



Shop. Compare. Choose.



# Preparing for Technology Updates and Policy Impacts

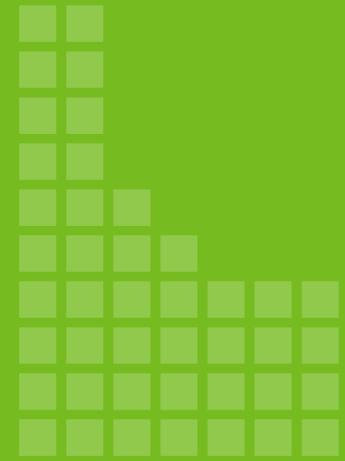
Pat Kelly, Executive Director

Frances Nagashima, Director of Operations

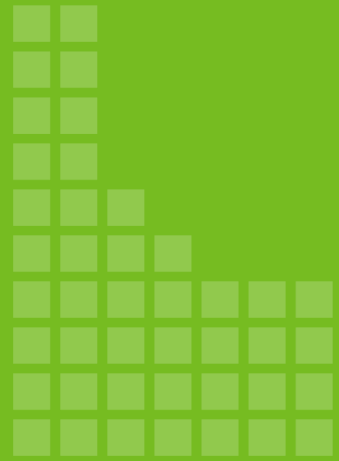
# Course Agenda

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- Welcome and Introductions
- Your Health Idaho Background and History
- Policy Update
- Real-time Tax Credit Eligibility Training
- Your Health Idaho Certification Requirements and Agent Support
- Q and A



# About Your Health Idaho



# Welcome and Introductions

# Your Health Idaho Origins

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- The Affordable Care Act (ACA) was passed in 2010; states were given the option to join the federal platform, HealthCare.gov, or create a state marketplace
- In 2013, the State of Idaho passed legislation creating the Idaho Health Insurance Exchange, d.b.a. **Your Health Idaho**
- Since then, **Your Health Idaho** has been providing Idaho individuals, families, and small businesses with access to affordable health insurance

## YHI MISSION:

Maintain maximum control of Idaho's health insurance marketplace at minimal cost to its citizens.

# Why Choose Your Health Idaho?



## Choice

Plans are available in every county in the state. At [YourHealthIdaho.org](http://YourHealthIdaho.org) you can easily shop and compare plans side-by-side.



## Cost

**Your Health Idaho** is the only place Idahoans can access the Advance Premium Tax Credit (APTC) and Cost-Sharing Reductions (CSR) to help lower the cost of getting covered.



## Quality

Plans cover 10 essential health benefits and pre-existing conditions and provide free preventive care.



## Free Help

Each year, **Your Health Idaho** certifies hundreds of agents, brokers, and enrollment counselors who offer expert help for free.

# Essential Health Benefits

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Every plan offered through **Your Health Idaho** is required to cover a set of Essential Health Benefits (EHBs) including:

- Outpatient services
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health, substance use disorder, and behavioral health services
- Prescription medication
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventative and wellness services, chronic disease management
- Pediatric services



# Who is Eligible for Coverage with YHI?

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Idahoans who do not receive benefits from an employer and are not eligible for Medicaid or Medicare can shop for health insurance coverage through Your Health Idaho.

- U.S. citizen or national; non-citizens must be lawfully present in the U.S. for the entire period of coverage
- Live in the U.S. and have a primary residence in Idaho
- Considered a resident of the U.S. and Idaho for tax purposes
- Tax filer (if married, must file a joint tax return)
- Not eligible for any other federally-assisted health care program (Medicare, VA, Medicaid)
- Not eligible for or receiving employer-sponsored insurance
- Cannot be incarcerated

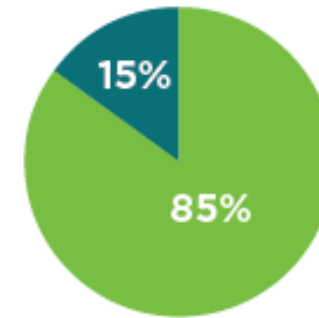
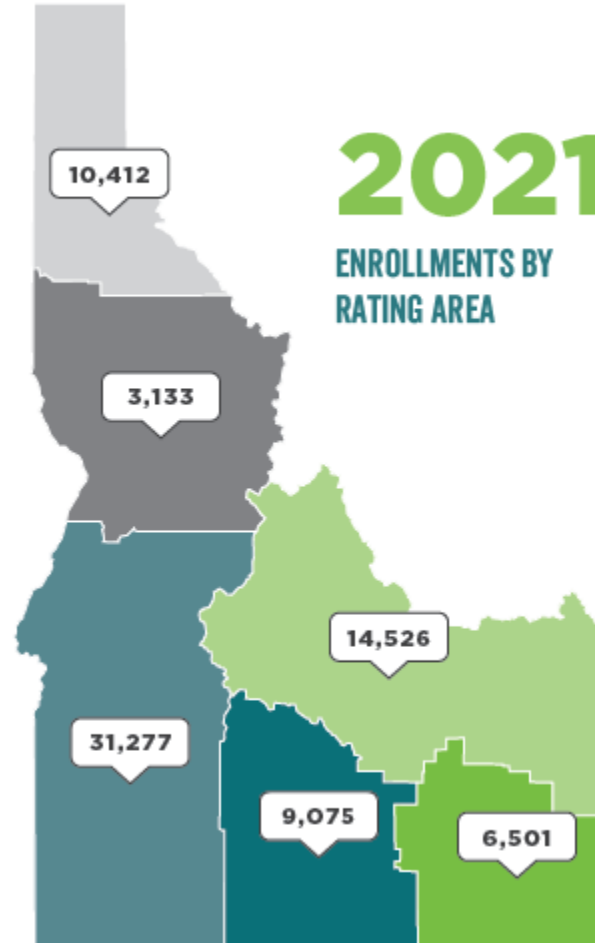
# Your Health Idaho by the Numbers



## AGE

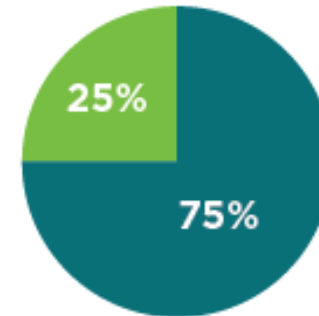


## GENDER



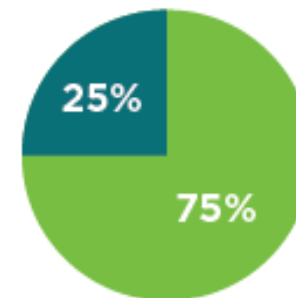
## ENROLLMENTS

- WITH TAX CREDIT
- WITHOUT



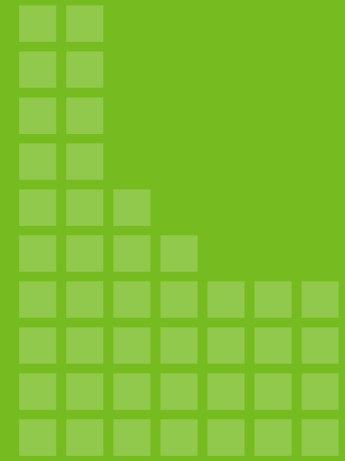
## ENROLLMENT TYPE

- NEW CUSTOMERS
- RENEWALS



## ENROLLMENTS

- WITH AGENT OF RECORD
- WITHOUT



# Tax Credit Eligibility

# Tax Credit Eligibility



**Based on income  
compared to Federal  
Poverty Level (FPL)**

The American Rescue Plan Act expanded the income limits for the tax credit, making even more Idahoans eligible for coverage.

**0-138%  
FPL**

- Eligible Idahoans will be enrolled in Medicaid

**139% FPL  
and  
above**

- Eligible Idahoans can enroll through YHI and receive APTC to lower monthly insurance premiums

# Tax Credit Eligibility Income Chart

## Tax Year 2022 Annual Income limits

HOUSEHOLD SIZE	MINIMUM INCOME
1	\$12,880
2	\$17,420
3	\$21,960
4	\$26,500
5	\$31,040
6	\$35,580
7	\$40,120
8	\$44,660
Each additional member	\$4,540

Tax credit eligibility is based on several factors including where you live, the number of people in your household, and your annual household income.

To find out if you could be eligible, use the Tax Credit Estimator tool at **[YourHealthIdaho.org](https://YourHealthIdaho.org)**



# Policy Update

# State and Federal Policy Update

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## **1332 Reinsurance Waiver**

- The Idaho Department of Insurance is in the process of applying for a 1332 reinsurance waiver under the Affordable Care Act. If granted, reinsurance would go into effect Jan. 1, 2023.
- Your Health Idaho is supportive of the waiver and will work closely with the Department of Insurance to understand impacts to the exchange and our customers.

## **Federal Public Health Emergency (PHE)**

- The federal public health emergency (PHE) issued in 2020, including provisions for protected Medicaid coverage, is expected to be renewed through July 31, 2022.
- Your Health Idaho is working closely with the Idaho Department of Health and Welfare to identify those on protected Medicaid that will likely be eligible for a tax credit through the exchange.

# State and Federal Policy Update Continued

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## Family Glitch

- The Biden administration announced plans to address the 'Family Glitch' in March 2022.
  - Current policy would be updated to calculate 'affordability' of employer coverage based on the cost to cover the employee and all dependents, not just the employee.

## Enhanced Subsidies

- The American Rescue Plan Act (ARPA) included provisions to expand tax credit eligibility. Many Idahoans saw their tax credit increase, while others became newly eligible for lower-cost coverage.
  - Enhanced subsidies are set to expire at the end of 2022
  - Congress is working through several bills that would extend the current enhanced subsidies, but no decision has been made



# Your Health Idaho Policy Update

Topic	Policy	Current Policy	Updated Policy
APTC	APTC #6	Current policy does not include a list of taxable and non-taxable income used to calculate APTC eligibility amount(s).	Policy updated to include a list of taxable and non-taxable income utilized for APTC calculation. Policy also updated to include clarification between IRA distributions factored into APTC calculation.
APTC	APTC #7	Current policy does not include a list of acceptable documentation to validate reported income	Policy updated to include a list of acceptable documentation to validate reported income.
APTC	APTC #8	Current policy only lists some factors taken into consideration for APTC eligibility and does not include language around APTC reconciliation requirements.	Policy updated to include language around APTC reconciliation requirements as well as the following factors for APTC eligibility: <ul style="list-style-type: none"> <li>• Number of remaining months in the year based on the eligibility start date</li> <li>• Attestation or verification of prior APTC reconciliation with IRS</li> </ul>
APTC	APTC #18	Current policy refers consumers to the Idaho Department of Health and Welfare to appeal eligibility determinations.	Policy updated to remove the Idaho Department of Health and Welfare contact information.

# Your Health Idaho Policy Update

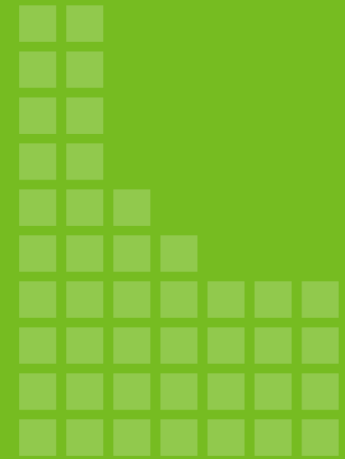
Topic	Policy	Current Policy	Updated Policy
APTC	APTC #21 (New)	New policy: Periodic Data Matching	New policy added to cover periodic data matching on households enrolled with APTC to prevent duplicate enrollment in APTC and Medicaid. This includes a 90-day validation window for QHP eligibility before enrollment is terminated due to ineligibility found during periodic data matching.
APTC	APTC #22 (New)	New policy: Resolving Income Discrepancies	New policy added to resolve income discrepancies for self-attested income used for APTC calculation.
APTC	APTC #23 (New)	New policy: Cost Sharing Reduction (CSR) Eligibility	New policy added to provide additional information on who is eligible for CSR.
APTC	APTC #24 (New)	New policy: APTC Special Exceptions	New policy added to provide information for exceptional circumstances where consumers who do not meet APTC eligibility standards may still be eligible for APTC.

# Your Health Idaho Policy Update

Topic	Policy	Current Policy	Updated Policy
Renewal	Renewal #1 and Renewal #7	Current policy includes language around autorenewal process for individuals eligible for Medicaid programs through DHW.	Policy updated to move auto renewal language from Renewal #7 to Renewal #1.
SEP	SEP #1, 4.7 (New)	New policy	Individuals who are newly eligible for APTC and fall under 150% FPL, are eligible for an SEP to enroll in coverage.
SEP/Validation Documentation	SEP #14	Verification of loss or end of coverage is required prior to approval of loss of MEC QLE's	Update to allow leniency for verification of Loss of MEC due to COVID related loss of income/employment for the duration of the COVID 19 emergency state. (Extended on 3/8/2022, allowing leniency through 5/7/2022)

# Your Health Idaho Policy Update

Topic	Policy	Current Policy	Updated Policy
Open Enrollment dates	Insurance #1	Current policy does not list OE dates for 2023	Policy will be updated to reflect adjusted 2023 OE dates: October 15 – December 15, 2023



# Technology Update: Real- time Eligibility

# Real-time Eligibility

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To better allow Idahoans a seamless experience, and to support our Consumer Connectors to maximize their efficiency and effectiveness, Your Health Idaho (YHI) has been working for the past year to transition Advance Premium Tax Credit (APTC) determinations from the Department of Health and Welfare (DHW) to the exchange. Because of this, we are updating our technology to allow us to process APTC applications with real-time determinations and application to enrollments.

In this training we are going to learn how consumers can fill out their own “Happy Path” application, and how YHI (and you) can help.

# Timeline and Expectations

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Beginning July 1, 2022, all applications for the Advance Premium Tax Credit (APTC) will be processed by Your Health Idaho.

**NOTE: The idalink system that currently processes APTC applications will be unavailable from June 23-30, as we prepare to make this change.**

During this time, Idahoans can still shop and compare plans and complete an application for enrollment at [YourHealthIdaho.org](https://YourHealthIdaho.org).

# Key Dates

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- March 23:** Remove YHI user credentials from the shared WSO2 server with idalink
- June 23-30:** idalink unavailable for APTC applications
- June 29:** Real-time eligibility technology release
- July 1:** APTC eligibility and enrollment now take place at [YourHealthIdaho.org](https://YourHealthIdaho.org)



# New Financial Application Process

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Just like today, when a consumer needs to fill out an application, they will start at their dashboard. The consumer will still see the blue “Start New Application” button.

**Note:** Please make sure that you and the consumer are on the correct tab and are filling out the application for the correct year.

The screenshot shows a dashboard interface with two tabs: '2021' and '2022'. The '2022' tab is selected and highlighted in light blue. Below the tabs is a white box with a light blue border containing the following text:

**NEXT STEPS**  
You missed the open enrollment period for 2022 to shop and enroll in a health plan. You can still enroll if you have a Qualifying Life Event.

In the bottom right corner of this box, there is a blue button with white text that says 'START NEW APPLICATION'. This button is highlighted with a red rectangular border.

# New Financial Application Process (Cont.)

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**Important:** Before you begin the application with the consumer, make sure that the consumer has all the information they will need to complete the application. This will include the names, dates of birth, Social Security numbers, and immigration status documents for everyone in the household, along with any income documentation they will need to complete their determination.

**Welcome to Your Health Idaho.**

Here you'll be able to shop for health insurance for yourself or anyone in your household. Before you start, please take a moment now to gather the information listed below.

*All fields on this application marked with an asterisk (\*) are required unless otherwise indicated.*

For anyone you want to insure, you will need:

- Names
- Addresses
- Social Security Number
- Birthdates
- Document numbers for anyone with eligible immigration status

# Privacy of Your Information

Once you click on “Start new application”, a Notice of Privacy will be the first thing a consumer sees.

It is important if you are completing the application with them that you read this disclaimer to them and get their verbal approval to check the “I agree” box.

Please make sure that you read the entire statement to the consumer before selecting the box.

## Before We Begin

### Privacy of Your Information

The privacy of your information is our top priority. We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage. We'll verify your answers using the information in our electronic databases and the databases of state and federal agencies. If the information doesn't match, we may ask you to send us additional proof. We won't ask any questions about your medical history.

#### Important:

As part of the application process, we may need to retrieve your information from the Social Security Administration, the Department of Homeland Security, a consumer reporting agency, and other services available through the Federal Data Services Hub. We need this information to check your ability to enroll in for coverage on Your Health Idaho. We may also re-verify your information at a later time to make sure your information is up to date and will notify you if we find something has changed.

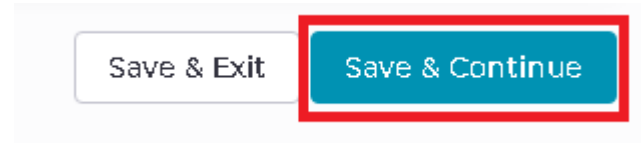
To learn more, see the [Notice of Privacy Practices](#)

I agree to have my information used and retrieved from data sources for this application. I have consent for all the people that will be included on the application for their information to be retrieved and used from data sources mentioned above.

# Privacy of Your Information (Cont.)

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After the consumer has given their verbal agreement to the Privacy Notice, click on the blue “Save & Continue” at the bottom of the page.



**Note:** If the consumer is filling out the application on their own, they can “Save & Exit” at any point in the process. The next time they log back in they will see “Resume Application” on their main dashboard. Consumers do not have a time limit to complete their application.

2021	2022
<p><b>NEXT STEPS</b></p> <p>You missed the open enrollment period for 2022 to shop and enroll in a health plan. You can still enroll if you have a Qualifying Life Event.</p> <p><a data-bbox="1760 1186 2181 1279" href="#">RESUME APPLICATION</a></p>	

# Application Menu

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## Start Your Application

### Before We Begin

Get Ready

Primary Contact Information

Help Applying for Coverage

Help Paying for Coverage

About Your Household

Household Relationship

Household Addresses

Summary

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Family and Household

---

Income Information

---

Additional Information

---

Review and Sign

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When looking at the application itself, the menu on the left shows the consumer where they are in the application process and allows them to go back to pages they have already completed.

If the consumer makes an edit on any of the information they have entered on the application, they will need to save and continue at the bottom of every page until they are back to the page they need to be at.

Consumers cannot use the menu to skip forward to pages they have not yet completed.

As consumers make selections within this menu, the menu will expand to show additional elements or other selections.

# Contact Information

# Primary Contact Information

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## Primary Contact Name

First Name	<input type="text" value="Theo"/>
Middle Name	<input type="text" value="Enter Middle Name"/>
Last Name	<input type="text" value="Bashar"/>
Suffix	<input type="text" value="Suffix"/>
Date of Birth	Month: <input type="text" value="04"/> Day: <input type="text" value="07"/> Year: <input type="text" value="1971"/>
Email Address	<input type="text" value="t-bashar@yopmail.com"/>
	<input checked="" type="checkbox"/> Send me important alerts to this email address.

The first bit of information that they will need to enter is the “Primary Contact” information.

It is important to note, the Primary Contact does not need to be the Primary Tax Filer in the home.

The consumer will then enter their first and last name, date of birth, and email address. The middle name and suffix are not required.

**Note:** For existing consumers, the fields will be pre-populated with their current information.

# Primary Contact Information (Cont.)

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Next, the consumer will enter the Primary Contact's home address or validate that their mailing address is the same as their Primary Home Address. Some consumers may have a different mailing address, such as a P.O. Box. In that case, they should leave the box unchecked.

## Primary Contact Home Address

Address 1*	<input type="text" value="██████████"/>
Address 2	<input type="text" value="Address 2"/>
City*	<input type="text" value="Nampa"/>
Zip*	<input type="text" value="████"/>
State*	<input type="text" value="Idaho"/> ▼
County*	<input type="text" value="Canyon"/> ▼

## Primary Contact Mailing Address

Check if same as Primary Contact Home Address

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# Primary Contact Information (Cont.)

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If the consumer leaves the radio box unchecked, they will be prompted to enter their Primary Contact Mailing Address.

## Primary Contact Mailing Address

Check if same as Primary Contact Home Address

Address 1\*

Address 2

City\*

Zip\*

State\*  ▼

County\*  ▼

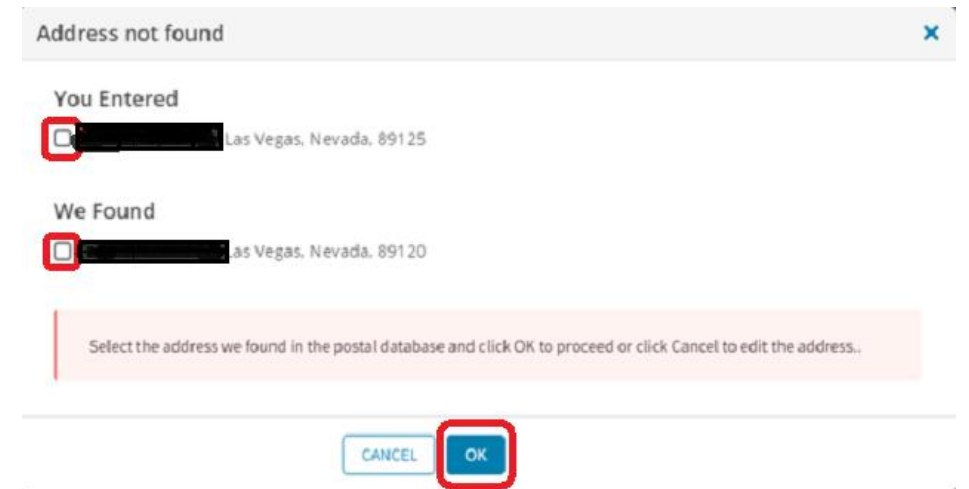
# Address Validation

When validating the address with the U.S. Postal Service (USPS), consumers may see an alert that their address cannot be found in the postal database.

This could be something as simple as an addition to their zip code, or changing Road to RD.

The alert will prompt for a new address within the postal system that seems to match what the consumer has entered. The consumer should verify that the information is correct before selecting the radio button next to the address.

They can then click the blue "OK" button at the bottom.



The screenshot shows a dialog box titled "Address not found" with a close button (X) in the top right corner. Below the title, there are two sections: "You Entered" and "We Found". Each section contains a radio button (highlighted with a red box) and a partially redacted address followed by "Las Vegas, Nevada, 89125" and "Las Vegas, Nevada, 89120" respectively. At the bottom of the dialog, there is a light pink instruction bar that reads "Select the address we found in the postal database and click OK to proceed or click Cancel to edit the address..". Below this bar are two buttons: "CANCEL" and "OK" (highlighted with a red box).

# Primary Contact Information (Cont.)

The last information needed on this screen is the Primary Contact's phone number and preferences.

This is where the consumer can select both their written and spoken language, as well as how they would like to receive notifications.

Consumers can then select the blue "Save & Continue" button at the bottom of the screen.

The screenshot displays a web form titled "Primary Contact Information (Cont.)". It is divided into two main sections: "Primary Contact Phone" and "Primary Contact Preferences".

**Primary Contact Phone**

- Mobile Phone Number:** A text input field containing "(208) 222-2222".
- Is this your primary phone number?:** A checkbox that is checked.
- Home Phone Number:** A text input field with a placeholder "(xxx) xxx-xxxx".
- Phone Extension:** A text input field with a placeholder "Ext.".

**Primary Contact Preferences**

- Preferred Spoken Language:** A dropdown menu with "English" selected.
- Preferred Written Language:** A dropdown menu with "English" selected.
- Preferred Method of Communication\*:** Radio buttons for "Go Paperless" (selected) and "Postal Mail".
- How do you wish to receive your 1095-A Form\* [Learn more](#):** Radio buttons for "Go Paperless" (selected) and "Postal Mail".

A light blue informational box at the bottom of the form states: "With Paperless option, notifications will always be delivered to your Secure Mailbox and you would get a text message or email informing you of the availability of the Notice. With Postal Mail option, apart from Secure Mailbox we also deliver a paper/hard copy of the Notice to your mailing address."

At the bottom of the form, there are three buttons: "Back", "Save & Exit", and "Save & Continue". The "Save & Continue" button is highlighted with a red border.

# Help Applying for Coverage

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After completing the Primary Contact Information screen, consumers will move on to “Help Applying for Coverage”.

If the consumer is filling out the application for themselves, or they are completing it with YHI over the phone, they will select “I am filling out this application for myself and/or my family”.

If you—a YHI Consumer Connector—is helping them with the process, they can select the corresponding radio button, and then click the blue “Save & Continue” box at the bottom.

The screenshot shows a web form titled "Help Applying for Coverage". The main heading is "Who is Helping you?". Below this is a question: "Is anyone helping you with this application?\*" with three radio button options:

- I am filling out this application for myself and/or my family
- I am being assisted by a certified professional (broker or assister)
- I am being assisted by a friend or family member

At the bottom of the form, there are three buttons: "Back", "Save & Exit", and "Save & Continue". The "Save & Continue" button is highlighted with a red border.

# Authorized Representative

Some menus will expand based on the consumers' choices.

If the consumer selects the radio button next to "I am being assisted by a friend or family member", a new "Authorized Representative" designation form will appear.

This form will ask "Do you want to name someone as your authorized representative?".

### Authorized Representative

If someone is helping you complete your application, you can designate that person as your Authorized Representative.

An Authorized Representative is any adult who is sufficiently aware of the household circumstances and is authorized by the household to act on behalf of the household for eligibility purposes. By designating an Authorized Representative, you are giving permission for your authorized representative to:

- Sign the application on your behalf
- Act on your behalf for all matters related to the application and account

Please note: An Authorized Representative is not certified by **Your Health Idaho**. This is different than designating an Agent or an Enrollment Counselor who has completed training and is certified by **Your Health Idaho**.

Do you want to name someone as your authorized representative?\*

Yes

No

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

# Authorized Representative (Cont.)

If the consumer selects “yes”, a new screen will load to allow them to enter contact information for the authorized representative.

Do you want to name someone as your authorized representative?\*

Yes  
 No

**Authorized Representative Contact Information**

First Name\*

Middle Name

Last Name\*

Suffix

Email Address\*

**Authorized Representative Home Address**

Address 1\*

Address 2

City\*

Zip\*

State\*

County\*

**Authorized Representative Phone**

Mobile Phone Number

Phone Extension

Home Phone Number

Phone Extension

Work Phone Number

Phone Extension

# Authorized Representative (Cont.)

Finally, the consumer will be asked if their newly Authorized Representative is part of an organization. The consumer can then enter the name of the organization as well as their ID. The last step is for the consumer to sign their full name in the box.

You will notice that Organization, ID and full name are required if the consumer selects "yes" to this question. The consumer can then hit the blue "Save & Continue" button at the bottom of the screen.

Is this person part of an organization helping you apply for health insurance?\*

Yes  
 No

Organization Name\*

Organization ID\*

By checking this box and typing my name below, I (Theo Bashar) am electronically signing my application

Type your full name here\*

# Help Paying for Coverage

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The next screen will prompt the consumer to answer whether they are requesting an APTC to help pay the cost of their monthly premiums.

If the consumer selects “Yes”, they will be directed down the path of determination with YHI rather than redirecting them to idalink.

If they select “No”, they will complete the standard Non-Financial application.

After they have selected the appropriate radio button, they can select the blue “Save & Continue” button at the bottom of the screen.

## Help Paying for Coverage

You may be eligible for a free or low-cost plan, or tax credit to help pay your monthly premiums

Do you want to find out if you can get help paying for health coverage?\*

- Yes (You will have to provide income information to see what you may qualify for)
- No (You will pay full cost for Exchange health coverage)

Back

Save & Exit

Save & Continue



# Household Information and Demographics

# About Your Household

---

The next step in the Financial Application process is to collect information about everyone who lives in the household.

**Remember:** Everyone who lives in the household must be included on the application, even if they are not seeking coverage, or are part of the taxable household.

# About Your Household (Cont.)

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This section will begin with listing whether the Primary Contact is seeking coverage. The consumer will select “Yes” or “No”. Then they will fill out the personal information for the Primary Contact in their household, including their date of birth. In this example “Theo Bashar” is the Primary contact on the account.

Theo Bashar

Are you seeking coverage?+  Yes  No

First Name\* Theo

Middle Name Enter Middle Name

Last Name\* Bashar

Suffix Suffix

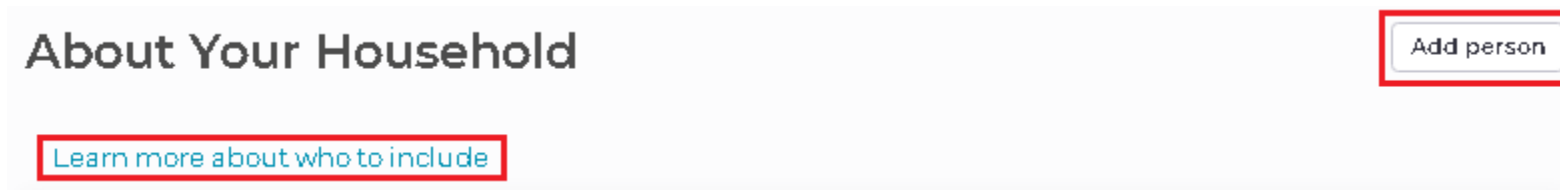
Date of Birth\* 

Month	Day	Year
04	07	1971

# About Your Household (Cont.)

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Next, the consumer will click the “Add a person” button in the upper right-hand corner of the screen



If the consumer is unsure about who they should include on their application, they can click on “Learn more about who to include”, also at the top.

Include each person in your household, even if the person has health coverage already. The information in this application helps us make sure everyone gets the best coverage they can. The amount of help or type of program you qualify for is based on the number of people in your household and your household income. If you don't include someone, even if they already have health coverage, your eligibility results could be affected.

# About Your Household (Cont.)

---

Continue to click “add a person” until every member of the household has been added. In this example, you can see that “Grandma Bashar” has also been added as a member of the household but is not seeking coverage. Once everyone has been added, the consumer can click on the blue “Save & Continue” button at the bottom of the screen

Grandma Bashar Delete

Are you seeking coverage?\*  Yes  No

First Name\*

Middle Name

Last Name\*

Suffix  ▼

Date of Birth\* 

Month	Day	Year
03	21	1949

# Household Relationships

## Household Relationship Details

Here are the 4 members in your household. Please answer the following questions to help us establish everyone's relationship to each other.

1. Theo Bashar
2. Shannon Bashar
3. Tedy Bashar
4. Grandma Bashar

1. How is **Theo Bashar** related to the other household members?

Theo Bashar is Shannon Bashar's\*

Theo Bashar is Tedy Bashar's\*

Theo Bashar is Grandma Bashar's\*

2. How is **Shannon Bashar** related to the other household members?

Shannon Bashar is Tedy Bashar's\*

Shannon Bashar is Grandma Bashar's\*

3. How is **Tedy Bashar** related to the other household members?

Tedy Bashar is Grandma Bashar's\*

[Back](#)

[Save & Exit](#)

[Save & Continue](#)

The next portion of the application asks about the relationships of each person within the household to each other.

It is important to select the appropriate relationship.

Once finished, the consumer can select the blue "Save & Continue" button at the bottom of the screen.

# Household Addresses

On the “Household Addresses” screen, the consumer will be asked to confirm if anyone listed on the application lives at a different address than the address listed at the start of the application.

If someone does reside at another address, the consumer will be asked to provide the address by clicking the “Add Address” button.

This will create a pop-up which can then be used to input the address.

Once finished, the consumer can click on the blue “Save & Continue” button at the bottom of the screen.

**Household Addresses**

**Where Household Members Live**

Do any of the people below live at an address other than [redacted] Nampa, ID, 83651? (check all that apply)\*

Shannon Bashar

Please provide your address

**Add Address**

Tedy Bashar

Grandma Bashar


None of the Above

Back Save & Exit **Save & Continue**

# Household Addresses (Cont.)

---


Add address ✕


Address 1\*  

Address 2

City\*

Zip\*

State\*  

County\*  



# Household Addresses (Cont.)

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The last step before moving on is to validate all the information entered into the application. You can see this information on the “Summary” screen.

Once this information has been verified as correct, the consumer can click the blue “Continue” button at the bottom of the screen.

## Summary

### Household Members

Name	Relation	Date of Birth	Seeking Coverage	
Theo Bashar	Self	04/07/1971	Yes	<a href="#">Edit</a>
Shannon Bashar	Spouse	08/14/1972	Yes	<a href="#">Edit</a>
Tedy Bashar	Child (son or daughter)	02/26/2011	No	<a href="#">Edit</a>
Grandma Bashar	Parent (father or mother)	03/21/1949	No	<a href="#">Edit</a>

# Personal Information

---

Now that we are finished entering the household information, we can move on to Social Security numbers and immigration status.

Make sure that the consumer has all this information available before clicking the blue “Continue” button at the bottom of the screen.

In this section, we will ask for more detailed information about everyone in your household. If you step away from this application at any time, please be sure to save your progress. You can save your application at any time by clicking the "Save & Exit" or "Save & Continue" button.

*All fields on this Family & Household section marked with an asterisk (\*) are required unless otherwise indicated.*

For anyone you want to insure, you will need:

- Social Security Number
- Document numbers for anyone with eligible Immigration status

Back

Continue

# Personal Information (Cont.)

---

Each household member will need to complete the “Personal Information”, “Citizenship or Immigration status”, “Ethnicity and Race”, and “Parent/Caretaker information” sections of the form before moving on to Military Service.

# Personal Information (Cont.)

The consumer now needs to enter the gender and Social Security number for the Primary Contact in the household.

The consumer will also be asked to verify that their name is spelled correctly and that it matches their Social Security card.

**Note:** While Social Security numbers are not required, consumers will be asked to provide documentation annually if they do not add it.

Once finished, the consumer can hit the blue "Save & Continue" button at the bottom of the screen.

## Personal Information

Theo Bashar's Gender\*

- Male  
 Female

Enter Theo Bashar's Social Security Number.

Social Security Number

Please provide Theo Bashar's Social Security Number (SSN). If no Social Security Number is provided, Theo Bashar will be required to provide additional documentation at the end of the application, and may risk losing eligibility for coverage. Providing a Social Security Number can help verify your eligibility to enroll in health coverage. If Theo Bashar does not have a Social Security Number, please visit [www.ssa.gov/ssnumber](http://www.ssa.gov/ssnumber) to apply.

Is Theo Bashar the same name that appears on his Social Security card?\*

- Yes  
 No

Back

Save & Exit

Save & Continue

# Personal Information (Cont.)

---

If the consumer's name does not match what is shown on their Social Security Card, the consumer will be asked to enter the name that is shown on their card. Once finished, the consumer can hit the blue "Save & Continue" button at the bottom of the screen.

Enter the same name as shown on Dana Doe Social Security Card

First Name\*

Middle Name

Last Name\*

Suffix

# Citizenship or Immigration Status

---

The next question asks whether the consumer is a U.S. Citizen or a U.S. National.

The consumer can select yes or no here. Once finished, the consumer can hit the blue “Save & Continue” button at the bottom of the screen.

**Citizenship or Immigration Status**

Is **Theo Bashar** a U.S. citizen or U.S. national?\*

Yes

No

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

# Citizenship or Immigration Status (Cont.)

If the consumer selects “No” that they are not a U.S. Citizen or U.S. National, they will be asked to provide documents showing they are Lawfully Present in the U.S.

Once finished, select the blue “Save & Continue” button at the bottom.

Check if **Theo Bashar** has eligible immigration status [Learn more](#)

Please select a document type\*

- Permanent Resident Card "Green Card", I-551
- Temporary I-551 Stamp (on passport or I-94, I-94A)
- Machine Readable Immigrant Visa (With Temporary I-551 Language)
- Employment Authorization Card (EAD, I-766)
- Arrival/Departure Record (I-94, I-94A)
- Arrival/Departure Record in Foreign Passport (I-94)
- Foreign Passport
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)
- Notice of Action, I-797
- Other status
- None of these

Does **Theo Bashar** also have any of these documents? (Select all that apply) [Learn more](#)

- Certification From U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Office of Refugee Resettlement (ORR) Eligibility Letter (if Under 18)
- Cuban/Haitian Entrant
- Resident of American Samoa
- Battered spouse, child, or parent under Violence Against Women Act
- Document indicating member of federally-recognized Indian tribe or American Indian born in Canada
- Document indicating withholding of removal
- None of these

Is **Theo Bashar** the same name that appears on his document?\*

- Yes
- No

Has **Theo Bashar** 's primary residence been in the U.S. since 1996?\*

- Yes
- No

Back

Save & Exit

Save & Continue

# Ethnicity and Race

---

Consumers will then be asked questions regarding their Race and Ethnicity.

**Note:** Ethnicity questions are optional. Consumers do not need to answer them in order to apply for health coverage. The consumer can select “Prefer not to answer”.

Optional: These questions are optional, and you do not need to answer them to apply for health insurance. If you choose to answer them, Your Health Idaho will use this information to get a better understanding of the demographics and health needs of Idahoans. This information will also be shared with the Department of Health and Human Services to support a broader understanding of health needs across the U.S. population.



# Ethnicity and Race (Cont.)

If the consumer does choose to answer these questions, they will be asked if they are Hispanic, Latino, or Spanish in origin and then to select their Race.

After they have answered these questions, they can hit the blue “Save & Continue” button at the bottom of the screen.

Is **Theo Bashar** of Hispanic, Latino, or Spanish origin?

Yes

No

Prefer Not To Answer

**Race (select the ones that apply, up to 10)**

American Indian or Alaska Native

Asian Indian

Black or African American

Chinese

Filipino

Guamanian or Chamorro

Japanese

Korean

Native Hawaiian

Other Asian

Other Pacific Islander

Samoan

Vietnamese

White or Caucasian

Other

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

# Parent / Caretaker Information

---

The next section of the application asks whether the Primary Contact is the main caretaker of any children on the application.

The consumer can select "Yes" or "No". After answering the question, the consumer can select the blue "Save & Continue" button at the bottom.

## Parent / Caretaker Information

Is **Theo Bashar** the main person taking care of any of these children?\*

- Tedy Bashar

Yes

No

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

# Military Service

In this section, the household identifies if anyone has been honorably discharged from the military or is an active-duty military, which remove APTC eligibility. If you have been honorably discharged or are an active-duty military member, you and/or your dependents may be eligible to receive coverage under TRICARE.

## Military Service

Are any of these people honorably discharged veteran or active duty member of the military? [Learn more](#)

Select a person's name if this person, their current spouse, or their parent (if they're an unmarried, independent child) is an honorably discharged or active-duty member of the U.S. military, or if they're an unmarried surviving spouse of an honorably discharged or active-duty member of the U.S. military. ×

- Theo Bashar
- Shannon Bashar
- Tedy Bashar
- Grandma Bashar
- None of the Above

Back

Save & Exit

Save & Continue

# Federal Income Tax Returns

---

Next, the application asks about Federal Income Tax Returns for the year, who will file, and how. If there are members in the household who will be filing on their own (not jointly), please select that they will file a Federal Income Tax Return for the year.

Do **Theo Bashar** and **Shannon Bashar** plan to file a joint federal income tax return for **2022**?\*

- Yes
- No

Please select which of the tax filers below should be considered the primary applicant for this application (if filing a joint return, this would be the Primary Tax Filer)\*

- Theo Bashar
- Shannon Bashar
- Grandma Bashar

# Federal Income Tax Returns (Cont.)

---

Finally, the consumer will be asked about dependent status and who will claim whom on their tax return. Once finished, the consumer can click the blue "Save & Continue" button at the bottom of the screen.

Who are the dependents that will be claimed by the tax filer(s) on his/her/their income tax return?

Dependents of **Theo Bashar and Shannon Bashar**:

- Tedy Bashar
- Grandma Bashar

Dependents of **Grandma Bashar**:

- Theo Bashar
- Shannon Bashar
- Tedy Bashar

# Information about your Household Review

---

The final step in this section is to verify who will be considered for tax credit determination.

**Note:** If two members are filing a joint tax return, all members will be considered on the Primary Tax filers household. You will see that the spouse is not considered in their own household.

Information about your Household ×

Only the household members who are on **Theo Bashar's** Tax return will be considered for subsidy determination.

- The household members on **Shannon Bashar's** Tax return will not be considered for healthcare coverage on this application. If they want to be considered for healthcare coverage, then they should submit a separate application.

- The household members on **Grandma Bashar's** Tax return will not be considered for healthcare coverage on this application. If they want to be considered for healthcare coverage, then they should submit a separate application.

Cancel Save

# AI/AN Status

Consumers who are American Indian or Alaska Native must declare their citizenship status on their application in order to take advantage of those benefits.

The next section of the application asks if any member of the household has Native status and allows them to attest that they are the member of a Federally Recognized Tribe.

**Note:** Consumers seeking to apply AI/AN benefits will need to provide a tribal membership verification/card.

After consumers have completed this information, they can select the blue “Save & Continue” button at the bottom of the screen.

Are any of the people below American Indian/Alaska Native?\*

- Theo Bashar
- Shannon Bashar
- Tedy Bashar
- Grandma Bashar
- None of the Above

Do any of these people below belong to a federally recognized tribe?\*

- Shannon Bashar

Select **Shannon Bashar's** membership

State\*

Tribe Name\*

- None of the Above

Back Save & Exit **Save & Continue**

# Medicaid/CHIP

Consumers who requested Medicaid or CHIP in the last 90 days, and were found not eligible, can declare that on the next screen. The consumer will need to enter the date they were denied eligibility for Medicaid/CHIP.

Once finished, click on the blue “Save & Continue” button at the bottom.

Were any of these people found not eligible for Medicaid or Your Health Idaho in the past 90 days?\*

Theo Bashar

When was Theo Bashar denied Medicaid or CHIP coverage?\* [Learn more](#)

Enter the date on the letter from the Medicaid or CHIP. If you don't have it, make your best estimate of the date. ✕

Month Day Year

MM DD YYYY

Shannon Bashar

Tedy Bashar

None of the Above

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



# Pregnancy Information

---

Next, the consumer will need to answer if anyone on their application has been pregnant in the last 60 days.

If the consumer selects that they were pregnant, they will then be asked how many children they had, and the due date for the pregnancy.

Once the consumer has answered this question, they can hit the blue "Save & Continue" button at the bottom of the screen

## Pregnancy Information

Are any of these people pregnant or were pregnant in the last 60 days?

Shannon Bashar

How many babies are expected in this pregnancy?\*

- 1 +

When is the due date for this pregnancy?\*

Month Day Year

MM DD YYYY

None of the Above

Back

Save & Exit

Save & Continue

# Disability Information

The consumer will be asked to confirm if any household members have a physical disability or mental health condition that limits their ability to perform activities.

This may impact the consumers eligibility for other benefit programs with DHW.

Once the selection is made, the consumer will select "Save & Continue".

## Disability Information

Do any of these people below have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?\*

[Learn more](#)

- Theo Bashar
- Shannon Bashar
- Tedy Bashar
- None of the Above

Do any of these people need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a nursing home, or other medical facility?\*

- Theo Bashar
- Shannon Bashar
- Tedy Bashar
- None of the Above

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Save & Exit

Save & Continue

# Summary (Review and Confirm)

---

The consumer now has a chance to review all the information they entered into their application. They also have the option to edit any of the information in the application by clicking on the edit button in the section they would like to edit.

Once they have reviewed the information, the consumer will select the “Continue” button at the bottom to move to the next section.

The next several slides will show the review for the completed household section of the application.

## Review and Confirm

Here is the information you provided about everyone who is part of your household. Please take a moment to review and double-check the information. If you see any mistakes, please edit them now

# Summary (Review and Confirm)

Shannon Basher [Edit](#)

Applying for Coverage	Yes
Gender	Female
Do you have a Social Security Number?	Yes
Social Security Number	***-**-8996
Is your name the same on Social Security Card?	Yes
Are you a US Citizen or US National?	Yes
Are you a Naturalized Citizen?	No
Are you of Hispanic, Latino, or Spanish origin?	Prefer Not To Answer
Race	American Indian or Alaska Native
Are you married?	Yes
Are you an honorably discharged veteran or active duty member of the military?	No
Are you American Indian or Alaska Native?	Yes
Are you a member of a federally recognized tribe?	Yes

Federal Recognized Tribal Membership Information

State	Minnesota
Tribe Name	Lower Sioux Indian Community in the State of Minnesota

Are you planning to file a tax return this year?	Yes
Are you planning to file a joint federal income tax return?	Yes
Are you the main person taking care of the children listed in the application?	Yes
Were you denied Medicaid or CHIP in the past 90 days?	No
Is Pregnant?	No
Do you have a physical disability or mental health condition that limits your ability to work, attend school, or take care of your daily needs?	No
Do you need help with activities of daily living, or live in a nursing home, or other medical facility?	No

Once all the information has been reviewed, or updated as needed, the consumer can select the blue "Continue" Button at the bottom of the screen.

Continue

# Income and Deductions

# Income

---

For income information, the application is requesting the most current information for everyone in the household. All fields on the application that are marked with an asterisk (\*) are required.

**Note:** It is important that the consumer has all the income documentation in hand that they will need to complete this section. This may include pay stubs, W-2 forms, or other information about their income.

When the consumer is ready to proceed, they can click the blue “Continue” button at the bottom of the screen.



Continue

# Income Sources

---

Consumers will be asked to enter all sources of income including the following categories:

- Job
- Pension
- Rental or royalty
- Alimony received
- Scholarship
- Self-employment
- Social Security Benefits
- Farming or Fishing
- Investment
- Retirement
- Capital Gains
- Unemployment
- Other income

# Income Sources

---

To complete this section the consumer will select the correct radio button in front of “yes” or “no” to answer if they have income. If they select “yes”, then can then click on the blue “Add Income Source” button to add their types and amounts of income.

Enter all your current Income Types

Does Theo Bashar currently get any income?\*

Yes

No

Add Income Source

---



# Income Sources

---

The consumer will then click the drop-down menu to select what type of income they are adding.

**Add Income for Theo Bashar** ✕

What type of Income would you like to add?\*

Income Source ▼

- Income Source ▼
- Income Source
- Alimony Received
- Capital Gains
- Farming or Fishing
- Investment
- Job
- Other Income
- Pension
- Rental or Royalty
- Retirement
- Scholarship
- Self Employment
- Social Security Benefits
- Unemployment

# Income Sources

Once the consumer has selected the type of income, they will be asked for the amount, if it is a profit or loss, and how frequently they expect to receive this income.

Finally, they will be asked if they expect to receive this income for the entire year.

After they have entered the corresponding information, they can click the blue "Save" button at the bottom to enter their next source of income.

### Add Income for Theo Bashar ✕

What type of Income would you like to add?\*

Capital Gains ▼

[Learn more](#)

How much does Theo Bashar expect to get from capital gains for all of 2022?  
Net capital gains are the profit after subtracting capital losses

Amount\* \$500.00

Profit or Loss\* Profit ▼

How often?\* Yearly ▼

Do you expect to earn this income for the whole year?\*

Yes

No

Cancel **Save**

# Income Sources

To add the next source of income, click the blue “Add Income Source” button.

After all sources of income have been entered, the consumer will have the option to edit or remove any source of income.

If everything is accurate the consumer can click the blue “Save & Continue” button at the bottom of the screen.

### Income of Theo Bashar

People can get income in many ways. After you tell us about your current income we will help you estimate income for all of 2022 so you can tell us if you expect changes.

Job	Self Employment	Retirement
Pension	Social Security Benefits	Capital Gains
Rental or Royalty	Farming or Fishing	Unemployment
Alimony Received	Investment	Other Income
Scholarship		

**Add another type of income or continue to review a summary of your current income.**

Income Type	Amount	Frequency	
Capital Gains	\$500.00	Yearly	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
Farming or Fishing	\$100.00	Twice a month	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
Investment	\$100.00	Quarterly	<input type="button" value="Edit"/> <input type="button" value="Remove"/>
Job	\$900.00	Weekly	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

# Deduction Sources

---

Deduction sources are things that can be deducted on an income tax return such as alimony. These will be added within the “Deduction sources” screen. To add a deduction source, click on the blue “Add Deduction Source” button.

Once all deductions have been entered, click on the blue “Save & Continue” button at the bottom of the screen.

### Deduction Sources

**Deductions for Theo Bashar**

Telling us about things that can be deducted on an income tax return could make the cost of health insurance a little lower

Add another type of deduction or continue to review a summary of your current deductions.

Deduction Type	Amount	Frequency		
Alimony	\$600.00	Monthly	Edit	Remove

[Add Deduction Source](#)

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

# Expected Income

Next, the system will automatically calculate the expected income for the upcoming year and ask the consumer to validate if it is accurate. If the information is accurate, the consumer can select the “Yes” radio button and then the blue “Save & Continue” button at the bottom of the screen.

If the information is not accurate, the consumer can select the “No” radio button. If they select “No”, the system will ask them how much they think they will make in the next year. Consumers do have the option to select “I don’t know.” However, the system will prompt them to make the best estimate.

## Expected Income

Based on what you told us, **Theo Bashar**'s income will be about **\$42,900.00**. Is this how much you think will get in **2022**?\*

- Yes  
 No

Based on what you know today, how much do you think **Theo Bashar** will make in **2022**?\*

I don't know

That's okay. Make your best estimate of **Theo Bashar**'s total income for **2022**.

Total yearly amount\*

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Save & Exit

Save & Continue

# Expected Income Summary

Once all income for the Primary contact has been entered, including deductions, the consumer will see a summary of the information they have provided, including an estimate of their monthly income.

They also have the option at this point to edit the information by clicking the “Edit” button in the upper right-hand corner of the screen.

If the information is accurate, the consumer can click the blue “Continue” button at the bottom of the screen.

Theo Bashar's income summary [Edit](#)

Theo Bashar's total income in 2022  
\$42,900.00

Current income

Income Source	How much	How often	common.start_date	common.end_date
Capital Gains	\$500.00	Yearly	--NA--	--NA--
Farming or Fishing	\$100.00	Twice a month	--NA--	--NA--
Investment	\$100.00	Quarterly	--NA--	--NA--
Job (Door Dash)	\$900.00	Weekly	--NA--	--NA--

Income deductions

Deduction Source	How much	How often	common.start_date	common.end_date
Alimony	\$600.00	Monthly	--NA--	--NA--

Current monthly income  
\$3,575.00  
This is based on your income sources above. We add them together for a year based on how often you get each type, and then divided by 12 for a monthly amount

[Back](#) [Continue](#)

# Expected Income (Other Household Members)

You will repeat the income process for each member of the household, making sure to click the blue "Save & Continue" button to move to the next screen.

### Income of Shannon Bashar

People can get income in many ways. After you tell us about your current income we will help you estimate income for all of 2022 so you can tell us if you expect changes.

Job	Self Employment	Retirement
Pension	Social Security Benefits	Capital Gains
Rental or Royalty	Farming or Fishing	Unemployment
Alimony Received	Investment	Other Income
Scholarship		

**Add another type of income or continue to review a summary of your current income.**

Income Type	Amount	Frequency	
Alimony Received	\$400.00	Monthly	<input type="button" value="Edit"/> <input type="button" value="Remove"/>

# Tribal Income

If the consumer is a member of a Federally Recognized Native American or Alaskan Native Tribe and receives income from the tribe, such as Fishing, Usage Rights, Leases or Royalties, this income must be declared.

**Note:** Tribal income is not calculated as part of the taxable income. In the final calculations it will be subtracted from the total income amount.

**Tribal Income**

Is any of this income from these sources?

- Per capita payments from the 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 land by the Department of Interior (including reservations and former reservations).
- Money from selling things that have cultural significance.

Income Source	Amount	How often?	Tribal Income
Alimony Received	\$400.00	Monthly	<input type="text" value="\$200.00"/>

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# Income Summary Review

The final screen of the “Income Information” section of the application is a review of all income information entered for the household. It is important that the consumer reviews this information before hitting the blue “Continue” button at the bottom of the screen.

## Review and Confirm

Here is the information you provided about everyone who is part of your household. Please take a moment to review and double-check the information. If you see any mistakes, please edit them now.

**Theo Bashar** [Edit](#)

Yearly income in 2022 \$42,900.00

**Current income**

Income Source	How much	How often	common.start_date	common.end_date
Capital Gains	\$500.00	Yearly	--NA--	--NA--
Farming or Fishing	\$100.00	Twice a month	--NA--	--NA--
Investment	\$100.00	Quarterly	--NA--	--NA--
Job (Door Dash)	\$900.00	Weekly	--NA--	--NA--

**Income deductions**

Deduction Source	How much	How often	common.start_date	common.end_date
Alimony	\$600.00	Monthly	--NA--	--NA--

**Shannon Bashar** [Edit](#)

Yearly income in 2022 \$4,800.00

**Current income**

Income Source	How much	How often	common.start_date	common.end_date
Alimony Received	\$400.00	Monthly	--NA--	--NA--

**Amounts from Tribal Sources**

Tribal Income Source	How much	How often
Alimony Received	\$200.00	Monthly

**Tedy Bashar** [Edit](#)

Yearly income in 2022 \$0.00

**Grandma Bashar** [Edit](#)

Yearly income in 2022 \$4,800.00

**Current income**

Income Source	How much	How often	common.start_date	common.end_date
Social Security Benefits	\$400.00	Monthly	--NA--	--NA--

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# Other Health Coverage

# Other Health Coverage

The consumer will now be prompted to answer if they are currently enrolled in health coverage that will extend beyond 60 days from the date, they will complete the application.

If the consumer selects the “Yes” radio button, they will be prompted to state what type of coverage they have. This will prompt a notice informing them that if they do have other coverage, they may not be eligible to receive an APTC.

Once the consumer has completed this screen, they can move to the next screen by hitting the blue “Save & Continue” button at the bottom of the screen.

Is **Theo Bashar** currently enrolled in health coverage that will extend beyond 60 days from today? [Learn more](#)

Select "Yes" only if your current coverage will extend beyond the start of this new coverage. ✕

Yes  
 No

What type of coverage does **Theo Bashar** have? [Learn more](#)

Medicaid: Don't check the Medicaid box if one of these applies to your coverage:

- 1) Your coverage pays for only limited benefits, like family planning services, emergency services, outpatient hospital services, or treatment of tuberculosis.
- 2) Your Medicaid coverage doesn't pay for inpatient hospital services.

People who have other coverage may not be able to get help paying for coverage through the Exchange. If a person is currently enrolled in an Exchange plan with advance payments of the premium tax credit (APTC) and is found eligible for Medicaid, CHIP, or other qualifying health coverage, they may need to pay back the APTC they got for the months they had other qualifying health coverage.

CHIP  
 COBRA Coverage  
 Marketplace Coverage  
 Medicaid  
 Medicare  
 Peace Corps  
 Retiree Health Benefits  
 TRICARE  
 Veterans Affairs (VA) Health Care Program  
 Other Coverage  
 None of the Above

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# Reconciliation of APTC

---

The next question the consumer is asked is did they reconcile Premium Tax Credits for past years. Again, they have the option to select a “Yes” or “No” radio button. They can also select “I have never received a premium tax credit in past years.”

Once the consumer has completed this screen, they can move to the next screen by hitting the blue “Save & Continue” button at the bottom of the screen.

**Reconciliation of APTC**

Did **Theo Bashar** reconcile premium tax credits on their tax return for past years?

Yes

No

I have never received premium tax credit in past years

# Employer Coverage

On this screen, consumers will be asked if they are offered employer coverage. If the consumer is offered coverage through their job, or a spouse/parent, they will select the “Yes” radio button.

When they select this option, they will then be prompted to enter information regarding their employer.

This information includes phone number, who can be contacted to discuss the offered coverage, and whether the plan offered meets minimum standard value. There is also language that explains what “Minimum Value Standard” is.

## Employer Coverage Detail

Will **Theo Bashar** be offered health coverage through a job (including another person's job, like a spouse or parent)?  
Tell us about coverage offers that apply to **Theo Bashar** starting May 01, 2022.\*

- Yes  
 No

Employer Name

Employee Name

Door Dash

Theo Bashar

[Add Employer Detail](#)

[Learn more](#)

Phone\*

Does Door Dash offer a health plan that meets the minimum value standard?\* [Learn more](#)

A health plan meets the minimum value standard if it's designed to pay at least 60% of the total cost of medical services for a standard population, and its benefits include substantial coverage of physician and inpatient hospital services.  
If you are offered affordable coverage that meets the minimum value standards, you will not be eligible for a premium tax credit. Most job-based plans meet this standard.

- Yes  
 No

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[Save & Exit](#)

[Save & Continue](#)

# State Employee Health Benefit

---

The consumer will then be asked if they are offered Idaho state employee health benefits through their own job or that of a family member. Here the consumer only has the option to select the “Yes” or “No” radio buttons.

Once they have answered this question, they can move forward with the blue “Save & Continue” button at the bottom of the screen.

### State Employee Health Benefit

Is **Theo Bashar** offered the **Idaho** state employee health benefit plan through a job or a family member's job?\*

Yes

No

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

# Additional Information

---

The last question is if the consumer would like help paying for medical bills from the last 3 months. While this question does not apply to YHI or the APTC outcome, if the consumer is referred to DHW for possible Medicaid Eligibility, DHW will need this answer.

**Additional Information**

Would **Theo Bashir** like help paying for medical bills from the last 3 months?\*

Yes

No

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# Additional Information: AI/AN

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Consumers will need to answer the questions regarding Other Health Coverage, Employer Coverage Details, State Employee Health Benefits, and Additional Information for each member of the household.

If any member of the household is part of a Federally Recognized Tribe, they will also be asked about Tribal Health programs such as Indian Health Services, or Urban Indian Health Program.

To move to the next series of questions, click the blue “Save & Continue” button at the bottom of the screen.

## Additional Information

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

- Yes  
 No

Has **Shannon Bashar** ever gotten a health 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

Would **Shannon Bashar** like help paying for medical bills from the last 3 months?\*

- Yes  
 No

Back

Save & Exit

Save & Continue



# Summary: Other Health Coverage Review

At this point in the application, the consumer moves on to a review of the information they have provided regarding other coverage. The consumer can edit any of the answers given by clicking the Edit button in the upper right-hand corner of each individual member's box.

To move to the next series of questions, click the blue "Continue" button at the bottom of the screen.

## Review and Confirm

Here is the information you provided about everyone who is part of your household. Please take a moment to review and double-check the information. If you see any mistakes, please edit them now

Theo Bashar (Primary Contact)

Edit

Do you currently have health coverage?	No
Did you reconcile premium tax credits on your tax return for past years	I have never received premium tax credit in past years
Offered Employer Coverage	No
Are you offered the Idaho state employee health benefit plan through a job or a family member's job?	No
Would you like help paying for medical bills from the last 3 months?	Yes

# Review and Sign

# Review and Sign

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The final step is to review all the information on the application. Once a thorough review of the application has been completed, the consumer can provide their eSignature and submit the application.

## Review and Sign

**Now it's time to review and sign your health insurance application.**

Please review all the detailed application information about every household member who is applying for health insurance. In a moment, you will finalize your application and provide your eSignature.

Back

Continue

# Review and Sign (Cont.)

The consumer will now have a final opportunity to review all information within the application for accuracy. The consumer also has the option to download or print a copy of their final review.

**Note:** On the actual application, this information will be on a single screen.

## Final Review

Household and Demographic Information Download Print

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Theo Bashar

Email	t-bashar@yopmail.com
Primary Phone Number	MOBILE (208) 222-2222
Date of Birth	04/07/1971
Home Address	[REDACTED]
Mailing Address	[REDACTED]
Preferred Spoken Language	English
Preferred Written Language	English
Preferred Method of Communication	Email
Is anyone helping you with this application?	I am being assisted by a friend or family member
Do you want to find out if you can get help paying for health coverage?	Yes

## Applying for Health Coverage

Name	Relation	Date of Birth	Seeking Coverage
Theo Bashar	Self	04/07/1971	Yes
Shannon Bashar	Spouse	08/14/1972	Yes
Tedy Bashar	Child (son or daughter)	02/26/2011	Yes
Grandma Bashar	Parent (father or mother)	03/21/1949	No

# Review and Sign (Cont.)

## Household Members

Theo Bashar (Primary Contact)		Edit
Applying for Coverage	Yes	
Gender	Male	
Do you have a Social Security Number?	Yes	
Social Security Number	***-**-8988	
Is your name the same on Social Security Card?	Yes	
Are you a US Citizen or US National?	Yes	
Are you a Naturalized Citizen?	No	
Are you of Hispanic, Latino, or Spanish origin?	Prefer Not To Answer	
Are you married?	Yes	
Are you an honorably discharged veteran or active duty member of the military?	No	
Are you American Indian or Alaska Native?	No	
Are you a member of a federally recognized tribe?	No	
Are you planning to file a tax return this year?	Yes	
Are you planning to file a joint federal income tax return?	Yes	
Dependant claimed by tax filer	Tedy Bashar	
Are you the main person taking care of the children listed in the application?	Yes	
Were you denied Medicaid or CHIP in the past 90 days?	No	
Do you have a physical disability or mental health condition that limits your ability to work, attend school, or take care of your daily needs?	No	
Do you need help with activities of daily living, or live in a nursing home, or other medical facility?	No	

Shannon Bashar		Edit
Applying for Coverage	Yes	
Gender	Female	
Do you have a Social Security Number?	Yes	
Social Security Number	***-**-8996	
Is your name the same on Social Security Card?	Yes	
Are you a US Citizen or US National?	Yes	
Are you a Naturalized Citizen?	No	
Are you of Hispanic, Latino, or Spanish origin?	Prefer Not To Answer	
Race	American Indian or Alaska Native	
Are you married?	Yes	
Are you an honorably discharged veteran or active duty member of the military?	No	
Are you American Indian or Alaska Native?	Yes	
Are you a member of a federally recognized tribe?	Yes	
Federal Recognized Tribal Membership Information		
State	Minnesota	
Tribe Name	Lower Sioux Indian Community in the State of Minnesota	
Are you planning to file a tax return this year?	Yes	
Are you planning to file a joint federal income tax return?	Yes	
Are you the main person taking care of the children listed in the application?	Yes	
Were you denied Medicaid or CHIP in the past 90 days?	No	
Is Pregnant?	No	
Do you have a physical disability or mental health condition that limits your ability to work, attend school, or take care of your daily needs?	No	
Do you need help with activities of daily living, or live in a nursing home, or other medical facility?	No	

# Review and Sign (Cont.)

## Income Information

**Theo Bashar** Edit

Yearly income in 2022 **\$42,900.00**

Current income

Income Source	How much	How often	common.start_date	common.end_date
Capital Gains	\$500.00	Yearly	--NA--	--NA--
Farming or Fishing	\$100.00	Twice a month	--NA--	--NA--
Investment Job (Door Dash)	\$100.00 \$900.00	Quarterly Weekly	--NA-- --NA--	--NA-- --NA--

Income deductions

Deduction Source	How much	How often	common.start_date	common.end_date
Alimony	\$600.00	Monthly	--NA--	--NA--

**Shannon Bashar** Edit

Yearly income in 2022 **\$4,800.00**

Current income

Income Source	How much	How often	common.start_date	common.end_date
Alimony Received	\$400.00	Monthly	--NA--	--NA--

Amounts from Tribal Sources

Tribal Income Source	How much	How often
Alimony Received	\$200.00	Monthly

## Additional Information

**Theo Bashar (Primary Contact)** Edit

Do you currently have health coverage? **No**

Did you reconcile premium tax credits on your tax return for past years? **I have never received premium tax credit in past years**

Offered Employer Coverage **No**

Are you offered the Idaho state employee health benefit plan through a job or a family member's job? **No**

Would you like help paying for medical bills from the last 3 months? **Yes**

**Shannon Bashar** Edit

Do you currently have health coverage? **No**

Offered Employer Coverage **No**

Are you offered the Idaho state employee health benefit plan through a job or a family member's job? **No**

Are you eligible to get health services from the Indian Health Service, a tribal health program, or an urban Indian health program or through referral from one of these programs? **Yes**

Have you ever gotten a health service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs? **No**

Would you like help paying for medical bills from the last 3 months? **Yes**

# Sign and Submit

The final step in the application process is for the consumer to sign and submit their application electronically.

They will be asked if anyone listed on the application is currently incarcerated, as well as granting permission for Your Health Idaho to use their income information for the next 5 years.

**Note:** All boxes must be checked before the consumer can provide the Electronic Signature.

Finally, the consumer can type their electronic signature in the provided box. After electronically signing they can click the blue "Submit Application button".

## Sign and Submit

Read and check the box next to each statement if you agree

Are any applicants incarcerated (in prison or jail)?\*

No. No one listed on this health insurance application is incarcerated (in prison or jail).

To make it easier to determine my eligibility for help paying for coverage in future years, I agree to allow the Marketplace to use my income data, including information from tax returns, for the next 5 years. The Marketplace will send me a notice and let me make changes. I can opt out at any time.\* [Learn more](#)

I agree

I disagree

I understand that if anyone on my application who enrolls in coverage through a Marketplace plan, is later found to have other qualifying health coverage (including Medicare, Medicaid, or CHIP), Your Health Idaho will automatically end their Marketplace coverage.\*

If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency the right to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving the Medicaid agency rights to pursue and get medical support from a spouse or parent.\*

If a child on this application has a parent living outside of the home, I know I'll 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 the agency and I may not have to cooperate.\*

I understand that I have 30 days to notify Your Health Idaho of any change of information in this application. I will report any changes within this time period. I understand that changes in my household size, address or other details might affect my or my household's eligibility for specific benefits. I understand and will notify Your Health Idaho if my application information changes.\*

[Learn more](#)

By typing my name in the box below, I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.\*

Theo Bashar's Electronic  
Signature\*

[Back](#)

[Submit application](#)

# Determination in Progress

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Once the consumer submits their application, they will receive a notification pop-up letting them know their application is in progress and that the system will reload once their determination is complete.

**Application is in progress...**

The information received in your application is being processed. The page will load once the application processing is complete.



# Eligibility Overview

After the determination has processed completely, the consumer will see a real-time determination of their eligibility.

This will include both their APTC dollar amount, as well as eligibility for Cost-sharing Reduction (CSR).

The consumer will then be able to shop for a plan.

## 2022 Eligibility Overview

### Summary

Based on the information you provided, one or more members of your household are eligible for

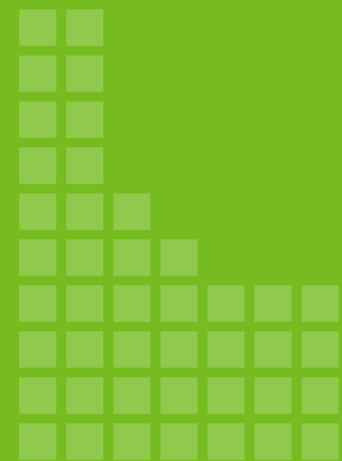
- ✓ [Marketplace Qualified Health and Dental plans.](#)
- ✓ [Advanced Premium Tax Credit](#) of up to \$1445.95 in advance premium tax credits for your household to lower your monthly insurance bill.
- ✓ [Cost Sharing Reductions](#) for lower copayments, coinsurance and deductibles.

Detailed eligibility for each member of the household is as below. Click on 'Go To Dashboard' to enroll in a plan.

### Eligibility Results for members of your household

Household member	Eligible for the following	Action needed
Tedy Bashar	<a href="#">Market Place Qualified Health and Dental plans</a> <a href="#">Advanced Premium Tax Credit</a> <a href="#">Cost Sharing Reductions</a>	
Shannon Bashar	<a href="#">Market Place Qualified Health and Dental plans</a> <a href="#">Advanced Premium Tax Credit</a> <a href="#">Cost Sharing Reductions</a>	
Theo Bashar	<a href="#">Market Place Qualified Health and Dental plans</a> <a href="#">Advanced Premium Tax Credit</a> <a href="#">Cost Sharing Reductions</a>	
Grandma Bashar	<a href="#">Not Eligible to enroll in a Market Place Health or Dental Plan</a> <a href="#">Not seeking coverage</a>	

[Go to Dashboard](#)



# Data Matching Issues (DMIs)

# Data Matching Issues (DMIs)

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Consumers will enter their expected annual income, in a form of attestation. In doing so, the automated interfaces will check previous years' tax statements, Social Security hubs, and other possible automated verifications.

If the income matches within a 50% threshold of the consumers' attestation, or within \$12,000 of the attested income amount, it will be automatically reviewed without request for additional verification.

# DMIs (Cont.)

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A data matching issue (DMI) **occurs when certain information on a person's application doesn't match the information available to the marketplace.**

Resolving a DMI might require a person to prove their citizenship or immigration status or verify their income.

**NOTE: Consumers who have a DMI while completing their eligibility application will be *conditionally approved* for APTC.**

- Consumers will be able to select and finalize a plan
- Consumers will have 90 days to upload verification documents to validate their eligibility
- If validation is not completed in 90 days, the consumers' enrollment will be terminated
- Depending on the type of DMI, consumers who do not validate their eligibility in the 90 days may be terminated, or have the APTC/CSR removed



# Report a Change

# Report a Change

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Existing Your Health Idaho consumers will be able to quickly and effectively report changes on their APTC applications with real-time updates on their eligibility and enrollments.

This will expedite the process of address updates, income changes, and adding dependents. They will do this by logging into their dashboard and clicking on Start Your Application.

**Note:** Consumers who have combination eligibility will need to report the changes at both Your Health Idaho and the Department of Health and Welfare so that both programs can be updated appropriately.

# Report a Change

To report a change of any type, consumers will need to click on Start Your Application and proceed through each step, reviewing and confirming all details.

For those seeking to change the Primary Contact, they will update the information for Primary and continue through the steps to update all other members and their coverage needs. This will be useful for those who have a member aging off of coverage to Medicare.

**Steps**

- Start Your Application
- Before We Begin
- Get Ready
- Primary Contact Information**
- Help Applying for Coverage
- Help Paying for Coverage
- About Your Household
- Household Relationship
- Household Addresses
- Summary

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Family and Household

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Income Information

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Additional Information

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Review and Sign

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### Primary Contact Information

#### Primary Contact Name

First Name\* Theo

Middle Name Enter Middle Name

Last Name\* Bashar

Suffix Suffix

Date of Birth\* Month Day Year  
04 07 1971

Email Address\* t-bashar@yopmail.com

Send me important alerts to this email address.



# Certification and Support



# Open Enrollment Certification

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To be certified through YHI, connectors are required to:

- Complete training and all quizzes with a passing score of 85% or higher
- Complete the Producer Agreement (quiz represents attestation/electronic signature)
- Attend the live-virtual training (*If you do not attend the live-virtual training, you must complete the online supplemental course*)
- Agents and agency staff: Be in good standing with the Idaho Department of Insurance (DOI)
- Enrollment Counselors: Complete background checks every 2 years with Idaho State Police (ISP) and be affiliated with a YHI-contracted Enrollment Entity

For more information, please email [Connectors@YourHealthIdaho.org](mailto:Connectors@YourHealthIdaho.org).

# Open Enrollment Certification

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Fall certification training dates are live! Please pencil us in to get your 2023 Your Health Idaho certification completed. All Your Health Idaho Connectors and staff will need to join us for a live virtual webinar on one of the dates below.

You can log in today at [yourhealthidaho.tovuti.io](https://yourhealthidaho.tovuti.io) and select the "Events" tab to sign up.

- Tuesday, August 16 at 9am MDT
- Thursday, August 18 at 1pm MDT
- Monday, August 22 at 1pm MDT
- Wednesday, August 24 at 10am MDT
- Thursday, August 25 at 9am MDT

If you miss the live courses, you must complete the additional course that will be available after September 1. Continuing education units will be available for all trainings, with more details coming soon.



# Questions?



# Additional Resources

# Resources

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## Your Health Idaho

- Apply online directly at [www.YourHealthIdaho.org](http://www.YourHealthIdaho.org)
- Visit the **Contact Us** page of the website for customer support options

## Idaho Department of Health and Welfare

- The Department of Health and Welfare determines eligibility for benefit programs like Medicaid/CHIP, SNAP, and others
- Visit [www.HealthandWelfare.idaho.gov](http://www.HealthandWelfare.idaho.gov) or call 1-877-456-1233

## Senior Health Insurance Benefits Advisors (SHIBA)

- Under the Idaho Department of Insurance, SHIBA provides free information and support for Idahoans looking to enroll with Medicare
- Visit [www.doi.idaho.gov/shiba](http://www.doi.idaho.gov/shiba) or call 1-800-247-4422

Contact us at [Connectors@YourHealthIdaho.org](mailto:Connectors@YourHealthIdaho.org)  
and follow us on social media!

