household member has existing health coverage, select **Yes** and enter the required information. If no one in the household has existing health coverage, select **No** and click **Next**.

The screenshot shows a web form titled "Your Family's Health Coverage" with a sidebar on the left containing navigation links: Primary Contact Information, Primary Applicant Details, Household Details, Tax Dependents, Family Health Coverage (highlighted), Health Coverage from Jobs, AI/AN Information, Authorized Representative, Review, Declare & File, and Application Confirmation.

The main content area is titled "Your Family's Health Coverage" and contains the following sections:

- Is anyone listed on this application enrolled in health coverage now? \***  
 No. If no, skip to next step.   
 Yes. If yes, answer the following questions.
- Is Test tester enrolled in health coverage now? \***  
 Yes  No
- Coverage Details**
  - Type of Health Insurance \* (dropdown menu)
  - Policy Name \* (text input)
  - Policy Number (text input)
  - Policy Start Date \* (text input)
  - Policy End Date (text input)
- Includes medical care?  Yes  No
- Includes dental care?  Yes  No
- Includes vision care?  Yes  No
- Is this a limited-benefit plan (like a school accident policy)?  Yes  No

At the bottom of the form, there are three buttons: "Add Coverage" (green), "Save & Exit" (green), "Back" (green), and "Next" (green). Below the "Add Coverage" button, there are two more questions:

- Is Test Wife enrolled in health coverage now? \***  
 Yes  No
- Is Test Child enrolled in health coverage now? \***  
 Yes  No

At the bottom right of the form, there are three buttons: "Save & Exit" (green), "Back" (green), and "Next" (green).

17. If a household member has health coverage from an employer, select **Yes** and enter the required information. If that person has health coverage from another employer, click the **Add Employer** button. You will select which household member is the employee receiving health insurance. If no one in the household has health insurance from an employer, select **No** and click **Next**.

**Health Coverage from Jobs**

Is anyone listed on this application offered health coverage from a job? \*

No. If no, skip to next step. [Next](#)

Yes. If yes, answer the following questions.

Is this a state employee benefit plan? \*  Yes  No

Employer name      Employer Identification Number (EIN)

[Remove Employer](#) [Add Employer](#)

You DON'T need to answer these questions unless someone in the household is eligible for health coverage from a job.

Tell us about the job that offers coverage.

Select Employee \*

	First Name	Middle Name	Last Name
<input checked="" type="radio"/>	Test		tester
<input type="radio"/>	Test		Wife
<input type="radio"/>	Test		Child

1. Employer name \*

2. Employer Identification Number (EIN)

3. Employer phone number \*

4. Address Line 1 \*

5. Address Line 2

6. City \*

7. State \*

8. Zip code \*

9. Who can we contact about employee health coverage at this job? \*

10. Phone Number \*

11. Email Address

12. Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months? \*  Yes  No

[Remove Employer](#) [Add Employer](#)

[Save & Exit](#) [Back](#) [Next](#)

18. If a household member is American Indian or Alaskan Native, select **Yes** and complete the required fields. If no one in the household is American Indian or Alaskan Native, select **No** and click **Next**.

**American Indian or Alaskan Native Family Member (AI/AN)**

Are you or anyone in your family American Indian or Alaskan Native? \*

No. Nobody in my family is American Indian or Alaskan Native. [Next](#)

Yes. If yes, answer the following questions.

Is Test tester an American Indian or Alaskan Native? \*

Yes  No

Is Test a member of a Federally recognized Tribe? \*

Yes  No

If yes, give the name of the tribe. \*

Has Test ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? \*

Yes  No

Is Test eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs? \*

Yes  No

Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources:

- Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties
- Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)
- Money from selling things that have cultural significance

Amount (\$):  How often?

Is Test Wife an American Indian or Alaskan Native? \*

Yes  No

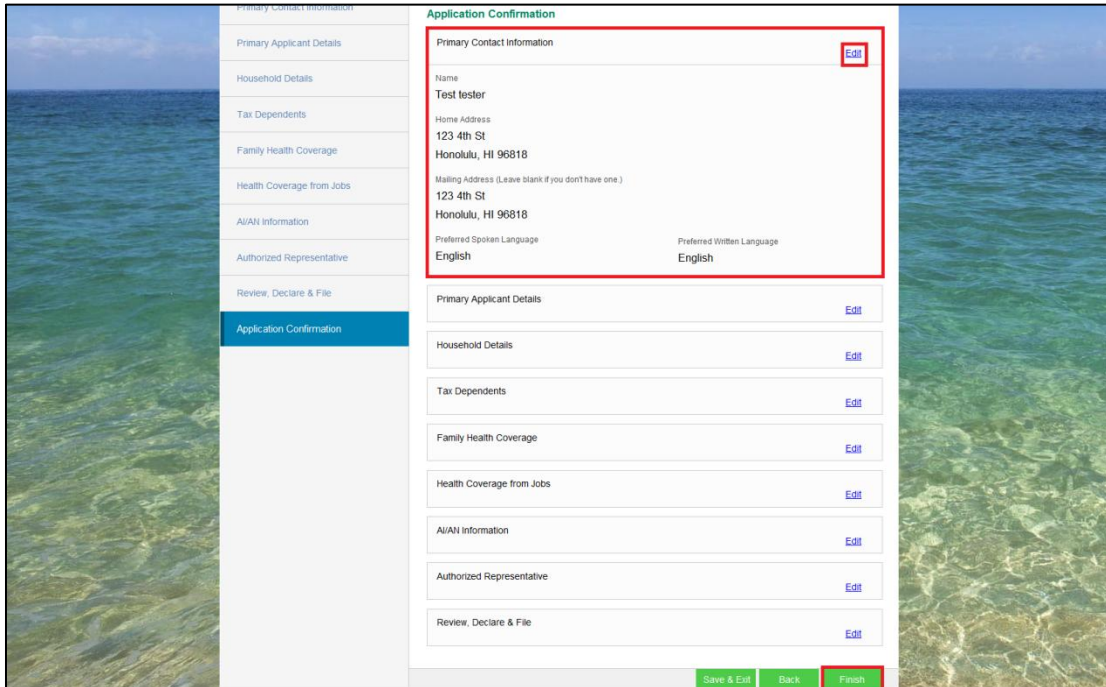
Is Test Child an American Indian or Alaskan Native? \*

Yes  No

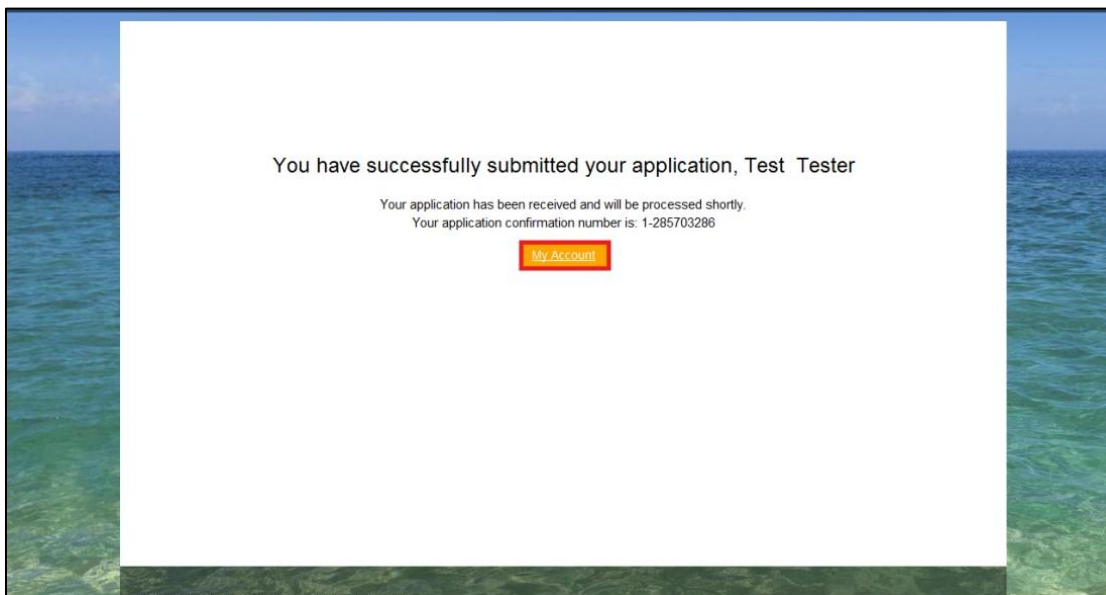
19. Read the **Terms and Conditions**, answer the eligibility renewal and parent living outside the home questions, and electronically sign the application. You must agree to the **Terms and Conditions** in order to submit the application.

Primary Contact Information	<p><b>Read &amp; Sign this application.</b></p> <ul style="list-style-type: none"> <li>I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.</li> <li>I know that I must tell the Department of Human Service or the Hawaii Health Connector if anything changes (and is different than) what I wrote on this application. I can visit <a href="http://mibenefits.hawaii.gov">mibenefits.hawaii.gov</a> or call 1-877-628-5076 to report any changes. I understand that a change in my information could affect my eligibility for members of my household.</li> <li>I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting <a href="http://www.hhs.gov/ocrofficefile">www.hhs.gov/ocrofficefile</a>.</li> <li>I confirm that no one applying for health insurance on this application is incarcerated (Detained or jailed) or residing in a state medical institution. <ul style="list-style-type: none"> <li><input type="checkbox"/> If not, the following applicant(s) are incarcerated or institutionalized.</li> </ul> </li> </ul> <p>We need this information to check your eligibility for help paying for health coverage if you choose to apply, we'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), social security, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.</p> <p><b>Renewal of coverage in future years</b></p> <p>To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Department of Human Services and Hawaii Health Connector to use income data, including information from tax returns. The Department of Human Services or the Hawaii Health Connector will send me a notice, let me make any changes, and I can opt out at any time.</p> <p><b>Yes, renew my eligibility automatically for the next</b> <input type="text"/></p> <p><b>If anyone on this application is eligible for medicaid</b></p> <ul style="list-style-type: none"> <li>I am giving to the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Medicaid agency right to pursue and get medical support from a spouse or parent.</li> <li>Does any child on this application have a parent living outside this home? * <ul style="list-style-type: none"> <li><input type="radio"/> Yes <input type="radio"/> No</li> </ul> </li> <li>If Yes I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell Medicaid and I may not have to cooperate.</li> </ul> <p><b>My right to appeal</b></p> <p>If I think the Department of Human Service or Hawaii Health Connector has made a mistake, I can appeal its decision. To appeal means to tell someone at the Department of Human Services or Hawaii Health Connector that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting the someone at 1-877-628-5076. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.</p> <p><b>Sign this application.</b></p> <p>The person who filled out Step 1 should sign this application. If you're an authorized representative you may sign here, as long as you have provided the information required in Step 8.</p> <p><input checked="" type="checkbox"/> agree to the Terms and Conditions * <input type="text"/> <input type="text"/></p> <p><input type="button" value="Save &amp; Exit"/> <input type="button" value="Back"/> <input type="button" value="Review"/></p>
Primary Applicant Details	
Household Details	
Tax Dependents	
Family Health Coverage	
Health Coverage from Jobs	
AI/AN Information	
Authorized Representative	
<b>Review, Declare &amp; File</b>	
Application Confirmation	

20. You can review all information entered in the application in the **Application Confirmation** screen. To review the information, click on the appropriate section under **Application Confirmation**. The section will expand for you to view the information you entered previously in the application. To edit the information, click on the **Edit** button. After confirmation of the information, click **Finish** to submit the application.



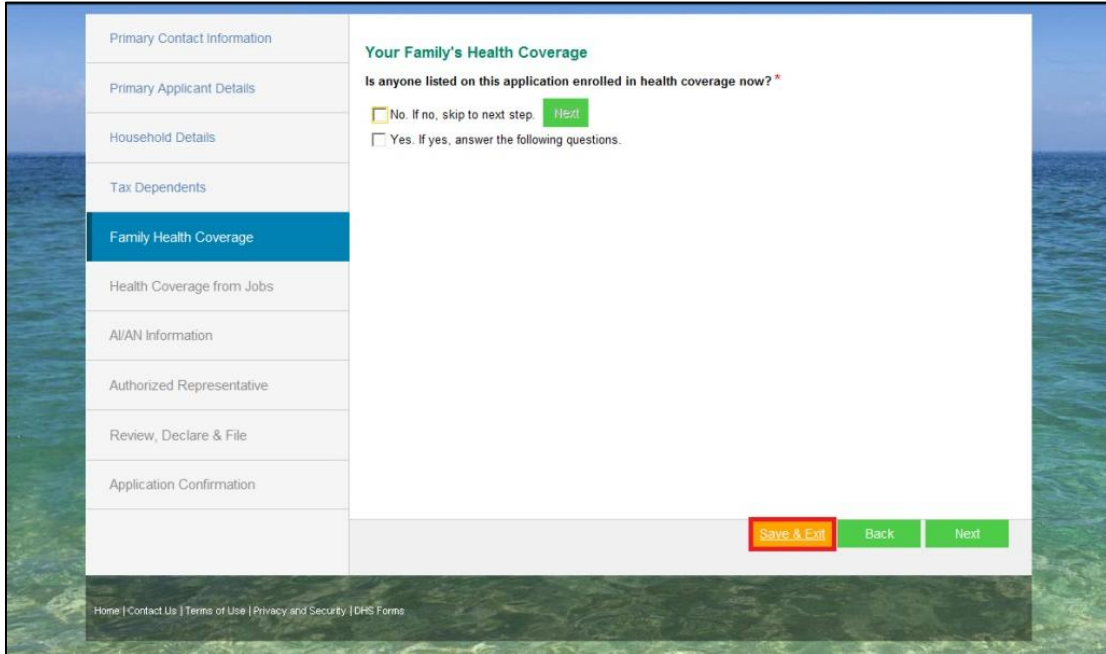
21. The application has been successfully submitted and you are now able to view your account.



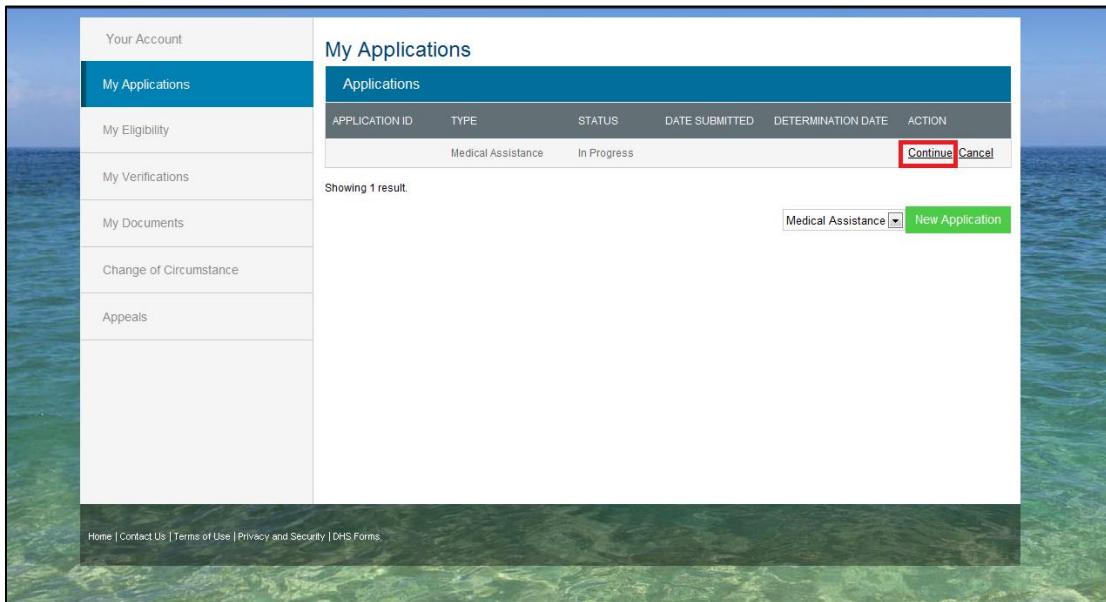


### 3.3 Save and Exit

1. At any point in the application, you have the option to save and exit the application and return later to finish the application. To save and exit the application, click **Save & Exit**. The Portal will only save information provided up to the previous screen before clicking the **Next** button. To avoid losing data on your current screen, click **Next** before clicking **Save & Exit**.



2. To retrieve the application, find the saved application in the **My Application** tab and click **Continue**.



3. You will return to the place in the application where it was last saved.

Primary Contact Information

Primary Applicant Details

Household Details

Tax Dependents

**Family Health Coverage**

Health Coverage from Jobs

AI/AN Information

Authorized Representative

Review, Declare & File

Application Confirmation

### Your Family's Health Coverage

Is anyone listed on this application enrolled in health coverage now? \*

No. If no, skip to next step. [Next](#)

Yes. If yes, answer the following questions.

[Save & Exit](#) [Back](#) [Next](#)

[Home](#) | [Contact Us](#) | [Terms of Use](#) | [Privacy and Security](#) | [DHS Forms](#)



## 4. Account Management

You are able to manage your account using the following tabs:

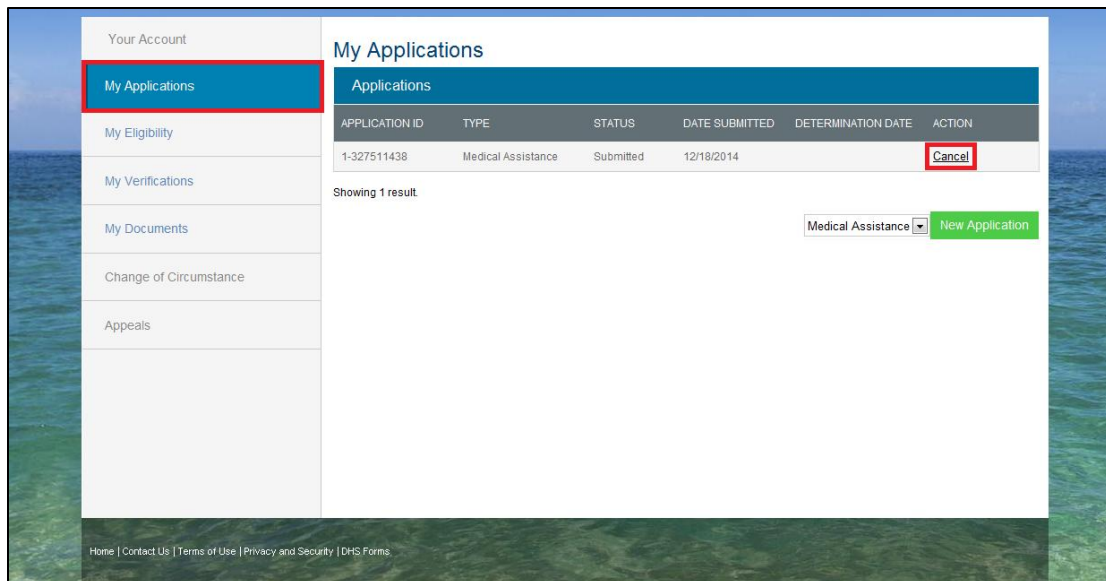
- My Applications
- My Eligibility
- My Verifications
- My Documents
- Change of Circumstance
- Appeals

### 4.1 My Applications

The **My Applications** tab allows you to view key information about your application:

- Application ID
- Application Type
- Application Status
- Date Submitted

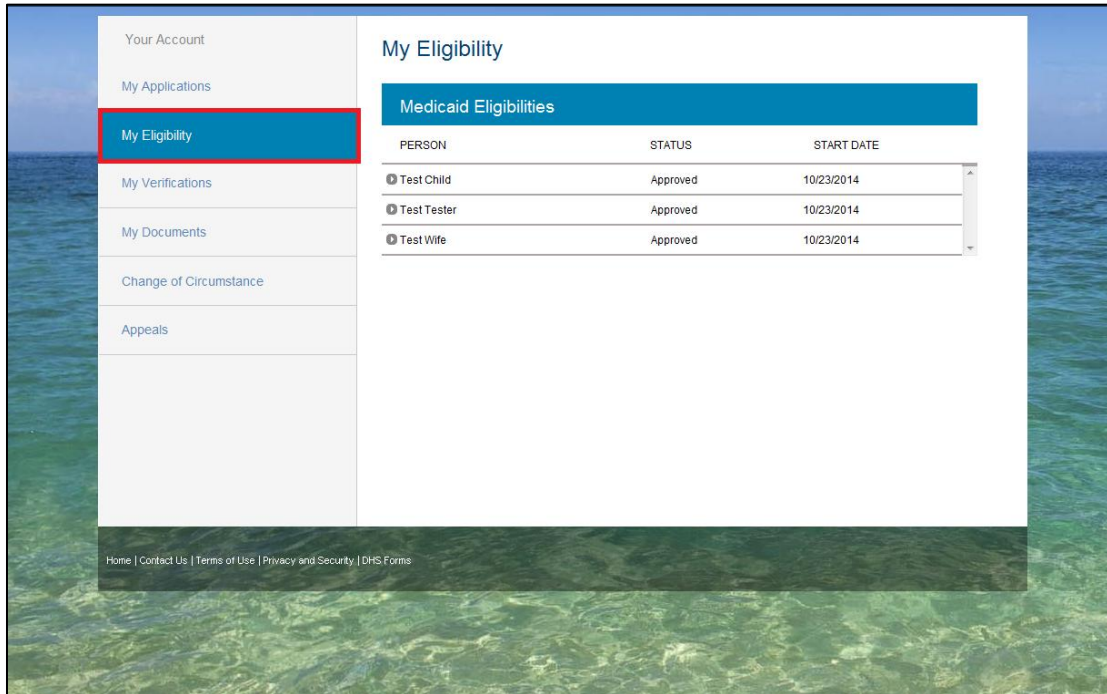
The **My Applications** tab also allows you to cancel your application before it is processed by clicking **Cancel**. You can also retrieve and finish saved applications here.



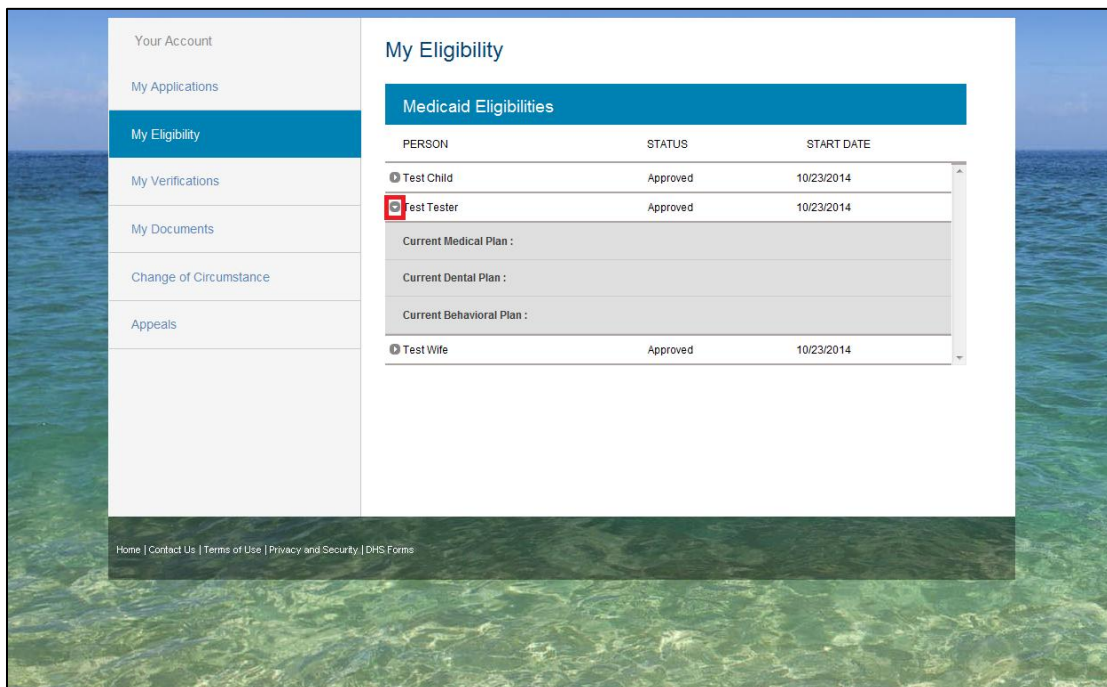
## 4.2 My Eligibility

The **My Eligibility** tab allows you to view the details of eligibility and the Health Insurance Plans for each member of the household.

1. To access the eligibility description, select the **My Eligibility** tab on the left.



2. To view the description, click the button on the left of the household member.



## 4.3 My Verifications

The **My Verifications** tab allows you to view verification items for all members in the household. Items that have been verified either electronically, manually or are missing or conflicting will appear the day after processing. For new applications, verification items will appear only after the application has been submitted and processed.

1. To access the verification items, select the **My Verifications** tab on the left side of the screen. This page shows the verification items for each household member including the due date and status of each verification item. To upload outstanding verification items, click **Upload** next to the appropriate verification item. After clicking **Upload**, the Portal will shift to the **My Documents** tab. Refer to [Upload Verification Documents](#) for uploading verification documents.

Your Verifications				
VERIFICATION TYPE	PERSON	DUE DATE	STATUS	Action
Medicare	Test Tester		Waived	<a href="#">Upload</a>
Income	Test Tester		Waived	<a href="#">Upload</a>
Other Insurance Coverage	Test Tester		Verified	<a href="#">Upload</a>
US Citizenship	Test Tester		Verified	<a href="#">Upload</a>
SSN	Test Tester		Verified	<a href="#">Upload</a>

Showing 1 - 5 of 9 results.

Page 1 of 2 | First | Previous | Next | Last

2. You may view uploaded verification items in the **My Documents** tab. To view the uploaded documents, select **Other Documents** in the dropdown. You are able to see the documents that have been uploaded, but are not able to open the document.

The screenshot displays a user interface for 'My Documents'. On the left is a sidebar with navigation options: 'Your Account', 'My Applications', 'My Eligibility', 'My Verifications', 'My Documents' (highlighted with a red box), 'Change of Circumstance', and 'Appeals'. The main content area is titled 'My Documents' and includes an 'Upload a New Document' section with an 'Upload' button. Below this is a 'Your Documents' section with a dropdown menu set to 'Other Documents' (highlighted with a red box). A table lists documents, with one entry highlighted by a red box:

TYPE	DATE	DESCRIPTION	CLIENT NAME
Other Verification Item	12/18/2014	401K	Test Tester

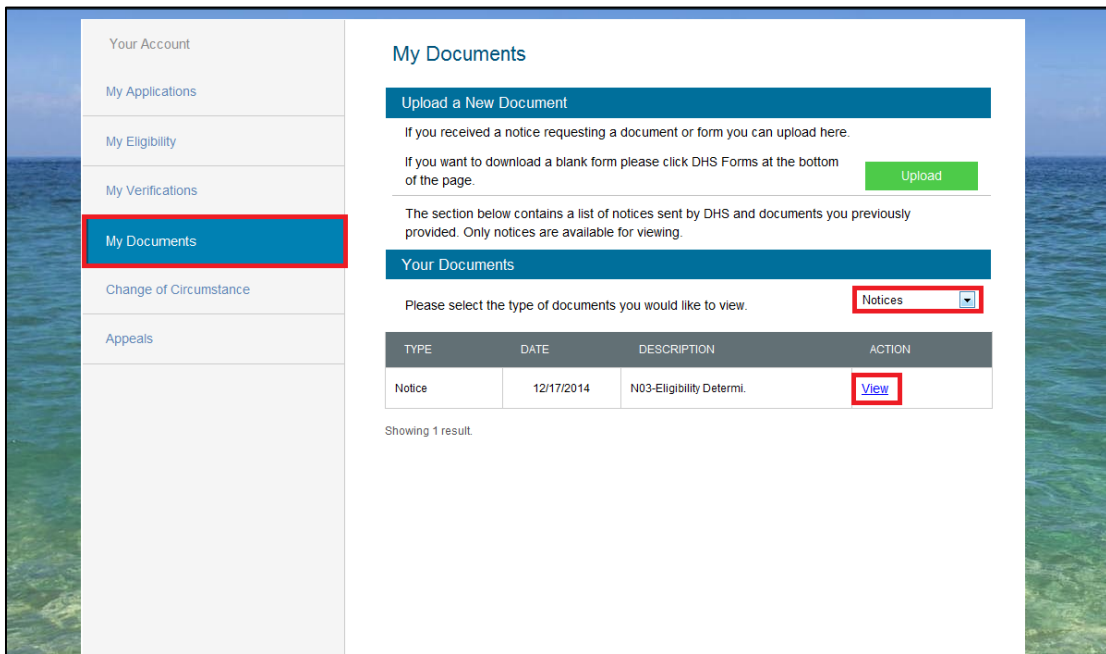
Showing 1 result.

## 4.4 My Documents

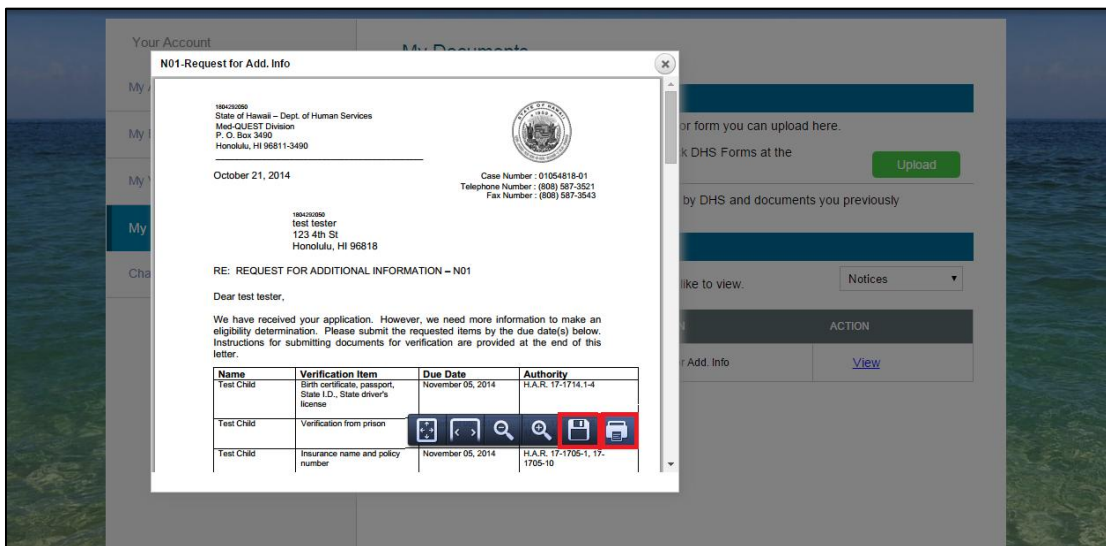
The **My Documents** tab allows you to view notices and upload documents such as verification items and forms. This process describes the steps for viewing notices and uploading forms and verification documents.

### 4.4.1 Notices

1. You are able to view notices in the **My Documents** tab. To view a notice, click on the **My Documents** tab on the left side of the screen. Select **Notices** as the document type in the dropdown. To open the notice, select **View** next the appropriate notice.



2. From here, you can view the notice and have the option to save or print the document.



## 4.4.2 Upload Verification Document

1. You are able to upload verification documents and forms. Prior to uploading documents, be sure they are in one of the acceptable file types. Click on the **Upload** button on the **My Documents** tab.

The screenshot displays a web application interface with a sidebar on the left and a main content area on the right. The sidebar contains several menu items: 'Your Account', 'My Applications', 'My Eligibility', 'My Verifications', 'My Documents' (highlighted with a red border), 'Change of Circumstance', and 'Appeals'. The main content area is titled 'My Documents' and features a blue header 'Upload a New Document'. Below this header, there are two paragraphs of text: 'If you received a notice requesting a document or form you can upload here.' and 'If you want to download a blank form please click DHS Forms at the bottom of the page.' A green 'Upload' button is positioned to the right of the second paragraph. A third paragraph states: 'The section below contains a list of notices sent by DHS and documents you previously provided. Only notices are available for viewing.' Below this is another blue header 'Your Documents' and a dropdown menu labeled 'Please select the type of documents you would like to view.' with 'Notices' selected. A table with four columns (TYPE, DATE, DESCRIPTION, ACTION) contains one row: 'Notice', '12/17/2014', 'N03-Eligibility Determi.', and a 'View' link. Below the table, it says 'Showing 1 result.'

2. Select the appropriate file type. Select the type of verification document that will be uploaded. Select the household member that the verification document applies. If the document applies to more than one household member, select **Yes** and specify the additional information.

Your Account

My Documents

Upload

### Upload From Your Computer

Please provide some additional information about the file you want to upload.

What does this file contain? \*

Verification Document

This file contains Tax Records

For test tester

Does this file contain Document(s) for another person in this case?

Click on the browse button to locate the file you want to upload from your computer.

File Path

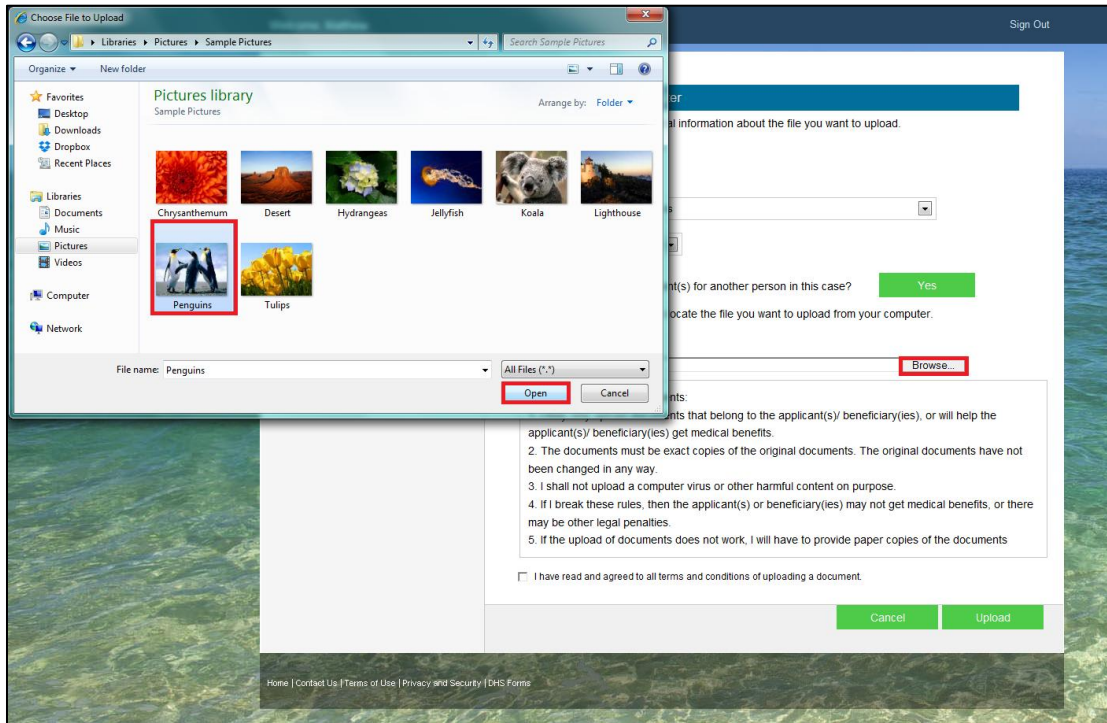
Rules for Uploading Documents:

1. I may only upload documents that belong to the applicant(s)/ beneficiary(ies), or will help the applicant(s)/ beneficiary(ies) get medical benefits.
2. The documents must be exact copies of the original documents. The original documents have not been changed in any way.
3. I shall not upload a computer virus or other harmful content on purpose.
4. If I break these rules, then the applicant(s) or beneficiary(ies) may not get medical benefits, or there may be other legal penalties.
5. If the upload of documents does not work, I will have to provide paper copies of the documents

I have read and agreed to all terms and conditions of uploading a document.



3. To upload the document, select the **Browse** button and find the document on the computer.





4. To complete the upload, read the **Rules for Uploading Documents**, click the confirmation of terms and conditions, and click **Upload**. If you make a mistake and want to re-do or cancel the upload, click the **Cancel** button.

Your Account

My Documents

Upload

### Upload From Your Computer

Please provide some additional information about the file you want to upload.

What does this file contain? \*

Verification Document

This file contains Tax Records

For test tester

Does this file contain Document(s) for another person in this case?

Click on the browse button to locate the file you want to upload from your computer.

File Path

C:\Users\Public\Pictures\Sample Pictures\Penguins.jpg

**Rules for Uploading Documents:**

1. I may only upload documents that belong to the applicant(s)/ beneficiary(ies), or will help the applicant(s)/ beneficiary(ies) get medical benefits.
2. The documents must be exact copies of the original documents. The original documents have not been changed in any way.
3. I shall not upload a computer virus or other harmful content on purpose.
4. If I break these rules, then the applicant(s) or beneficiary(ies) may not get medical benefits, or there may be other legal penalties.
5. If the upload of documents does not work, I will have to provide paper copies of the documents

I have read and agreed to all terms and conditions of uploading a document.

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms

5. The **Verification Document** has now been successfully submitted.

File Uploaded Successfully!

### My Documents

**Upload a New Document**

If you received a notice requesting a document or form you can upload here.

If you want to download a blank form please click DHS Forms at the bottom of the page.

[Upload](#)

The section below contains a list of notices sent by DHS and documents you previously provided. Only notices are available for viewing.

### Your Documents

Please select the type of documents you would like to view. Notices

TYPE	DATE	DESCRIPTION	ACTION
Notice	12/17/2014	N03-Eligibility Determi.	<a href="#">View</a>

Showing 1 result.

### 4.4.3 Upload Form

1. To upload a form, select the **My Documents** tab and click **Upload**. Click **DHS Forms** on the bottom of the page to find the forms for you to complete. Before uploading the form, please confirm that the form is complete and is saved in an acceptable file format.

The screenshot displays a user interface for managing documents. On the left, a sidebar contains navigation links: 'Your Account', 'My Applications', 'My Eligibility', 'My Verifications', 'My Documents' (highlighted with a red box), 'Change of Circumstance', and 'Appeals'. The main content area is titled 'My Documents' and includes an 'Upload a New Document' section with an 'Upload' button (highlighted with a red box). Below this is a table titled 'Your Documents' with columns for TYPE, DATE, DESCRIPTION, and ACTION. The table contains one row: Notice, 12/17/2014, N03-Eligibility Determini., and a 'View' link. At the bottom of the page, the footer contains links for 'Home', 'Contact Us', 'Terms of Use', 'Privacy and Security', and 'DHS Forms' (highlighted with a red box).

TYPE	DATE	DESCRIPTION	ACTION
Notice	12/17/2014	N03-Eligibility Determini.	<a href="#">View</a>

2. Select the document type in the dropdown, then select the type of document to be uploaded.

Your Account

My Documents

Upload

### Upload From Your Computer

Please provide some additional information about the file you want to upload.

What does this file contain? \*

Form

Please select the Form.

DHS1100...1-MEDICAL ASSISTANCE APPLICATION - INSTRUCTIONS REV.12/11

Click on the browse button to locate the file you want to upload from your computer.

File Path

Browse...

Rules for Uploading Documents:

1. I may only upload documents that belong to the applicant(s)/ beneficiary(ies), or will help the applicant(s)/ beneficiary(ies) get medical benefits.
2. The documents must be exact copies of the original documents. The original documents have not been changed in any way.
3. I shall not upload a computer virus or other harmful content on purpose.
4. If I break these rules, then the applicant(s) or beneficiary(ies) may not get medical benefits, or there may be other legal penalties.
5. If the upload of documents does not work, I will have to provide paper copies of the documents

I have read and agreed to all terms and conditions of uploading a document.

Cancel Upload

Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms

3. Follow the steps in [Upload Verification Document](#) to complete the upload.

4. You are able to view uploaded forms and verification items in the **My Documents** tab. To view the uploaded documents, select **Other Documents** in the dropdown. You are able to see which documents have been uploaded, but you are not able to open the document.

**My Documents**

**Upload a New Document**

If you received a notice requesting a document or form you can upload here.

If you want to download a blank form please click DHS Forms at the bottom of the page. [Upload](#)

The section below contains a list of notices sent by DHS and documents you previously provided. Only notices are available for viewing.

**Your Documents**

Please select the type of documents you would like to view.

TYPE	DATE	DESCRIPTION	CLIENT NAME
Other Verification Item	12/18/2014	401K	Test Tester
Form	12/18/2014	DHS8027 - REQUEST FOR ACCOUNTING OF DISCLOSURES OF HEALTH INFORMATION	

Showing 2 results.

[Home](#) | [Contact Us](#) | [Terms of Use](#) | [Privacy and Security](#) | [DHS Forms](#)

## 4.5 Change of Circumstance

You may use the **Change of Circumstance** tab to report one of seven types of change of circumstance. Additionally, there are eight other options to choose from within Other. Select the change of circumstance option and complete the required information.

**Note:** Only the Primary Applicant/Beneficiary is able to make changes and provide updates for all members in the case.

### 4.5.1 Predefined Change of Circumstance

You have the ability to submit one of six types a of predefined change of circumstance:

- Add A Household Member
- Change of Address (Mailing or Residential)
- Change of Income
- Pregnancy
- Change Contact Information
- End My Benefits

1. This example will describe reporting a change of address. Select **Change of Address (Mailing or Residential)** and click **Make Changes**.

The screenshot displays a web interface for reporting a change of circumstance. On the left, a vertical sidebar contains menu items: My Applications, My Eligibility, My Verifications, My Documents, Change of Circumstance (highlighted with a red border), and Appeals. The main content area is titled 'Change of Circumstance' and includes a blue header bar with the same title. Below the header, a list of options is presented, each with a checkbox: 'Add A Household Member' (unchecked), 'Change of Address (Mailing or Residential)' (checked), 'Change in Income' (unchecked), 'Pregnancy' (unchecked), 'Change Contact Information' (unchecked), 'End My Benefits' (unchecked), and 'Other' (unchecked). A green 'Make Changes' button is located at the bottom right of the form area. At the bottom of the page, a footer contains the text: Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms.

2. Select the appropriate **Household Member** for the change of circumstance and click **Edit**.

The screenshot shows a web interface for changing an address. On the left is a navigation menu with three items: 'Change of Address' (highlighted in blue), 'Update Address', and 'Review, Declare & file'. The main content area is titled 'Change of Address' and has a sub-header 'Current Address Information'. Below this is the 'Household Members' section, which contains three radio button options: 'Test tester' (selected), 'Test Wife', and 'Test Child'. Under the 'Test tester' option, there is a table with the following information:

Residential Address	ACTION
123 5th St Honolulu, HI , 96818	<a href="#">Edit</a>

At the bottom right of the main content area, there is a green 'Cancel' button.

3. Enter the necessary information and click **Next**.

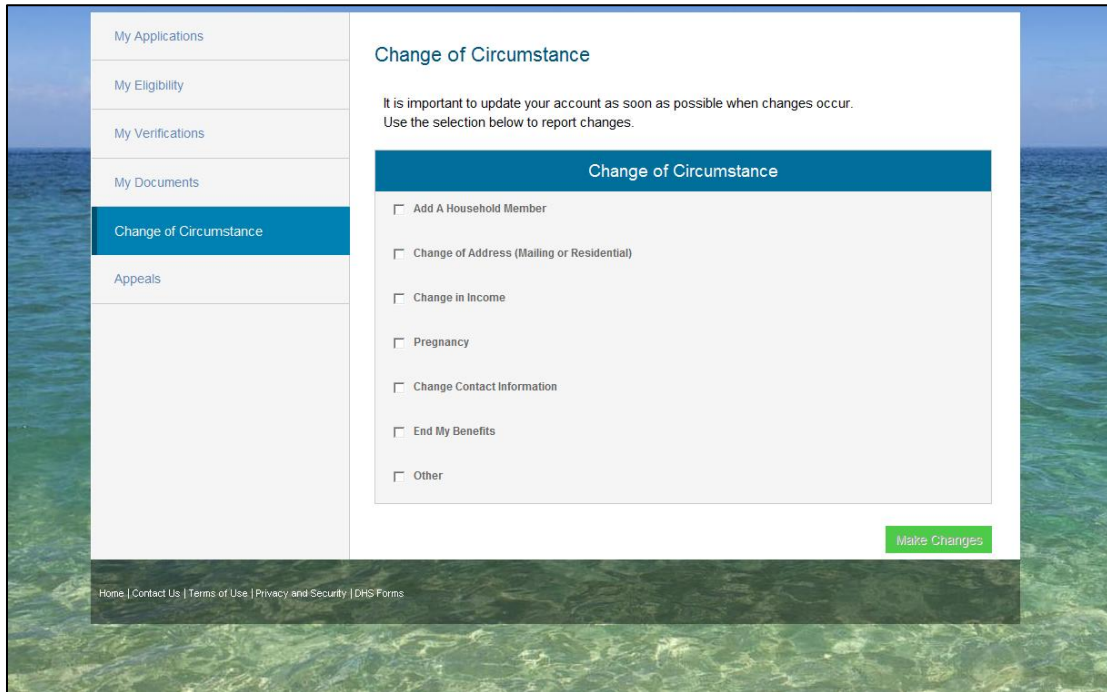
The screenshot shows the same web interface, but now the 'Update Address' section is active. The navigation menu has 'Update Address' highlighted in blue. The 'Update Address' section contains the following fields:

- Address Line 1 \*: 123 5th St
- Address Line 2: (empty)
- City \*: Honolulu
- State \*: HI (dropdown menu)
- Zip Code \*: 96818
- Apply Residential address to entire household

At the bottom right of the main content area, there are two buttons: a green 'Cancel' button and a red 'Next' button.



4. There is no confirmation of a successful submission. After submission, the Portal will redirect back to the **Change of Circumstance** tab.



## 4.5.2 Other Change of Circumstance

You have the option to submit a change of circumstance that is not included in the predefined list. The **Other** options include reporting:

- Absent Parent
- Authorized Rep
- Death
- Disability
- Expenses
- Incarceration
- Remove a Household Member
- Other

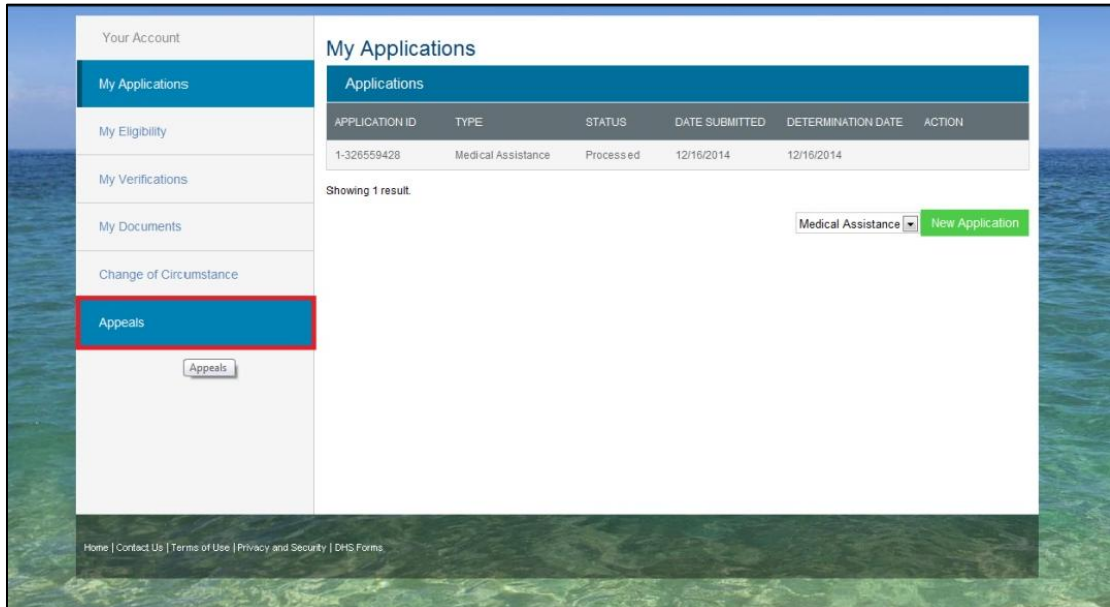
1. You may pick one of these options and enter an explanation of the change of circumstance in the description box. If the **Change of Circumstance** is not listed, select **Other** and enter a description of the change. The eligibility worker assigned to the case will process the change of circumstance.

The screenshot shows a web form titled "Other Change in Circumstance" with a sub-header "Review, Declare & file". The form contains a "Type of change \*" dropdown menu with the following options: Absent Parent, Authorized Rep., Death, Disability, Expenses, Incarceration, Remove a Household Member, and Other. To the right of the dropdown is a "Phone Number" field with a placeholder "Phone Number". Below the dropdown and phone number field is a large text area for entering a description. At the bottom right of the form are "Cancel" and "Next" buttons. The footer of the page contains links: Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms.

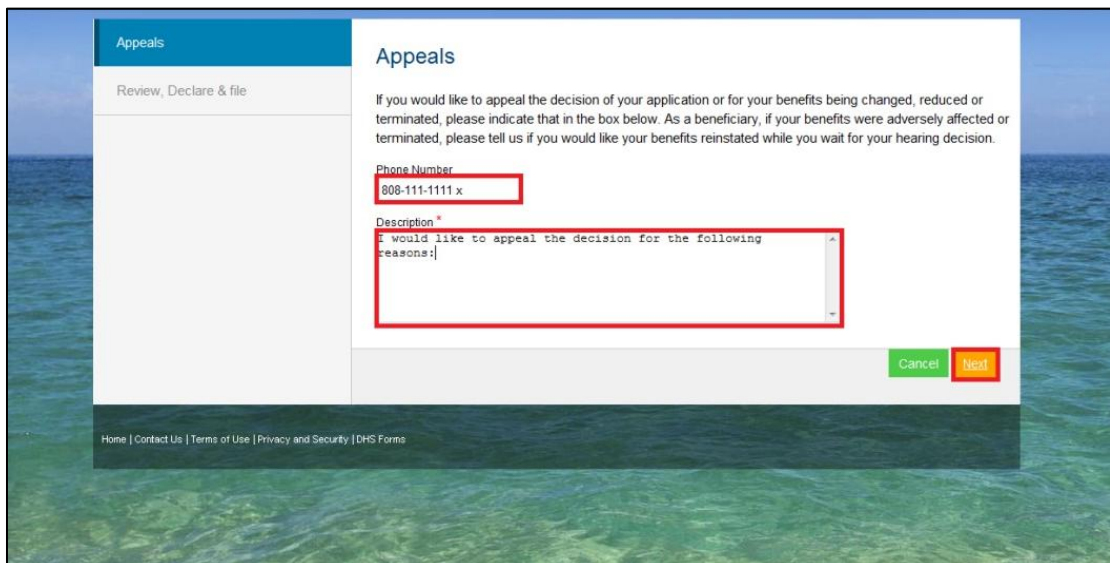
## 4.6 Appeals

You may use the **Appeals** tab to request an appeal if you think an eligibility determination has been applied incorrectly.

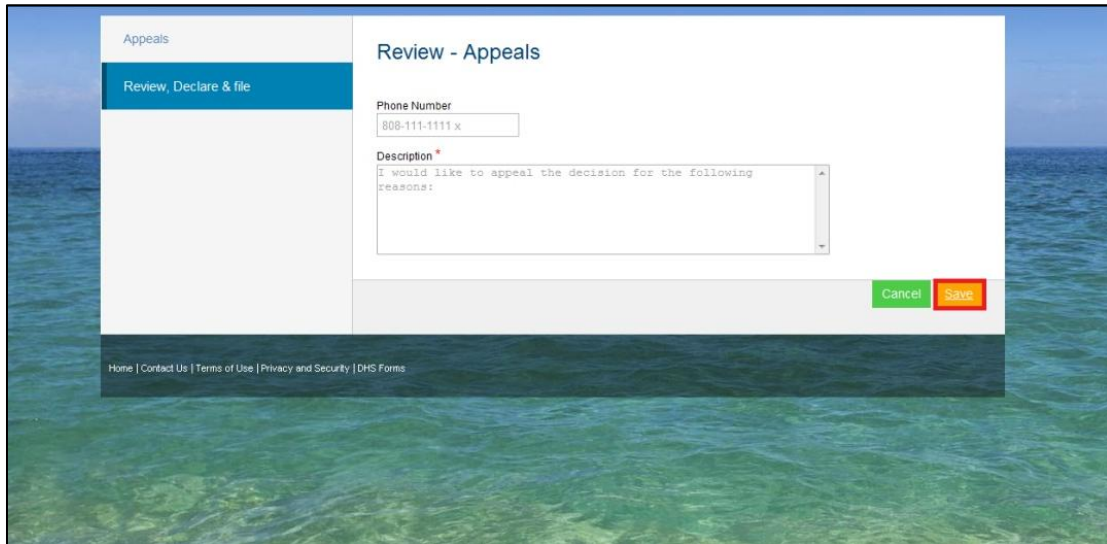
1. To request an appeal, click on the **Appeals** tab on the left side of the screen.



2. Enter your contact information and a description of why you think your appeal should be accepted.



3. Review your information and click **Save**. If you have to make any changes, click **Cancel** and make the necessary changes.

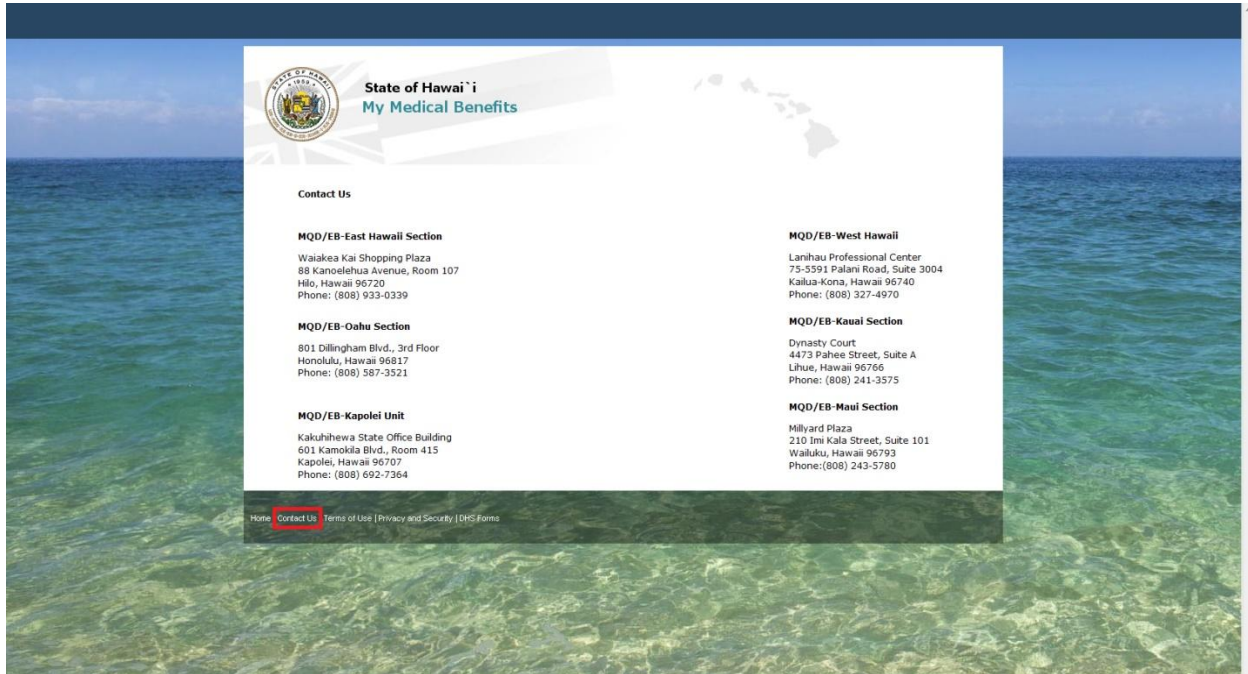


The screenshot shows a web application interface for reviewing an appeal. The page title is 'Review - Appeals'. On the left, there is a navigation menu with 'Appeals' at the top and 'Review, Declare & file' selected. The main content area contains a 'Phone Number' field with the value '800-111-1111 x' and a 'Description' text area with the text 'I would like to appeal the decision for the following reasons:'. At the bottom right of the form, there are two buttons: 'Cancel' (green) and 'Save' (orange). A footer at the bottom of the page contains the text 'Home | Contact Us | Terms of Use | Privacy and Security | DHS Forms'.

4. After you click **Save**, the Portal will re-direct you to the **My Applications** tab. You will not receive confirmation of a successful submission. Your request for an appeal will be sent to an eligibility worker to be processed. The eligibility worker will submit your appeal to the Administrative Appeals Office (AAO) where a decision on your appeal will be made. The AAO will contact you once a decision has been made on your appeal.

## 5. Contact Us

1. Click on the **Contact Us** hyperlink at the bottom of the page to find the address and phone number for the office in your area. You can call the office to ask questions about your eligibility and submit a paper application.



2. For assistance with applying, please contact the **Hawaii Health Connector** at **1-877-628-5076**.