

YOUR HEALTH IDAHO 19.7 System Updates



19.7 System Updates

YHI SYSTEM CHANGES

Objectives

- Show
 - the updated member dashboard
- Teach how to use the custom grouping enrollment tool
 - the new custom grouping screens for households with financial eligibility
 - the new custom grouping screens for households with no financial eligibility

19.7 SYSTEM UPDATES Member Dashboard



MEMBER DASHBOARD UPDATE

Dashboard views have been updated.

- Why?
 - Based on feedback from the users, YHI has completed updates:
 - Agent, Enrollment Counselor, and consumer portals are updated
 - Improved navigation
 - More visibility into account and enrollment details (Follow-up actions are displayed in an easy-to-read manner.)
 - Better consumer experience

19.7 System Updates

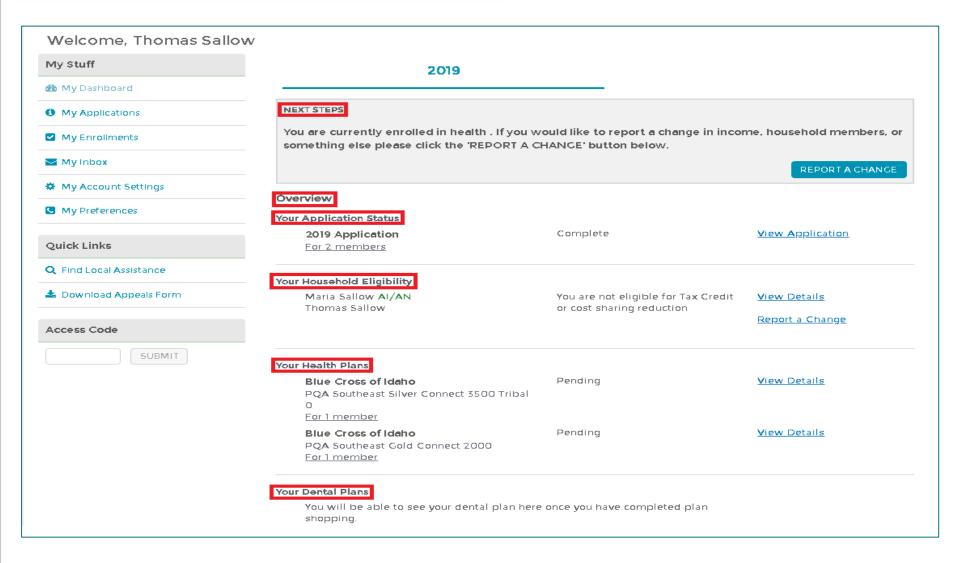
MEMBER DASHBOARD

New Sections

- NEXT STEPS Will show any actions needed on the account and the current enrollment status
- OVERVIEW Will have the following categories:
 - Your Application Status
 - Your Household Eligibility
 - Your Health Plans
 - Your Dental Plans

Each category has review and action options, as you will see in the screen capture on the following slide

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19.7 System Updates Custom Grouping



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CUSTOM GROUPING

Why is Custom Grouping needed?

- For households that want individual plans, with a specific carrier, for household member groups
- For households with mixed American Indian/ Alaskan Native statuses
- For households that have member relationships that are unsupported by the carrier

Note: Each individual plan will have separate deductibles and max out-of-pocket amounts that need to be met. This option may not be ideal for certain households.

CUSTOM GROUPING

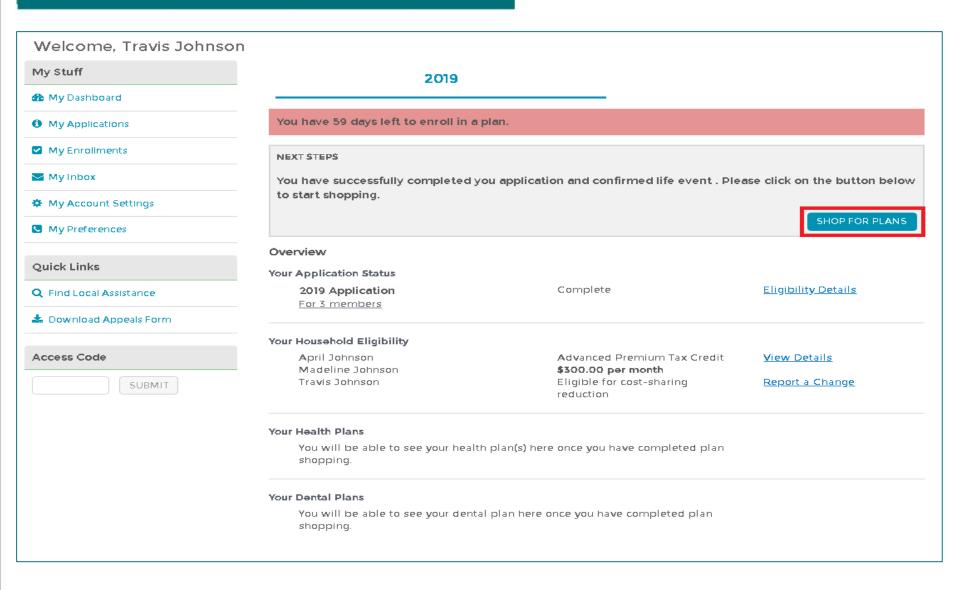
YHI automated custom grouping (formerly called "split household enrollments")

- Custom grouping enrollments can now be completed from the member's dashboard.
 - After 8/8/2019, this process will be available for all households that have mixed CSR and APTC eligibility.
 - After 10/1/2019, all households with "unsupported relationship" status will show the option to enroll with custom grouping.
- This allows households to enroll in plans that best meet individual member needs.

The following screen captures show the system-guided steps.

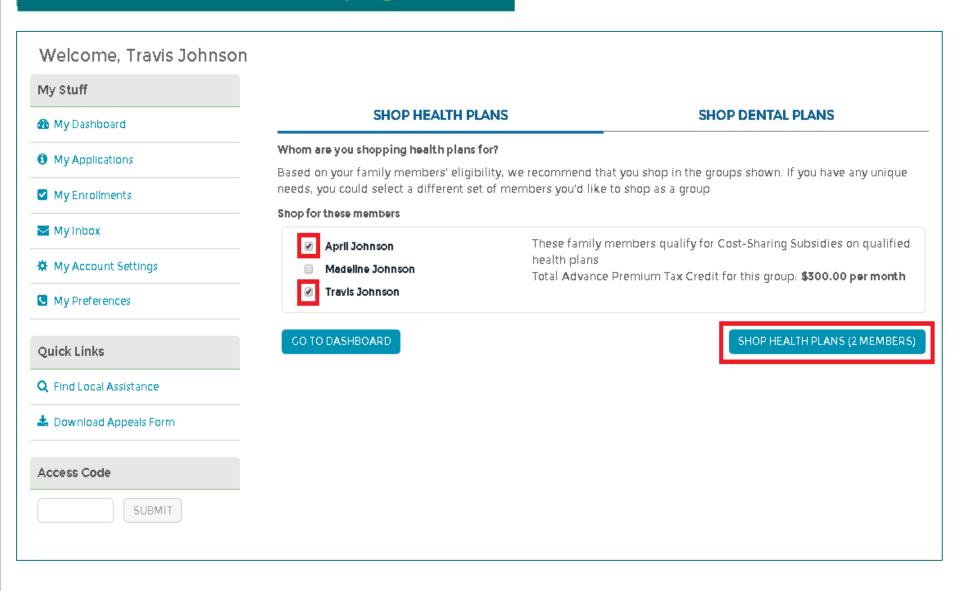
19.7 SYSTEM UPDATES Financial Custom Grouping

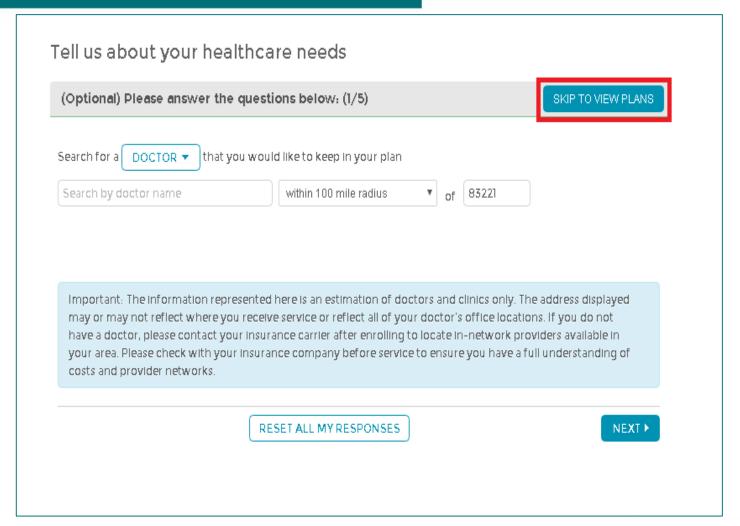




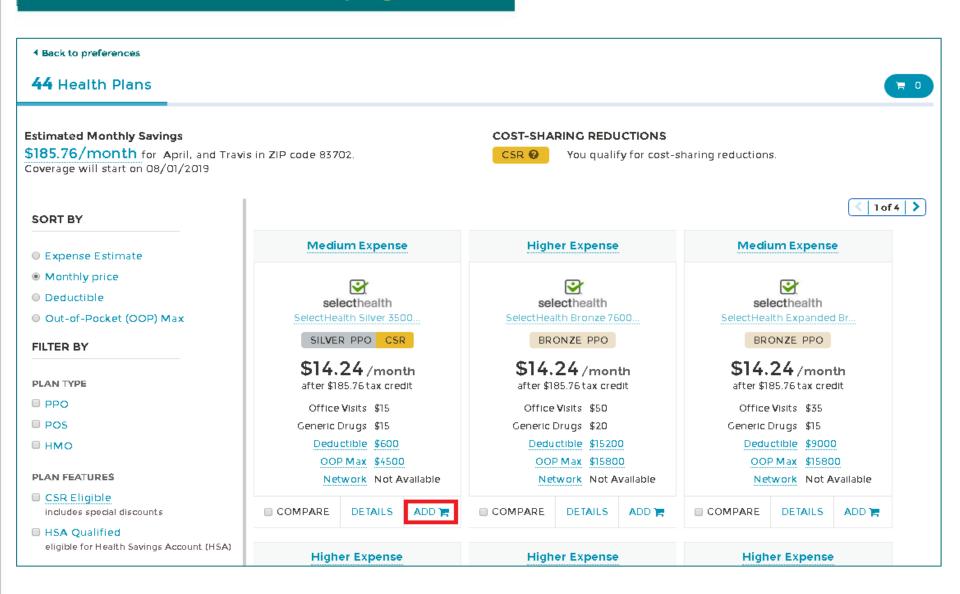
| Welcome, Travis Johns | on | | |
|-------------------------|--|--|--|
| My Stuff | Additional Information Needed | | |
| ♠ My Dashboard | | | |
| My Applications | We need a few more details about the following household member(s) before you can continue to shop for Qualified Health Insurance on Your Health Idaho. | | |
| My Enrollments | Tobacco Use: Insurers can charge tobacco users up to 50% more than those who don't use tobacco. | | |
| My Inbox | Hardship Exemption: If you have received a hardship exemption, we can show you Catastrophic health insurance plans (even | | |
| My Account Settings | If you're over the age of 30). All you need is your hardship exemption certificate number which you will receive once you are determined eligible for a hardship exemption. Visit www.YourHealthIdaho.org for more information on applying for an exemption. If you have received a hardship exemption certificate number for any of the applicants, please enter that number below. | | |
| My Preferences | | | |
| Quick Links | □ Does your family qualify for a hardship exemption? | | |
| Q Find Local Assistance | Eligible Members | | |
| 📥 Download Appeals Form | Household Member(s) Tobacco Use | | |
| Access Code | ● No Travis Johnson | | |
| SUBMIT | ○ Yes | | |
| | ● No Madeline Johnson | | |
| | ○ Yes | | |
| | April Johnson | | |
| | | | |
| | | | |
| | GO TO DASHBOARD | | |
| | | | |

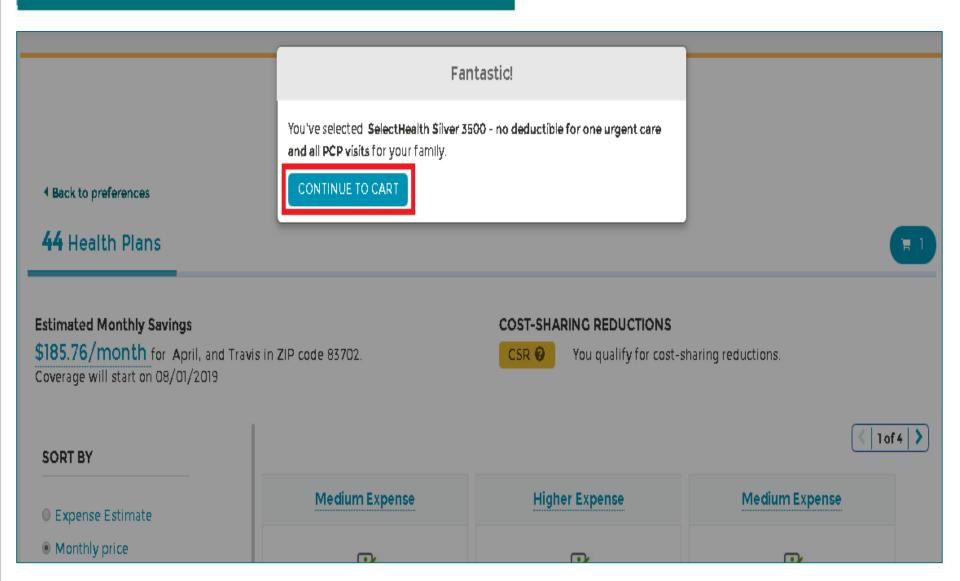
Note: If the household member is under the age of 18 it will not allow you to select a tobacco status for them.

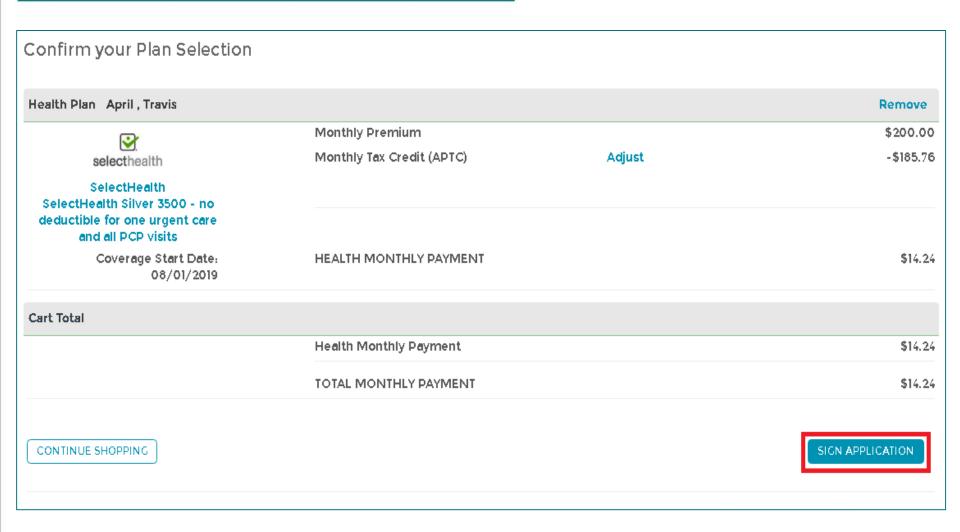




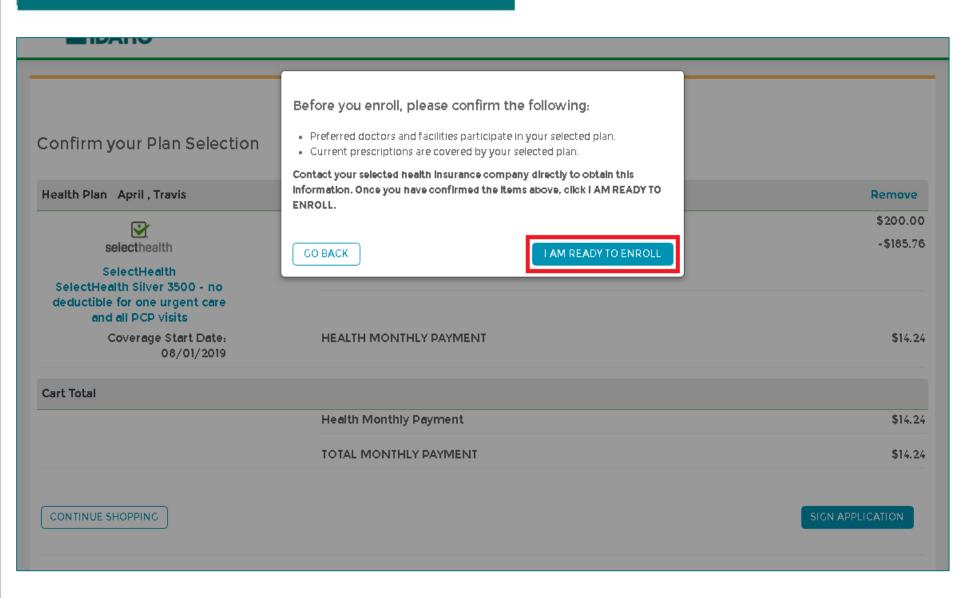
Note: If you would like to view coverage for a specific provider or prescriptions, enter the information and select "Next".



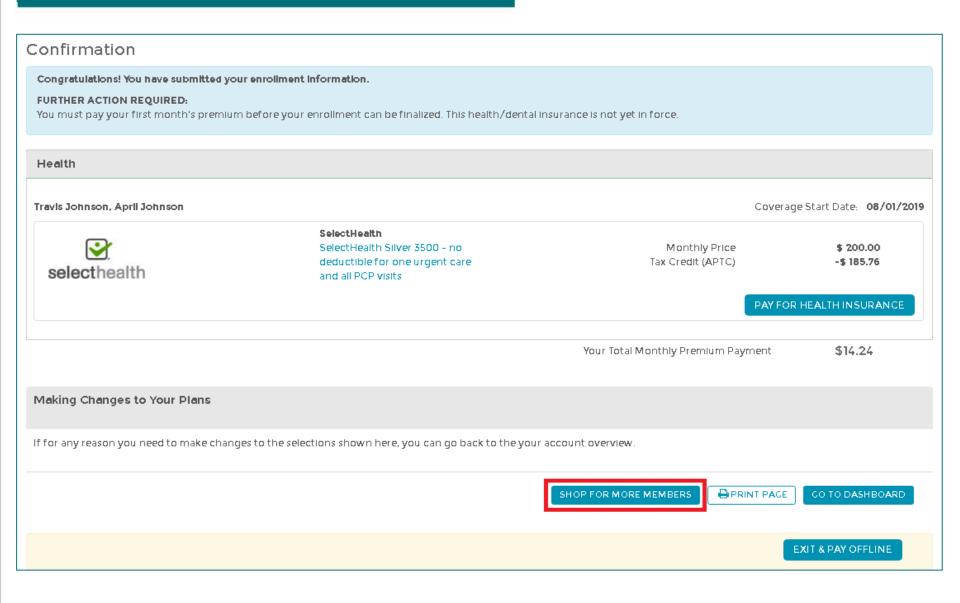


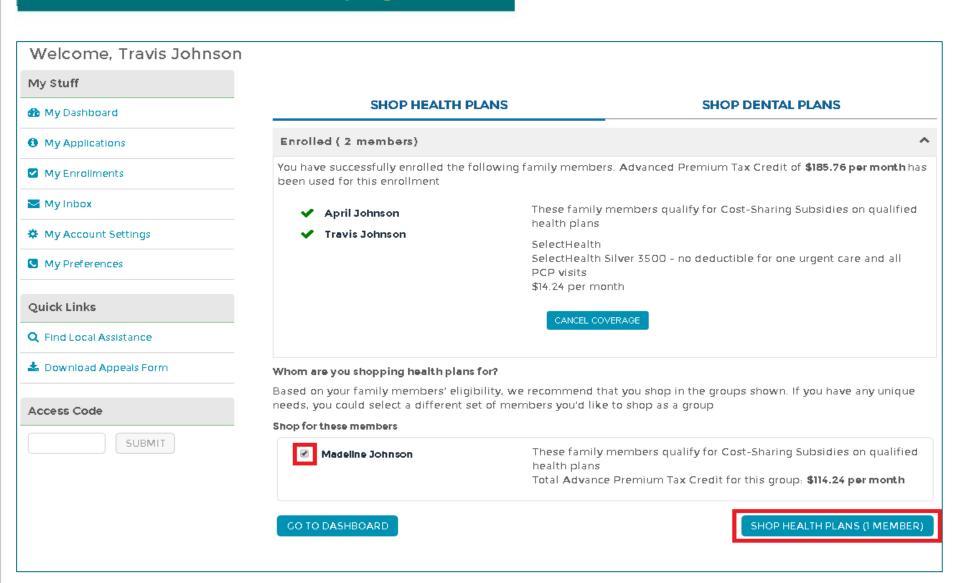


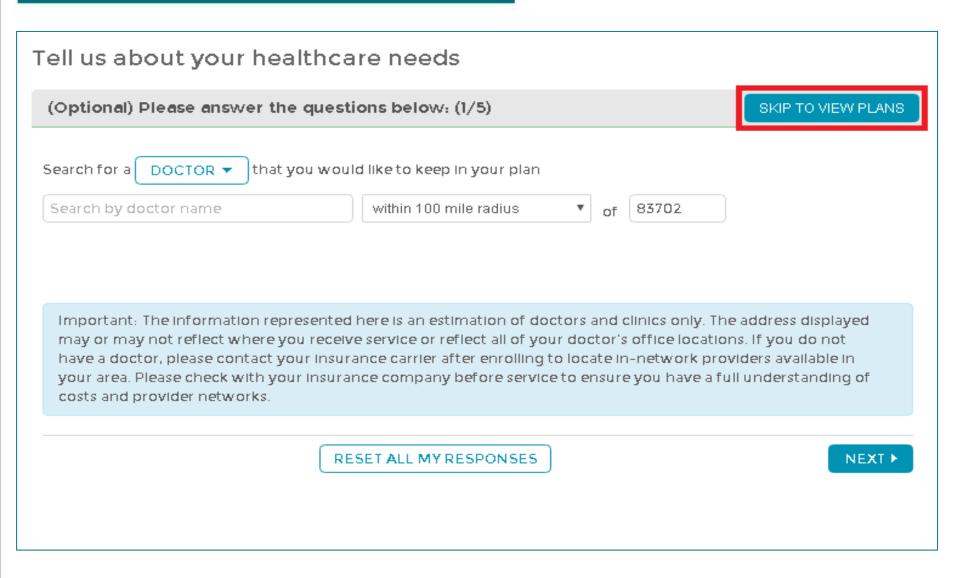
Note: You cannot adjust the APTC higher than the amount determined for the selected members. See **Insurance 5** in the YHI Policy Manual.

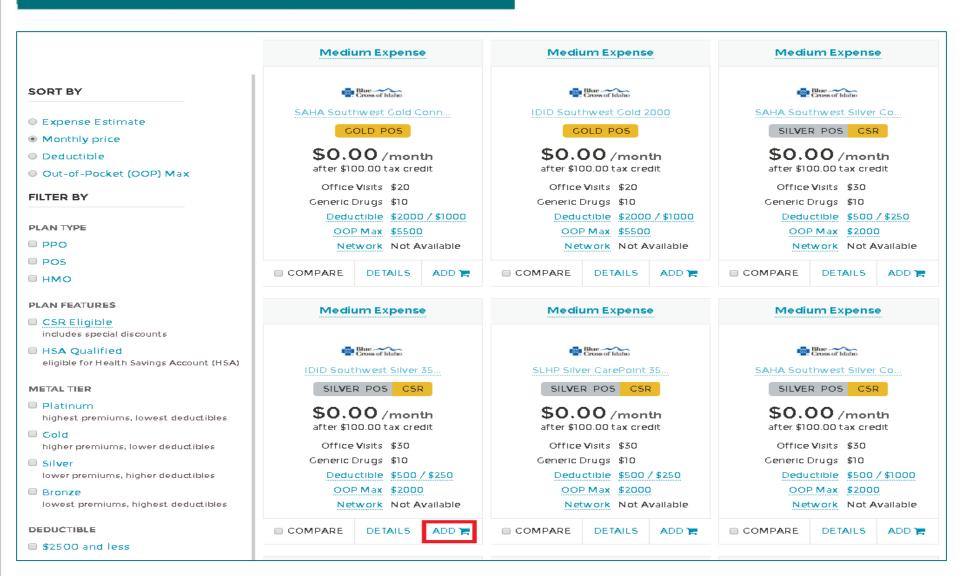


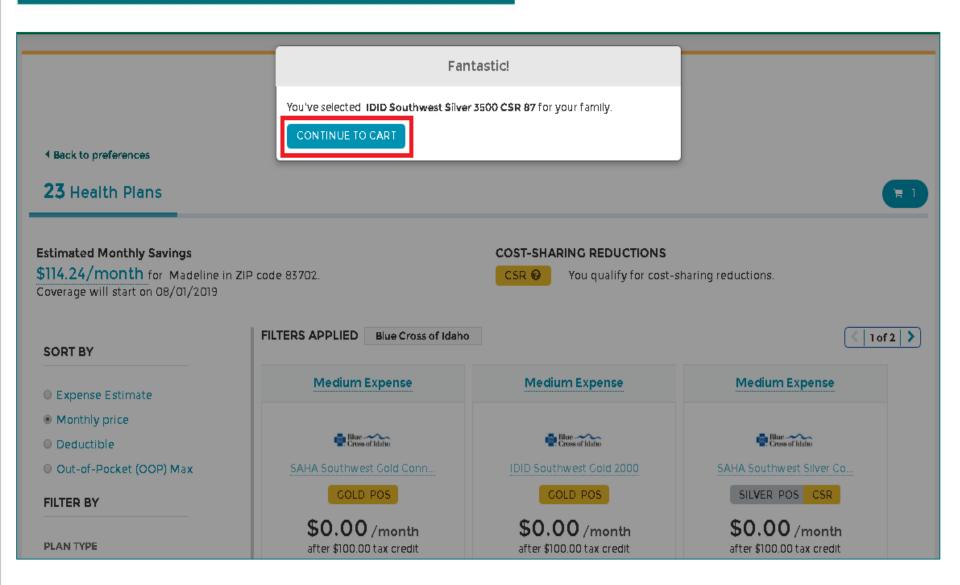
I. Exchange Agreement 🖶 PRINT I understand that I am required to submit changes that affect my eligibility, including income, dependency changes, address, and incarceration. These changes could affect the plans in which I can be enrolled. I cannot change plans unless I have a life-changing event such as a marriage, birth, or a move to a new zip code or county. In addition, I understand that, if I select a health plan that uses mandatory binding arbitration to resolve disputes, I am agreeing that any dispute between myself, my heirs, relatives or other associated parties on the one hand and the health plan, any contracted health care providers, administrators, or other associated parties on the other hand, including any claim for medical or hospital malpractice or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration and I agree to give up the right to a jury trial. I understand that the full arbitration provision is in the health plan's coverage document, which is available for my I have read and agreed to the Exchange Agreement II. Tax Filer Agreement Lagree to file a [2019] Tax Return before [April 15, 2020] to claim the Premium Tax Credit. Lunderstand that Lam required to submit changes that affect my eligibility, including income, dependency changes, address, and incarceration. These changes could affect the plans I can be enrolled. I cannot change plans unless I have a life triggering event. I agree to file a [2019] tax return before [April 15, 2020] to claim the Premium Tax Credit. Application Filer Signature To provide your eSignature please enter your full name. * Your Health Idaho All fields on this application marked with an asterisk (*) are required unless otherwise indicated. Date: 07/17/2019 Provide eSignature: Your Health Idaho SIGN AND ENROLL BACK



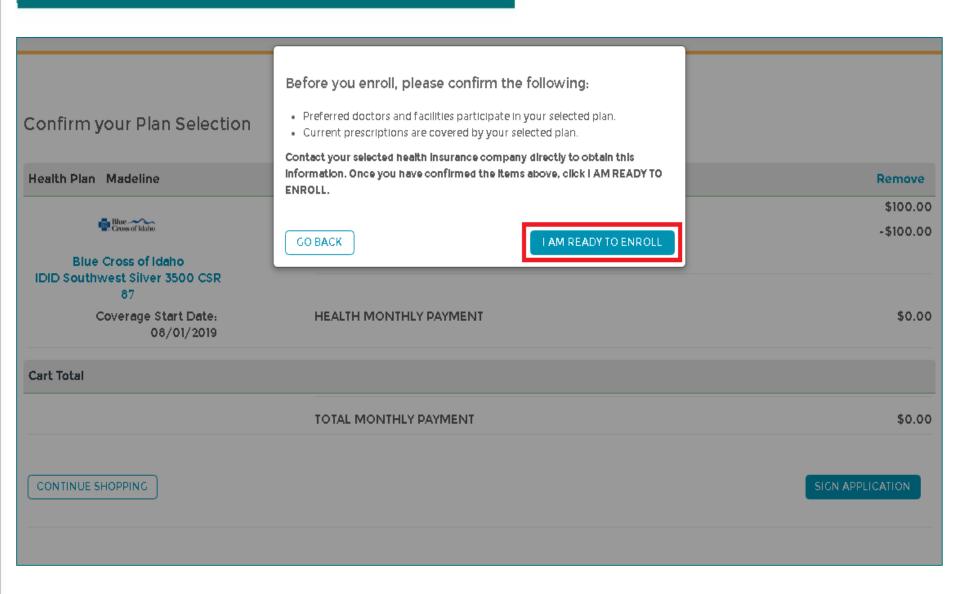




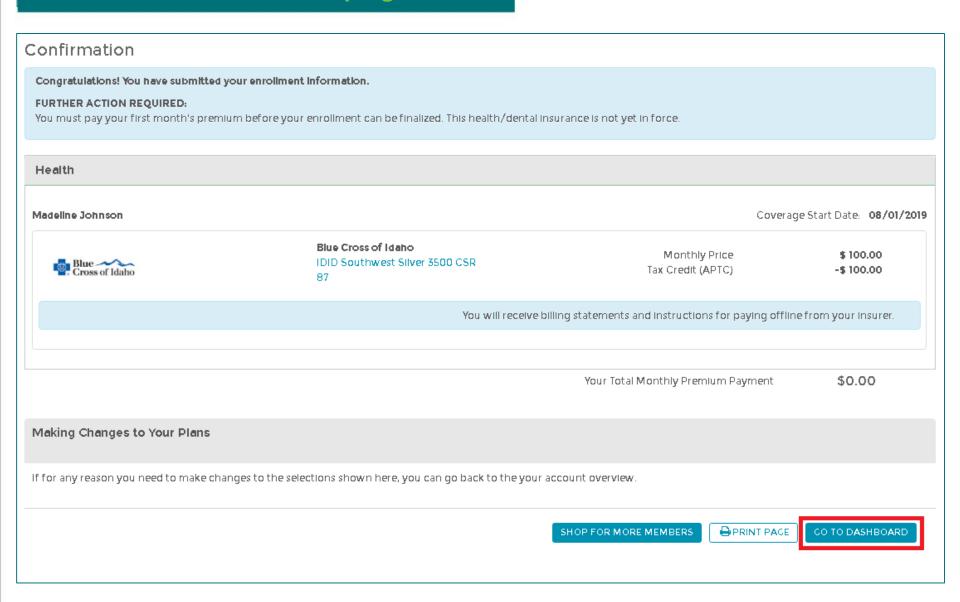


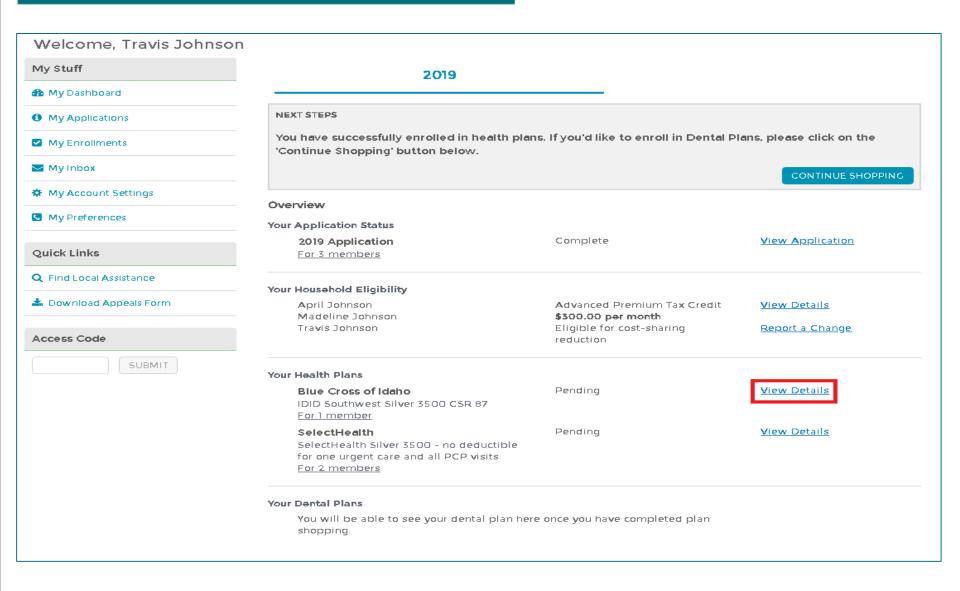


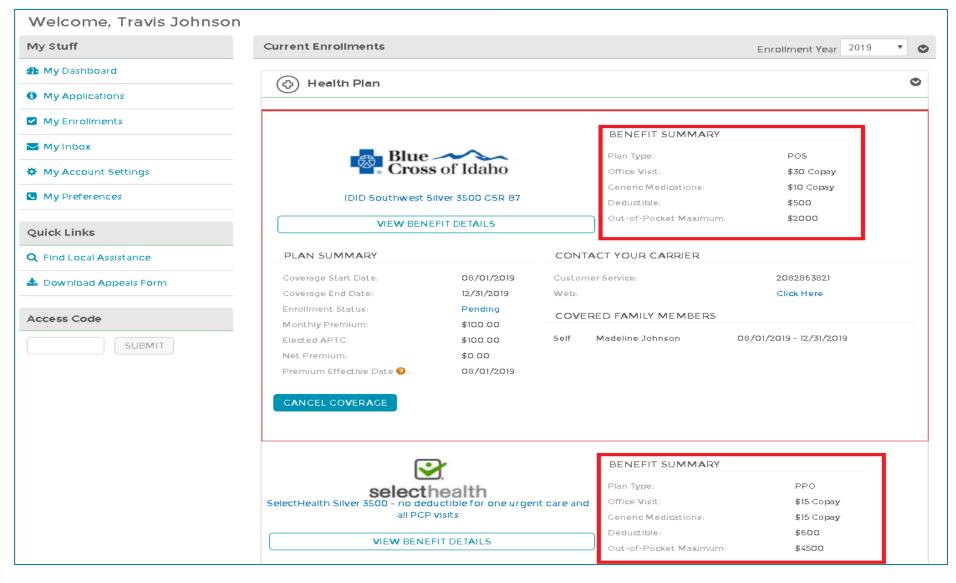
| alth Plan Madeline | | | Remov |
|---|---------------------------|--------|------------------|
| Blue Cross of Idaho | Monthly Premium | | \$100.0 |
| | Monthly Tax Credit (APTC) | Adjust | -\$100.6 |
| Blue Cross of Idaho ND Southwest Silver 3500 CSR 87 | | | |
| Coverage Start Date: 08/01/2019 | HEALTH MONTHLY PAYMENT | | \$0. |
| rt Total | | | |
| | TOTAL MONTHLY PAYMENT | | \$0. |
| ONTINUE SHOPPING | | | SIGN APPLICATION |



I. Exchange Agreement PRINT I understand that I am required to submit changes that affect my eligibility, including income, dependency changes, address, and incarceration. These changes could affect the plans in which I can be enrolled. I cannot change plans unless I have a life-changing event such as a marriage, birth, or a move to a new zip code or county. In addition, I understand that, if I select a health plan that uses mandatory binding arbitration to resolve disputes, I am agreeing that any dispute between myself, my heirs, relatives or other associated parties on the one hand and the health plan, any contracted health care providers, administrators, or other associated parties on the other hand, including any claim for medical or hospital majoractice or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration and I agree to give up the right to a jury trial. I understand that the full arbitration provision is in the health plan's coverage document, which is available for my I have read and agreed to the Exchange Agreement II. Tax Filer Agreement Lagree to file a [2019] Tax Return before [April 15, 2020] to claim the Premium Tax Credit. Lunderstand that Lam required to submit changes that affect my eligibility, including income, dependency changes, address, and incarceration. These changes could affect the plans I can be enrolled. I cannot change plans unless I have a life triggering event. ✓ I agree to file a [2019] tax return before [April 15, 2020] to claim the Premium Tax Credit. Application Filer Signature To provide your eSignature please enter your full name. * Your Health Idaho All fields on this application marked with an asterisk (*) are required unless otherwise indicated. Date: 07/17/2019 Provide eSignature: Your Health Idaho SIGN AND ENROLL BACK



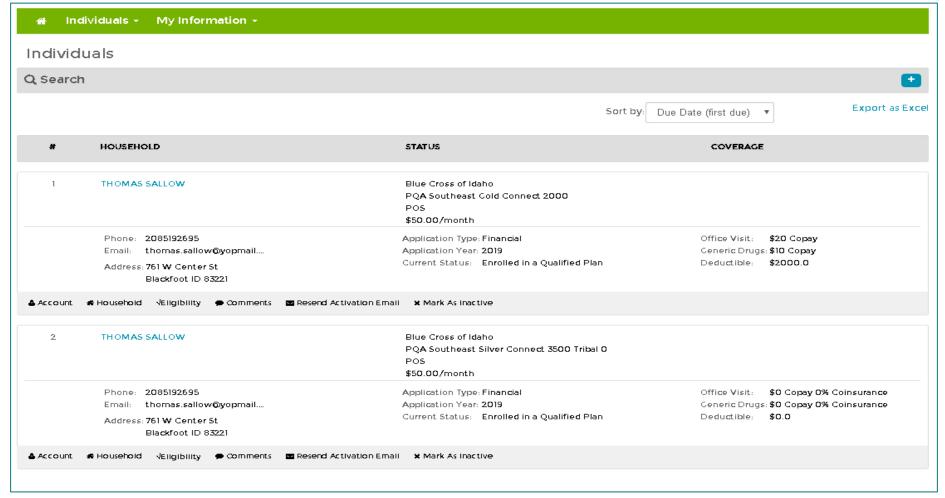




19.7 SYSTEM UPDATES Agent Portal View



AGENT PORTAL VIEW

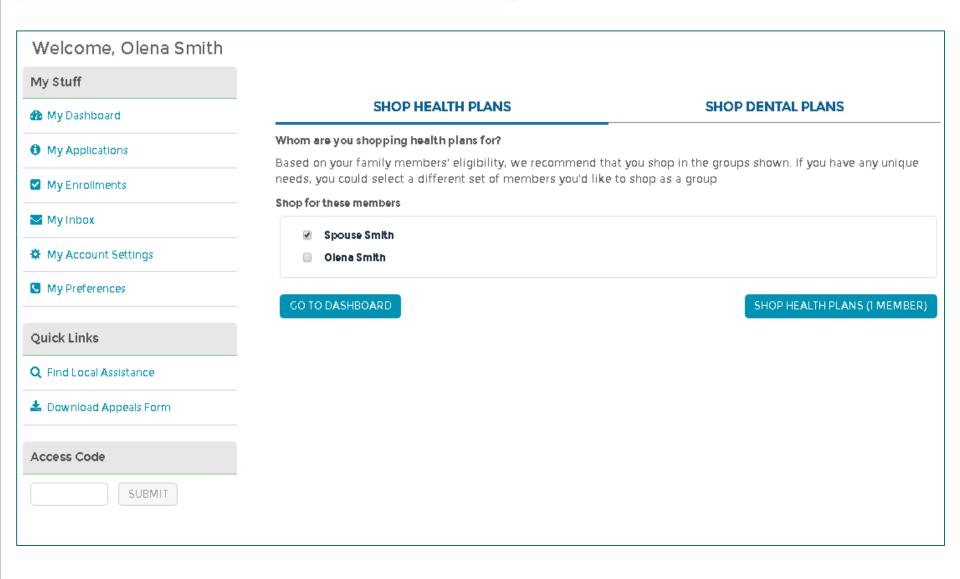


19.7 SYSTEM UPDATES Non-Financial Custom Grouping

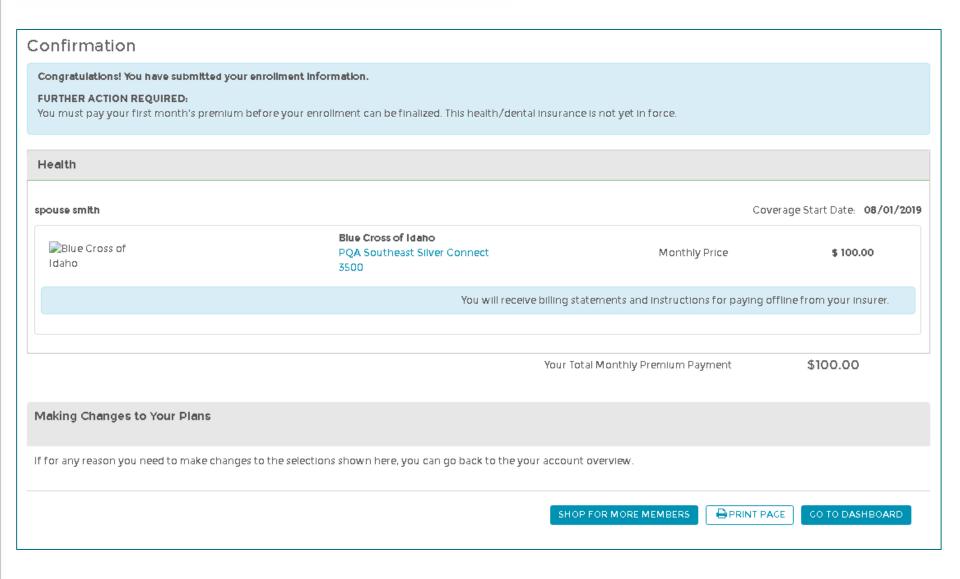


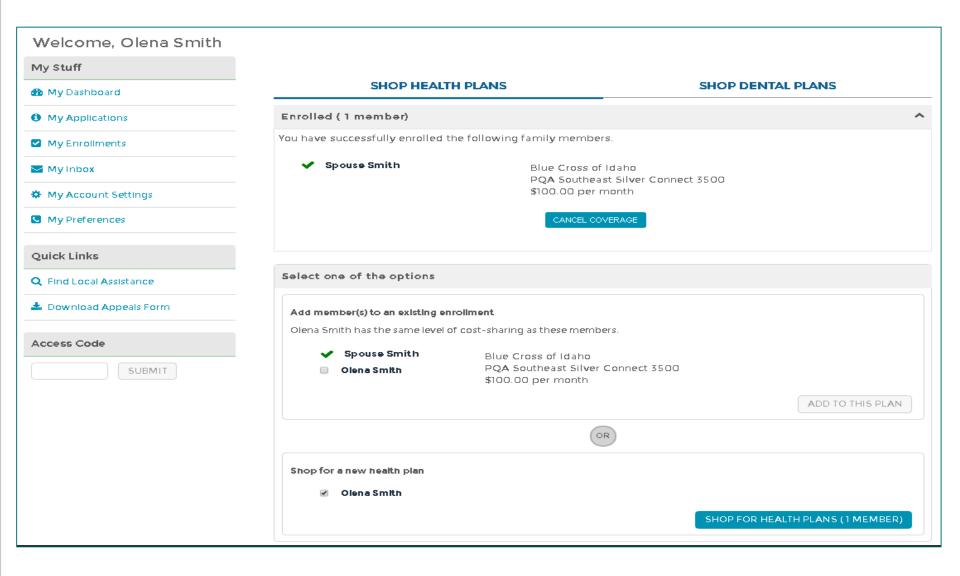
The following screen captures show examples of how custom grouping will work for non-financial enrollments with different carriers.

This will NOT include every step of the process as this was done with the previous screen captures.

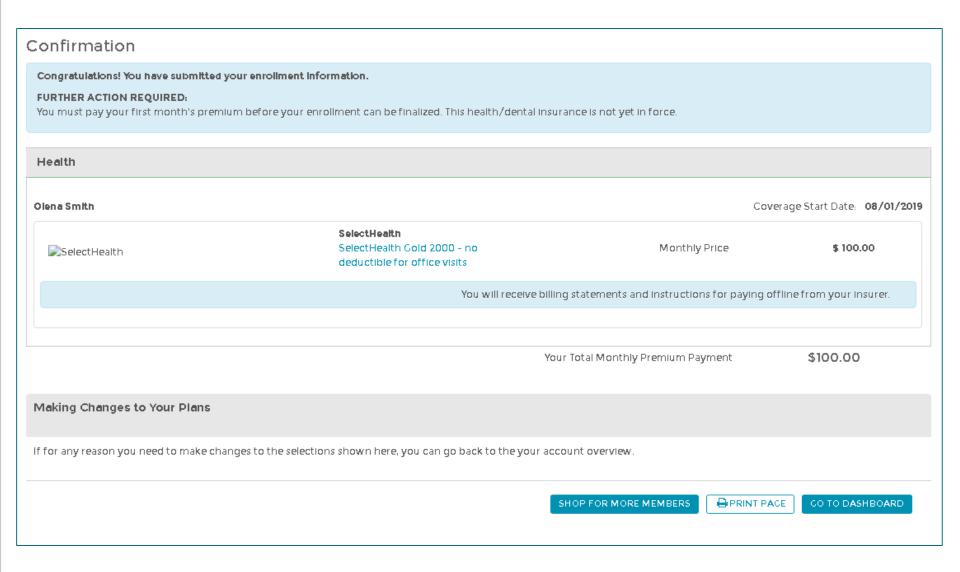


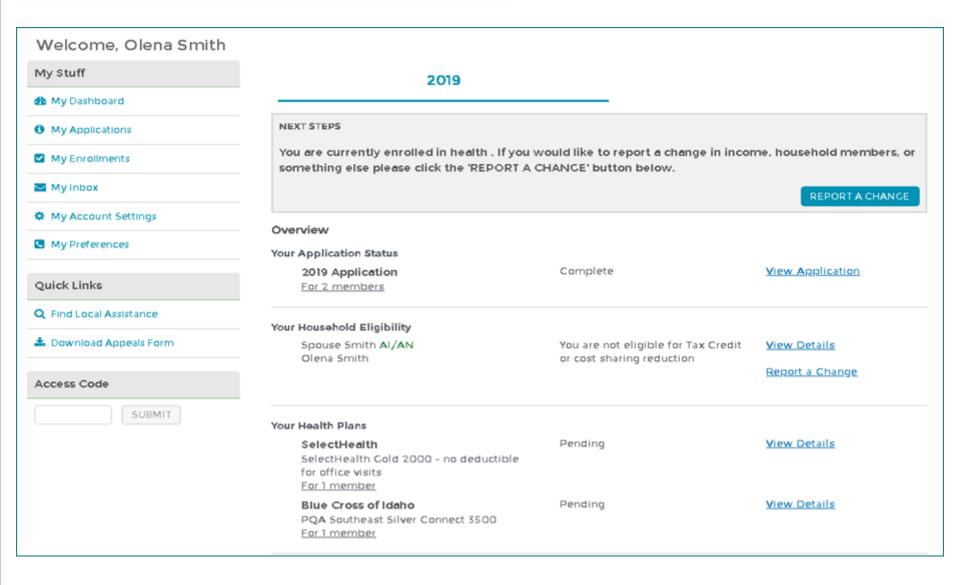
| ealth Plan Spouse | | Remove |
|---|------------------------|------------------|
| | Monthly Premium | \$100.0 |
| Blue Cross of Idaho PQA Southeast Silver Connect | | |
| 3500 Coverage Start Date: 08/01/2019 | HEALTH MONTHLY PAYMENT | \$100.0 |
| art Total | | |
| | Health Monthly Payment | \$100.0 |
| | TOTAL MONTHLY PAYMENT | \$100.0 |
| CONTINUE SHOPPING | | SIGN APPLICATION |





| Confirm your Plan Selection | | |
|---|------------------------|------------------|
| Health Plan Olena | | Remove |
| | Monthly Premium | \$100.00 |
| SelectHealth SelectHealth Gold 2000 - no deductible for office visits | | |
| Coverage Start Date: 08/01/2019 | HEALTH MONTHLY PAYMENT | \$100.00 |
| Cart Total | | |
| | Health Monthly Payment | \$100.00 |
| | TOTAL MONTHLY PAYMENT | \$100.00 |
| CONTINUE SHOPPING | | SIGN APPLICATION |
| | | |





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Questions?

Please email connectors@yourhealthidaho.org.

If you need assistance with a consumer account, email support@yourhealthidaho.org or call 1-855-YH-IDAHO.