



Application Walk-Through Guide

For Members of Certified Assister Network

Table of Contents

Part 1: Preparation	3
1. Setting Up a Profile	3
2. Identity Proofing	4
Part 2: Start Application	7
1. Notice of Consent and Authorization and Start Your Application	7
2. Head of Household	10
3. Is someone helping you?	13
4. Do you need help paying for health coverage?	15
5. Who are your household members?	16
6. Household Member Summary	19
Part 3: Family and Household	20
1. Family & Household	20
2. Tell us about your household	21
3. Past Tax Credits (Optional)	23
4. Parent/Caretaker Relatives	25
5. Personal Information	26
6. Citizenship/Immigration Status	28
7. Race/Ethnicity	31
8. Address Details	33
9. Intent to Reside	34
10. More About This Household	35
11. Enter Household Member Relationships	38
12. Reasonable Accommodation	39
13. Is anyone in jail or prison?	41
14. Family & Household Summary	43
Part 4: Income	44
1. Income	44
2. Current Income	45
3. Current Income (screen 2)	46

4. Current Income Details	47
5. Current Income Details: Income Deductions	48
6. Annual Income	49
7. Income Discrepancies: Additional Income Questions	51
8. Income Summary.....	53
Part 5: Additional Questions	54
1. Additional Questions	54
2. Health Insurance Information.....	56
3. Other Coverage	58
4. Health Reimbursement Arrangement Information.....	59
5. Medicaid Denial Information	61
6. Preliminary Medicaid Results	62
7. Additional Questions	63
8. Additional Medicaid Questions.....	65
9. Additional Medicaid Specific Questions	67
10. Additional Questions Summary.....	68
Part 6: Review and Sign.....	69
1. Review and Sign.....	69
2. Review Application.....	70
3. Rights and Responsibilities.....	72
4. Eligibility Results.....	74

Part 1: Preparation

1. Setting Up a Profile

Agents and brokers will be listed as “Pending” until their Assister Certification Training has been completed and verified by beWellnm. Their account will then be activated. This process can take up to 72 hours to complete. Brokers/Agents will then sign into the [Broker Portal](#).

BeWellnm will establish an Assister Portal account for enrollment counselors upon completion of the Assister Certification Training. If the enrollment counselor attempts to register before that time, they will receive an error message. Enrollment counselors will receive a link to activate their account and register. Enrollment Counselors and other assisters will sign into the [Assister Portal](#).

Consumer profile set-up will be different based on which portal an assister uses. Refer to the appropriate training videos for completing this step.

- Agents/Brokers: [Create a Profile and Application: Agent/Broker](#)
- Enrollment Counselors: [Create a Profile and Application: Enrollment Counselor](#)

Reminder: Members of the Certified Assisters Network (agents, brokers, and enrollment counselors) must complete the annual Assister Certification Training prior to being able to assist consumers on their respective portals.

For general assistance, please call our Customer Engagement Center at: 1-833-862-3935 (TTY: 711) for assistance.

[Return to Table of Contents](#)

2. Identity Proofing

Identity proofing is used to verify your identity. It helps to protect your personal information. This process helps prevent someone else from creating a beWellnm.com account and applying for health coverage in your name without your knowledge. This process is done by asking questions from Experian based on the consumer's personal and financial history that only they can answer. Identity proofing is the first step of the process to apply for Marketplace coverage through beWellnm. Consumers must complete identity proofing to fill out an online application. If identity cannot be proved online, consumers will need to send proof to beWellnm.

Users may need Social Security Numbers and addresses, if they do not know them, to continue.

This section of the application process will take approximately 3-5 minutes to complete.

Once this information is reviewed, consumers will click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Start Your Application Family & Household Income Additional Questions Review & Sign

Identity (ID) Proofing

[About Identity \(ID\) Proofing](#)

Before you can apply, you will need to prove your identity online. This is called Remote Identity Proofing, or RIDP. RIDP helps protect your identity. By continuing, you agree to allow Experian - the federal Remote Identity Proofing agency - to access your personal information to prove your identity.

Remember:

- Be sure to enter your correct legal name, current home address, primary phone number, date of birth and email address.
- Experian uses your consumer report profile to confirm your identity. You may see the words "soft inquiry" on your Experian consumer report. Soft inquiries are seen only by you, and no one else. They do not affect your credit score. The soft inquiry will be called "CMS Proofing Services." It will drop off your Experian consumer report after 25 months.
- Experian may ask personal questions to help prove your identity.

What happens if your information can't be proven online?

If your identity can't be proven online, you may need to send proof of your identity to beWellnm.

[?](#) [Find places to get help](#)

You may need:

- ▶ Social Security Number
- ▶ Home Address

[🕒](#) Estimated time for this section: 3 to 5 minutes

Save and Continue

Figure 1: Identity Proofing Overview

On the next screen, five questions will be generated from Experian records. The questions displayed will vary by consumer. Beneath each question are three options with 'None of the above' as a fourth option. Consumers should answer these to the best of their ability by selecting the bubble next to the correct response. Once the questions are answered, they should click the dark orange 'Save and Continue' button at the bottom-center of the page.

Note: Again, if consumers are unable to verify their identity online, they should do so should do so with beWellnm.

Start Your Application Family & Household Income Additional Questions Review & Sign

Identity Verification

[About Identity \(ID\) Proofing](#)

When you see a star (*), you must complete the field.
When you see an , hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

In order to prove your identity you must answer the questions below. Please choose the answers that are best associated with Jelly Baby.

Model Year of your first Car? *

2009
 2010
 2011
 None of the above

Year of Higher Education Completed? *

2005
 2006
 2007
 None of the above

Year when you joined your first job? *

2010
 2011
 2012
 None of the above

Name of the bank of your first account? *

JP Morgan
 BOA
 Wells Fargo
 None of the above

Last 4 digits of SSN? *

3343
 5543
 6654
 None of the above

[Save and Continue](#)

Figure 2: Identity Proofing Questions

Note: If an identity cannot be electronically verified, it means that beWellnm could not match all of the information you provided with the information available in the records used for this process. Check the information and try again. If that does not work, call the beWellnm Customer Engagement Center at 1-833-862-3935 (TTY: 711) for assistance.

[Return to Table of Contents](#)

Part 2: Start Application

1. Notice of Consent and Authorization and Start Your Application

Consumers will begin the application by providing their consent and authorization to the use of government and private sources to verify information put into the application.

Consumers immediately receive information about the following:

- They will be asked if they want help paying for health coverage. If they do not want help, they do not have to answer questions about their income. If they do want help, they will need to answer questions about their household, income, and other topics for beWellnm to help find the best programs and plans for that consumer.
- If they are enrolled in Medicaid, or if they qualify for Medicaid, consumers may not qualify for additional benefits through beWellnm.

It also asks them, under penalty of perjury, to provide information to the best of their ability and documentation as needed. Beneath the information, there is a link to 'View Privacy Policy and Practices.' Next, there is a box to select which serves as the acknowledgement to this information. Once a consumer, or their authorized representative has done both, they can proceed by clicking on the dark orange 'Save and Continue' button at the bottom-center of the page.

Start Your Application: Begin Process

When you see a star (), you must complete the field.*

*When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.*

You will be asked if you want help paying for health coverage. If you do not want help paying for coverage, you do not need to answer any questions about your income.

However, if you want to see if you qualify for help, you will need to answer some questions about your household, your income, and other things that will help us find the best programs and plans for you.

If you are already enrolled in Medicaid, or if you qualify for Medicaid, you may not qualify for additional benefits through beWellnm.

Notice of Consent and Authorization

This beWellnm application helps you apply for health coverage (sometimes called a Qualified Health Plan) through New Mexico's health insurance Marketplace, also known as beWellnm. The application also helps you find financial assistance, such as premium tax credits, to help you pay for that plan. This service may also be used to apply for Medicaid. If you or members of your household are likely to be eligible for coverage through Medicaid, your application will be sent to the New Mexico Human Services Department for a Medicaid determination. You may also choose to have your application sent to the Human Services Department to see if you qualify for Medicaid.

To complete an application and obtain an initial eligibility determination, you must provide personal information about everyone in your household who is applying for coverage. If you are applying for financial assistance, such as tax credits, you will also have to provide health coverage and income information about everyone in your household who is applying for coverage. You may have to provide information about others if their information will affect the eligibility of the applicants. We may use various government and private sources to verify the accuracy of the information you provide. Such sources may include (but may not be limited to) our electronic databases as well as the databases of the Department of Homeland Security and the Social Security Administration. Household members who do not want coverage will not be asked questions about citizenship or immigration status.

[View Privacy Policy and Practices](#)

I hereby consent to the use of government and private sources to verify the information I provide in this application, as described above. I certify under penalty of perjury that I have the authority and consent described above and that I will, if necessary, perform the actions described above. *

Save and Continue

Figure 3: Consent to Application Information Verification

The next screen is an overview of this section of the application. There is a note to the consumers that the application will ask questions to find out if they qualify for programs to cover the cost of health insurance, which may include tax credits, if they purchase a health or dental plan through beWellnm, health or dental plans with lower cost-sharing requirements, or Medicaid. If the user is not sure how to answer these questions, they should find assistance before proceeding. To complete this section, users may need the following documents:

- Addresses
- Birth dates
- Social Security numbers.

The time to complete the application to be 20-25 minutes.

Once finished reviewing this information, users should click on the dark orange 'Continue' button at the bottom center of the page.

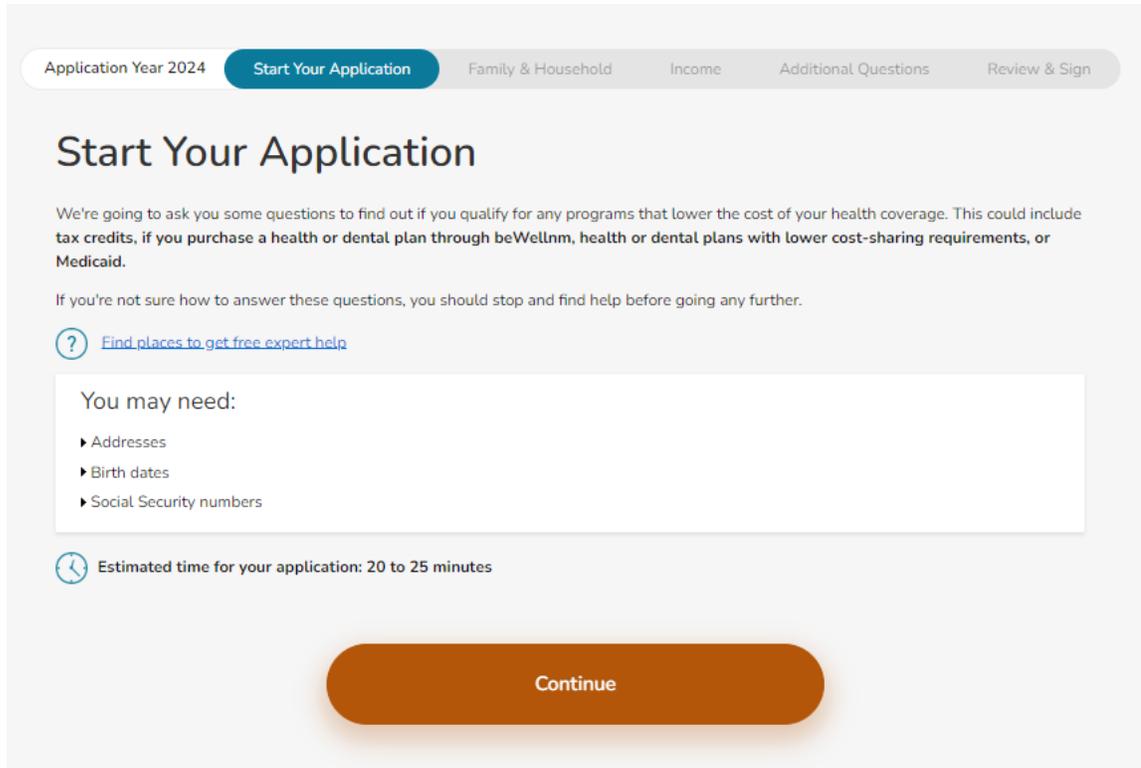


Figure 4: Start of Application Overview

[Return to Table of Contents](#)

2. Head of Household

On this page, users will need to enter information for the head of the tax household. If the Head of Household is the consumer that a user previously entered, they can select the box next to 'Check here if you are the account holder or would like your household contact information to match your profile information,' and it will pre-fill all the information that was previously entered. Otherwise, users should not check the box, and enter in the information for the tax head of household.

The first part of this page asks users to enter the consumer's information, which includes first name, last name, date of birth, email address, and home address. Next, if different, users enter the consumers mailing address. If the mailing address is the same as the home address, they check the box immediately prior to this section stating 'Select if the Mailing Address is the same as the Home Address.'

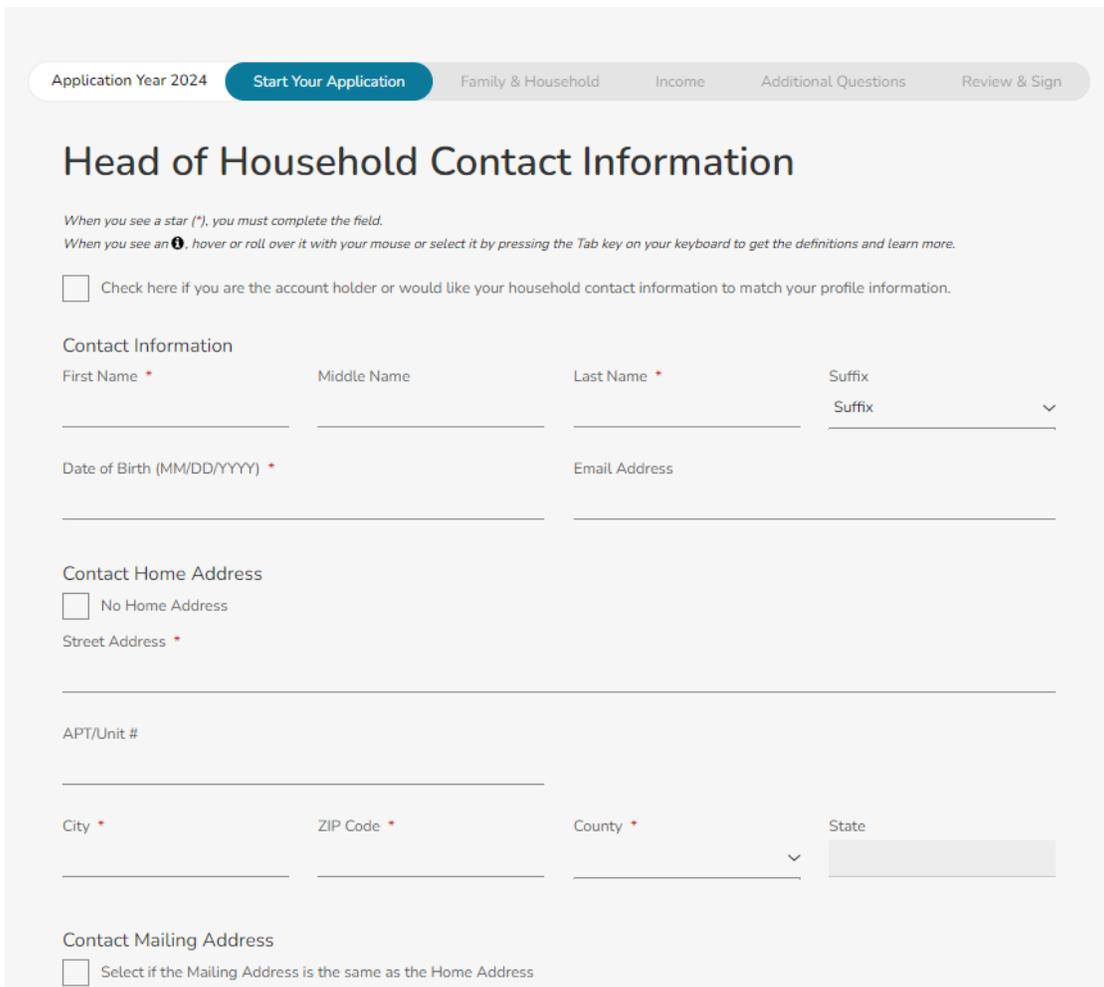


Figure 5: Head of Household Contact Information

Further down on this page, users will also be asked to enter the consumer’s contact preferences. First, users will enter what a consumer’s written and spoken language preferences are; consumers can select from a dropdown menu of both. Next, consumers can select if they want paperless notices—via email and/or text—or notices sent in the mail via USPS. They should then click on the dark orange 'Save and Continue' button at the bottom center of the page.

Contact Preferences

Preferred Spoken Language English

Preferred Written Language English

Would you like to receive paperless notices? *

Yes, I want paperless notices (recommended)

Available notification types

Email (Cherry-Coke@mailinator.com)

Text message

No, send me a paper copy in the mail.

Save and Continue

Back

Figure 6: Contact Preferences

A pop-up window will next appear. It states that by clicking 'Accept,' the consumer acknowledges their agreement to receive the following communications electronically. It then lists the types of notices the consumer selected. The information then states how the electronic information may be sent, based on the user’s selections. Users have the option to select on either the dark orange 'Accept' button or the white 'Decline' button at the bottom right of the window.

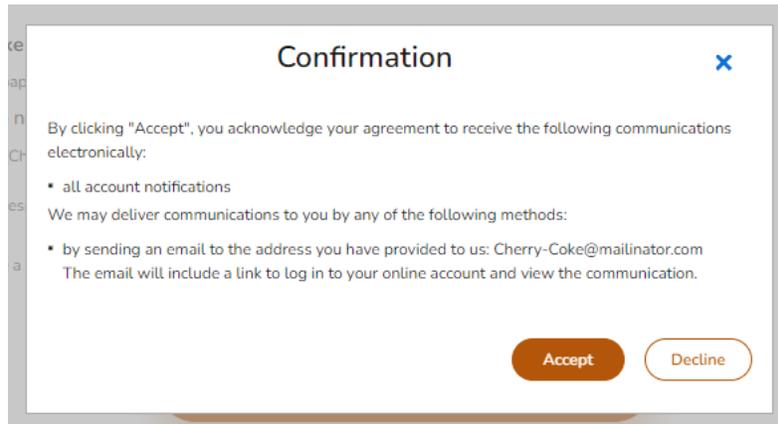


Figure 7: Confirmation of Contact Preferences

NOTE: In some cases, users may get a second pop-up window asking them to verify the home and/or mailing address if the records are different from what the user typed into the application.

[Return to Table of Contents](#)

3. Is someone helping you?

On this page, the user will indicate if someone is helping the consumer (e.g., if there is an assister helping the consumer and/or acting on their behalf). If the user selects 'Yes,' the option to select the assistance group is made available. The choices include: Navigator Assister, Certified Enrollment Counselor, Broker, and Authorized representative. Each option will ask for additional information once it has been selected and which is based on the role (though it may also be pre-populated).

Note for Brokers: If you are a broker that is working on this application to select 'Yes' that you are the individual helping the consumer with their application. You will list that you are the broker, again, working with the consumer, and then down below, it should pre-fill all of your information. It should include your first name, your last name, phone number, and your NPN number. So just make sure to select that your information is listed here. This is what ties and connects you to the consumer's application.

Note for Enrollment Counselors: If you are an Enrollment Counselor, the only way you can be listed here is by working through your Assister Portal. The CEC is not able to find and locate you in the system to add you as the Enrollment Counselor.

Once the information has been entered, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 **Start Your Application** Family & Household Income Additional Questions Review & Sign

Is someone helping you?

When you see a star (*), you must complete the field.
When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Is a professional, family member or friend helping you complete your application? *

Yes No

Tell us who is helping you. * **i**

[Know more about type of help](#)

Navigator (NAV) Assister **i**

Certified Enrollment Counselor (EC) Assister **i**

Broker **i**

Authorized Representative (AR) **i**

Save and Continue

Back

Figure 8: Application Assistance

[Return to Table of Contents](#)

4. Do you need help paying for health coverage?

On this page, the user should enter if the consumer wants help paying for their health coverage through state and federal assistance. This could include the federal premium tax credit, if the plan is purchased through beWellnm, as well as other programs like Medicaid.

Note: Currently consumers must only pay 8.5% of their household income towards health coverage costs through beWellnm. This means many more consumers may qualify for financial help! Choose 'Yes' to check for savings.

Consumers have three options from which they can select: (1) 'Yes, I want to see if I can get help for health coverage or qualify for Medicaid'; (2) 'No, I don't want any help paying for health coverage'; and (3) 'Only seeking dental coverage (subsidies do not apply.)

Note: Consumers will have to select 'Yes, I want to see if I can get help paying for health coverage, or qualify for Medicaid' if they want to receive assistance paying for their coverage. Otherwise, select one of the other options and click 'Save and Continue.'

Once the selection has been made, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

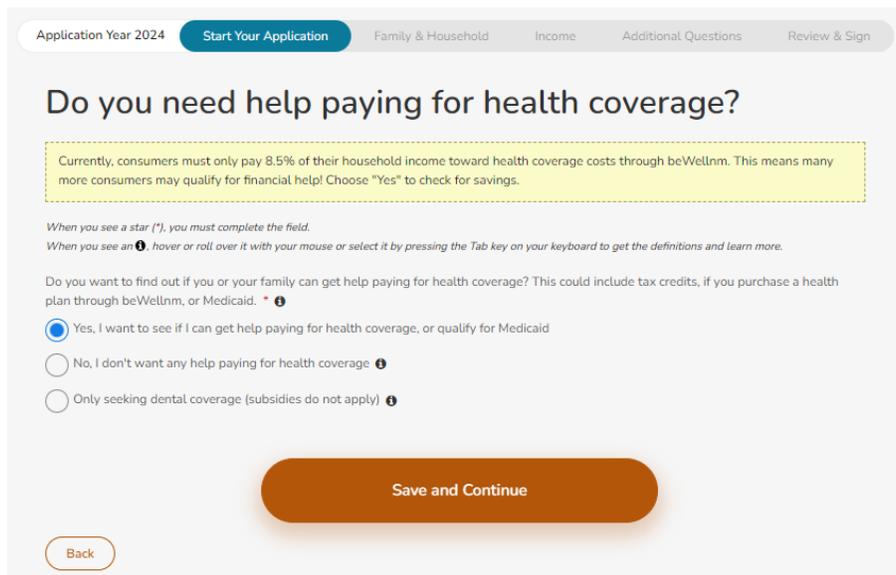


Figure 9: Help Paying for Coverage

[Return to Table of Contents](#)

5. Who are your household members?

On this page, users will enter information for members of the household. Users should include the consumer, their spouse or domestic partner, anyone the consumer claims as a dependent on their tax return, and anyone under the age of 19 the consumer cares for and lives with them. If the consumer is married, they must file jointly to qualify for the premium tax credit, unless they are an abandoned spouse or victim of domestic abuse and are not living with their partner at the time of the tax filing.

Important Note: Depending on when a user is completing the application, there may be an error on the application, shown in the screenshot below. It reads, “If you are married, you must file jointly to qualify for a premium tax credit, unless you are an abandoned spouse or victim of domestic abuse and are living with your partner at the time of the tax filing.” It should read “If you are married, you must file jointly to qualify for a premium tax credit, unless you are an abandoned spouse or victim of domestic abuse and are not living with your partner at the time of the tax filing.” BeWellnm is aware of this error and working to resolve it as soon as possible.

Users should start with the head of household, which will mostly be prepopulated from earlier in the application. They will enter the consumer’s first and last name, date of birth, and if the person is applying for coverage (yes/no options).

If they are the only person in the household, they will go to the bottom of the page and click on the orange 'Save and Continue' button at the bottom-center of the page. However, if there are more household members they will click on the 'Add Person' button (located between the question 'Is this person applying for health coverage?' and the dark orange 'Save and Continue' button but on the left side of the screen).

Application Year 2024 **Start Your Application** Family & Household Income Additional Questions Review & Sign

Who Are Your Household Members?

Include your spouse or domestic partner, anyone you claim as a dependent on your tax return, and anyone under the age of 19 who take care of and who lives with you. If you are married, you must file taxes jointly to qualify for a premium tax credit, unless you are an abandoned spouse or a victim of domestic abuse and are living with your partner at the time of the tax filing.

[Click here for more information on who to include on your application.](#)

When you see a star (*), you must complete the field.
When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Person 1
(Head of Household)

First Name *	Middle Name	Last Name *	Suffix
Cherry		Coke	Suffix ▾

Date of Birth (MM/DD/YYYY) *
09/09/1989

Is this person applying for health coverage? *
 Yes No

[Add Person](#)

Save and Continue

[Back](#)

Figure 10: Household Members- Person 1

Once the 'Add Person' button has been clicked, the same information will be added as for the first person for each member of the household, clicking on the 'Add Person' button until all members have been added.

Individuals can also be removed by clicking on the 'Remove Person' button on the far top right of the page for this person.

When all members of the household have been added, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Person 2 Remove Person

First Name * Middle Name Last Name * Suffix

| _____

Important: Please enter a valid First Name.

Date of Birth (MM/DD/YYYY) *

Is this person applying for health coverage? *

Yes No

Add Person

Save and Continue

Back

Figure 11: Additional Household Members

[Return to Table of Contents](#)

6. Household Member Summary

This page compiles the information added for all household members on previous pages. The user should review the information. If there are any mistakes, there is an 'Edit' button at the top of the screen on the right side that will allow the user to update the information. Once everything is correct, click on the dark orange 'Save and Continue' button located in the center bottom-center of the page.

The screenshot shows a web interface for the 'be well nm' application. At the top, there is a navigation bar with the following options: 'Application Year 2024', 'Start Your Application' (highlighted in dark orange), 'Family & Household', 'Income', 'Additional Questions', and 'Review & Sign'. Below the navigation bar, the main heading is 'Household Member Summary'. To the right of this heading is an 'Edit' button. The main content area lists three household members:

- Your application includes the following household members:**
- Cherry Coke (Head of Household)**
Date of Birth September 09, 1989
Applying for coverage: Yes
- Original Coke**
Date of Birth December 03, 1987
Applying for coverage: No
- Vanilla Coke**
Date of Birth February 14, 2016
Applying for coverage: No

At the bottom center of the page is a large, dark orange button labeled 'Save and Continue'. In the bottom left corner, there is a 'Back' button.

Figure 12: Household Member Summary

[Return to Table of Contents](#)

Part 3: Family and Household

1. Family & Household

This page provides an overview of the information that will be entered in this portion of the application. Users should include information for all tax member households, even if they are not applying for health coverage. A tax household is all the people included on a consumer's federal tax return (if they file taxes) and all the family members who live with them, even if they are not applying for health insurance. If the user is unsure how to answer these questions, they should find help before proceeding. To complete this section, users may need Social Security Numbers, document numbers for any individual with an eligible immigration status who is applying for coverage, and birth dates, all as applicable.

This part of the application will take 10-15 minutes to complete.

After reviewing the information on this page, a user should click on the dark orange 'Continue' button located at the bottom-center of the page.

The screenshot shows a web interface for the 'Family & Household' section of an application. At the top, there is a navigation bar with five tabs: 'Application Year 2024', 'Start Your Application', 'Family & Household' (which is highlighted in dark orange), 'Income', 'Additional Questions', and 'Review & Sign'. Below the navigation bar, the main heading is 'Family & Household'. The text below the heading reads: 'Next, we need some information about your family and your tax household. Make sure to include:'. This is followed by two bullet points: '• Everyone in your tax household, even if they are not applying for health insurance. Your tax household is all of the people you include on your federal income tax return (if you file taxes).' and '• All the family members who live with you, even if they are not applying for health insurance. [Click here for a list of people to include in your application.](#)'. Below the bullet points, there is a line of text: 'If you're not sure how to answer these questions, you should stop and find help before going any further.' followed by a question mark icon and a link: '[Find places to get free expert help](#)'. Below this is a box titled 'You may need:' containing three items: '▸ Social Security numbers', '▸ Document number for any individual with an eligible immigration status who is applying for coverage', and '▸ Birth dates'. At the bottom of the page, there is a clock icon and the text: 'Estimated time for this section: 10 to 15 minutes'. Finally, at the very bottom, there is a large, dark orange, rounded rectangular button with the word 'Continue' in white text.

Figure 13: Family and Household Overview

[Return to Table of Contents](#)

2. Tell us about your household

This window requires more information about the consumer.

The first question asks if the consumer agrees to file a tax return. Users must select 'Yes' (out of the yes/no options) if the consumer wishes to get a tax credit.

The second question asks if the consumer is legally married.

- If the consumer answers 'Yes,' they will be asked if they plan to file taxes jointly with their spouse. They will then be asked to select which person in the tax household is their spouse.
- If the consumer answers 'No,' there will be no additional questions related to the second question.

This third question will ask if the consumer claims any dependents on their taxes.

- If the consumer answers 'Yes,' they will be asked to select the dependents in the household.
- If the consumer answers 'No,' they will be asked if the consumer will be claimed by anyone else and who will claim them.

When complete, click on the dark orange 'Save and Continue' button located at the bottom-center of the page.

Application Year 2024 Start Your Application **Family & Household** Income Additional Questions Review & Sign

Tell Us About Your Household

When you see a star (*), you must complete the field.
 When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Does Cherry Coke agree to file a federal income tax return for 2024 if he or she qualifies for a premium tax credit? You must check "Yes" if Cherry Coke wants to get a tax credit to help pay health plan premium costs. *

Yes No

Is Cherry Coke legally married?
 Answer "Yes" if Cherry Coke is legally married.
 Answer "No" if Cherry Coke will be legally separated or divorced on or before December 31.
 Answer "No" if Cherry Coke will file taxes as the Head of Household for the year that he or she is seeking coverage, even if Cherry Coke is legally married. * ⓘ

Yes No

Does Cherry Coke plan to file a joint federal income tax return for 2024? Cherry Coke must file a joint income tax return with his/her spouse for 2024 to receive a premium tax credit and reduced copays and deductibles. * ⓘ

Yes No

Who is Cherry Coke's spouse? *

Original Coke
 Vanilla Coke

If necessary, you can add more members to this application on the "[Who Are Your Household Members?](#)" screen.

Will Cherry Coke claim any dependents on their federal income tax return for 2024? * ⓘ

Yes No

Who will Cherry Coke claim as a dependent? *

Vanilla Coke

If necessary, you can add more members to this application on the "[Who Are Your Household Members?](#)" screen.

Save and Continue

[Back](#)

Figure 14: Household Questions

[Return to Table of Contents](#)

3. Past Tax Credits (Optional)

This is an optional question regarding if the consumer has received premium tax credits in the past.

To skip this page, click on the dark orange 'Save and Continue' button at the bottom-center of the page without selecting anything. Users can skip the page if the consumer has never received a premium tax credit and never enrolled in a health plan through beWellnm or any other Marketplace.

To complete this page, consumers should read and understand the following statement:

I filed a federal income tax return with the Internal Revenue Service (IRS) every year that I received a tax credit. When I filled, I included IRS form 8962, which had information about the tax credit I received, so the IRS could reconcile my tax credit.

The user should then select the box next to the household/household members.

Note: Users should check this box only if the consumer has filed all required tax returns. If a user checks the box but the consumer has not filed the tax returns that reconciled all Advance Premium Tax Credits (APTC), they could lose all help to pay for health insurance, including tax credits. If the consumer knows they need to file a tax return but has not filed yet, please uncheck the box before clicking 'Save and Continue.'

When this page is completed or if it is skipped, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application **Family & Household** Income Additional Questions Review & Sign

Past Tax Credits (Optional)

[Learn more about tax credits and IRS reconciliation.](#)

To skip this page, click "Save and Continue" without checking a box below. You can skip this page if:

- You've never received a premium tax credit
- You've never enrolled in a health plan through beWellnm or any other Marketplace

To complete this page, read the statement. Then check the box next to each household member listed below the statement if:

1. You have received a premium tax credit in the past; and
2. The statement is true for all people listed in the household

Statement

I filed a federal income tax return with the Internal Revenue Service (IRS) for every year that I received an premium tax credit. When I filed, I included IRS Form 8962, which had information about the tax credit I received, so the IRS could reconcile my tax credit. ⓘ

Household 1 (Cherry Coke , Original Coke)

Warning
Check this box only if you have filed all required tax returns.
If you checked this box but haven't filed a tax return that reconciled all Advance Premium Tax Credits (APTC), you could lose all help you get to pay for health insurance, including tax credits.
If you know you need to file a tax return but have not filed yet, please uncheck the box before you click "Save and Continue".

Save and Continue

[Back](#)

Figure 15: Past Tax Credits

[Return to Table of Contents](#)

4. Parent/Caretaker Relatives

This page asks if the consumer lives with at least one child under the age of 19 and if they are the person taking care of the child.

- If the consumer answers 'Yes,' they will be asked to identify who the child(ren) is by checking the box next to their name.
- If the consumer answers 'No,' there are no additional questions.

Once all selections are made, click the dark orange 'Save and Continue' button located in the bottom-center of the application.

Application Year 2024 Start Your Application **Family & Household** Income Additional Questions Review & Sign

Parent/Caretaker Relatives

When you see a star (*), you must complete the field.
When you see an *i*, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Does Cherry Coke live with at least one child under age 19 and is he or she the main person taking care of that child? *

Yes No

Who does Cherry Coke live with and take care of? *

Vanilla Coke

If necessary, you can add more members to this application on the "[Who Are Your Household Members?](#)" screen.

Save and Continue

Back

Figure 16: Parent/Caretaker Relatives

[Return to Table of Contents](#)

5. Personal Information

There will be a screen for each member of the household on which consumers and their tax household members will be asked the following questions:

- Sex: Consumers will have to identify between male and female. No other options are provided at this time, but this is a required question.
- If they have a social security number: A Social Security number (SSN) is required for everyone applying for health coverage who has one; a SSN is optional for people who are not applying for health coverage, but providing a SSN can speed up the application process. If they have a social security number, If the user selects 'Yes,' they will next enter the SSN. If the consumer or a member of the household does not have a SSN, the user should select 'No.'
- If their name on the application matches the name on their Social Security Card: If the consumer selects 'Yes,' there will be no further questions. If the consumer selects 'No,' the consumer will be asked to provide their name as it appears on their Social Security Card.

Once selections are made, click on the dark orange 'Save and Continue' button located at the bottom-center of the screen.

Application Year 2024 Start Your Application **Family & Household** Income Additional Questions Review & Sign

Cherry Coke - Personal Information

When you see a star (), you must complete the field.
When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.*

Sex *
 Male Female

Does Cherry Coke have a Social Security number? *
 Yes No

We need a Social Security number (SSN) for every person applying for health coverage who has one. A SSN is optional for people who are not applying for health coverage, but giving us a SSN can speed up the application process.

We use SSNs to check income and other information to see who is eligible for help with health coverage costs.

If someone needs help getting a SSN, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778 for people who are deaf, hard of hearing, or speech disabled), or go to [socialsecurity.gov](https://www.socialsecurity.gov).

Social Security Number *
***-**-3613

Is Cherry Coke the same name that appears on his/her Social Security card? *
 Yes No

Save and Continue

[Back](#)

Figure 17: Personal Information- Sex, Social Security Number, and Name as on Social Security Card

[Return to Table of Contents](#)

6. Citizenship/Immigration Status

This screen asks about the citizenship/immigrations status of those applying for coverage. The first question asked is if the consumer/their family member is a U.S. citizen or U.S. national. If the consumer answers that they are a citizen, they will then be asked if they are a naturalized citizen. For both questions, users must select 'Yes' or 'No.'

Note: Naturalization is the process by which U.S. citizenship is granted to a lawful permanent resident after meeting the requirements established by Congress in the Immigration and Nationality Act (INA).

Note: This question will not be asked for anyone not applying for coverage.

In the screenshot below, the user has indicated that they are a citizen and not a naturalized citizen. No other questions populate, so the user can click on the dark orange 'Save and Continue' button located at the bottom-center of the screen to continue to the next page.

The screenshot displays a web form titled "Cherry Coke - Citizenship/Immigration Status". At the top, there is a navigation bar with tabs: "Application Year 2024", "Start Your Application", "Family & Household" (which is active), "Income", "Additional Questions", and "Review & Sign". Below the navigation bar, the title "Cherry Coke - Citizenship/Immigration Status" is centered. To the right of the title is a link: "[More information on Immigration Document Types](#)". Below the title, there are two instructions: "When you see a star (*), you must complete the field." and "When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more." The first question is "Is Cherry Coke a U.S. citizen or U.S. national? * **i**". It has two radio buttons: "Yes" (which is selected) and "No". The second question is "Is Cherry Coke a naturalized citizen? * **i**". It has two radio buttons: "Yes" and "No" (which is selected). At the bottom center of the form is a large, dark orange button labeled "Save and Continue". At the bottom left, there is a smaller button labeled "Back".

Figure 18: Citizenship Status

If the user select 'No,' the consumer is not a citizen, they will be asked to indicate that they have an eligible immigration status. First, the consumer must attest that they have an eligible immigration status. The user should check the box next to the statement if this is true.

Note: Immigrants who are not citizens or naturalized citizens are not eligible to purchase a plan through beWellnm at this time.

Federal data sources will be used to check immigration statuses claimed by anyone on the application and applying for coverage. The user must next select the document type they have verifying their status. Choices include:

- Reentry Permit (I-327)
- Permanent Resident Card ("Green Card," I-551)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94, I-94A)
- Arrival/Departure Record (I-94, I-94A) issued by U.S. Citizenship and Immigration Services
- Arrival/Departure Record in unexpired foreign passport (I-94)
- Unexpired foreign passport
- 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 - with USCIS/Alien Number
- Notice of Action (I-797)/Other- with I-94 number
- My immigration document is not listed, or I do not have the document details available at this time.

The next question asks if the consumer (or a member of their immediate family) was a victim of severe trafficking, a battered spouse/child, or the child/parent of a battered individual. The user should select from the following options:

- Victim of severe trafficking (or spouse, child, sibling, or parent of victim).
- Battered Spouse or child (or child or parent of the victim).

Next, the application will ask if they arrived before August 22, 1996. The user should select 'Yes' or 'No.'

Finally, this page will ask if the consumer is an honorably discharged veteran or active-duty member of the military. The user should select 'Yes' or 'No.'

Once the selections have been made, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Cherry Coke - Citizenship/Immigration Status

[More information on Immigration Document Types](#)

When you see a star (*), you must complete the field.
 When you see an (i), hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Is Cherry Coke a U.S. citizen or U.S. national? * (i)

Yes No

Check this box if Cherry Coke has an eligible immigration status: (i)

Federal data sources will try to verify your immigration status online. Check the box above to see the list of eligible immigration statuses. Choose any status that applies and provide all available details. If your immigration status is not on the list, we will ask you to choose an immigration status on the next screen that best represents you so that we can give you benefits, if applicable. [Learn more](#).

Document Type (Select One)

- Reentry Permit (I-327) (i)
- Permanent Resident Card ("Green Card," I-551) (i)
- Refugee Travel Document (I-571) (i)
- Employment Authorization Card (I-766) (i)
- Machine Readable Immigrant Visa (with temporary I-551 language) (i)
- Temporary I-551 Stamp (on passport or I-94, I-94A) (i)
- Arrival/Departure Record (I-94, I-94A) issued by U.S. Citizenship and Immigration Services (i)
- Arrival/Departure Record in unexpired foreign passport (I-94) (i)
- Unexpired foreign passport (i)
- Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20) (i)
- Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019) (i)
- Notice of Action(I-797)/Other - With USCIS / Alien Number (i)
- Notice of Action(I-797)/Other - With I-94 Number (i)
- My immigration document is not listed, or I do not have the document details available at this time. (i)

Is Cherry Coke a victim of severe trafficking (or the spouse, child, sibling, or parent of the victim), or a battered spouse, or child (or child or parent of the victim)? (Optional)

Victim of severe trafficking (or spouse, child, sibling, or parent of the victim) (i)

Battered spouse or child (or child or parent of the victim) (i)

Did Cherry Coke arrive in the U.S. after August 22, 1996?

Yes No

Is Cherry Coke an honorably discharged veteran or active duty member of the military? (Optional)
Also answer "Yes" if Cherry Coke is the spouse or child of an honorable discharged veteran or active duty member of the military. (i)

Yes No

Save and Continue

Figure 19: Immigration Status, Trafficking/Domestic Violence, Arrival, and Veteran Status

[Return to Table of Contents](#)

7. Race/Ethnicity

The questions on this page are optional. The consumer is asked if they are of Hispanic, Latino, or Spanish origin. If they respond 'Yes,' the consumer will be asked to provide additional details. Users may select as many as are relevant and/or appropriate from the following categories:

- Cuban
- Mexican/ Mexican American/Chicano
- Puerto Rican
- Other, with the option to enter another ethnicity.

If the consumer selects, 'No,' they can elect to move on to the 'Race' question, if they wish to answer it.

The consumer is next prompted to provide their race. Users may select as many as are relevant and/or appropriate from the following categories:

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chomorro
- Japanese
- Korean
- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White or Caucasian
- Other, with the option to enter another race

Note: Select AI/AN if consumer is registered with a federally recognized Tribe. This will prompt the system show plans specific to Native Americans, if applicable.

Each member of the tax household will be asked these questions, and each may choose to answer them or not.

Once the selections have been made, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application **Family & Household** Income Additional Questions Review & Sign

Cherry Coke - Ethnicity & Race (Optional)

Optional information:

This information will be used to help the U.S. Department of Health and Human Services (HHS) better understand and improve the health of and health care for all Americans. Providing this information won't impact your eligibility for health coverage, your health plan options, or your costs in any way.

Is Cherry Coke of Hispanic, Latino, or Spanish origin?

Yes No

Ethnicity: (check all that apply)

Cuban
 Mexican, Mexican American, or Chicano(a)
 Puerto Rican
 Other:

Enter other ethnicity

Race: (check all that apply)

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:

Enter other race

Figure 20: Race and/or Ethnicity

[Return to Table of Contents](#)

8. Address Details

This page will ask if any of the people below live at an address different from Cherry Coke and to select all that apply from the members of the household as well as 'None of these people.'

Once the selections have been made, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

The screenshot shows a web application interface for the 'Address Details' section. At the top, there is a navigation bar with tabs: 'Application Year 2024', 'Start Your Application', 'Family & Household' (which is the active tab), 'Income', 'Additional Questions', and 'Review & Sign'. Below the navigation bar, the title 'Address Details' is displayed. A note states: 'When you see a star (*), you must complete the field. When you see an i, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.' The main question is 'Do any of the people below live at an address different from Cherry Coke? (check all that apply) *'. There are three radio button options: 'Original Coke' (unchecked), 'Vanilla Coke' (unchecked), and 'None of these people' (checked). At the bottom center, there is a large dark orange button labeled 'Save and Continue'. In the bottom left corner, there is a smaller button labeled 'Back'.

Figure 21: Address Details- Do the Household Members Live Together

[Return to Table of Contents](#)

9. Intent to Reside

This screen asks consumers to select the people in their household who live in New Mexico now, even if they do not have a permanent (fixed) address, and who plan to continue to live in New Mexico while they have Medicaid or a health plan purchased through beWellnm. This would include anyone who has entered New Mexico looking for a job in New Mexico or who has been offered a job in New Mexico, but not those who came to New Mexico to visit for personal pleasure or to receive medical care in a setting other than a nursing facility. The user will select all members of the consumer’s household who intent to reside in New Mexico while they have Medicaid or a health plan purchased through beWellnm. If none plan to reside in New Mexico, select ‘None of these people.’

Note: Consumers must live in New Mexico while they have Medicaid or a plan purchased through beWellnm.

Once the selections have been made, click on the dark orange ‘Save and Continue’ button at the bottom-center of the page.

Application Year 2024 Start Your Application **Family & Household** Income Additional Questions Review & Sign

Intent to Reside

When you see a star (*), you must complete the field.
When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Please check the box next to the people in your household who live in New Mexico now, even if they don't have a permanent (fixed) address, and who plan to continue to live here while they have Medicaid or a health plan purchased through beWellnm.

This includes anyone who has entered New Mexico looking for a job in New Mexico or who has been offered a job in New Mexico. Do not select any member(s) who came to New Mexico to visit for personal pleasure or to receive medical care in a setting other than a nursing facility. *

- Cherry Coke intends to reside in New Mexico.
- Original Coke intends to reside in New Mexico.
- Vanilla Coke intends to reside in New Mexico.
- None of these people

Save and Continue

Back

Figure 22: Intent to Reside

[Return to Table of Contents](#)

10. More About This Household

This page asks four additional questions about the household. These questions include:

- Do any of the 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. If a person needs help only because they're too young to do these things for themselves, don't select their name.
- Are any of the people below American Indian/Alaska Native?
- Are any of the people below pregnant?
- Does anyone in the household who is applying for coverage have a physical, mental, or emotional health condition that limits daily activities (e.g., bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?

The answers to the questions will help ensure consumers and their families receive appropriate coverage and/or financial assistance. If a user selects 'None of these people' for all four questions, no additional questions will be asked on this page, and they can click on the dark orange 'Save and Continue' button at the bottom-center of the page. If a household member is identified for any one of these four questions, more information will be required (See below).

Application Year 2024 Start Your Application **Family & Household** Income Additional Questions Review & Sign

More About This Household

When you see a star (*), you must complete the field.
 When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Answers to these questions will help ensure you receive the appropriate coverage and/or financial assistance.

Do any of the 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?
 If a person needs help only because they're too young to do these things for themselves, don't select their name. *

Cherry Coke
 None of these people

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

Cherry Coke
 Original Coke
 Vanilla Coke
 None of these people

Are any of the people below pregnant? *

Cherry Coke
 None of these people

Does anyone in the household who is applying for coverage have a physical, mental, or emotional health condition that limits daily activities (e.g. bathing, dressing, daily chores, etc.), or live in a medical facility or nursing home? *

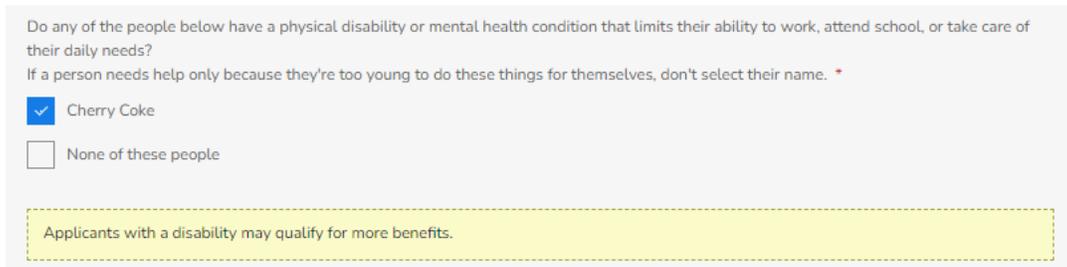
Cherry Coke
 None of these people

Save and Continue

[Back](#)

Figure 23: More Information about the Household- Ability, AI/AN status, and pregnancy

- ‘Do any of the 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. If a person needs help only because they’re too young to do these things for themselves, don’t select their name.’: If a person is selected, a notice will pop up indicating that more benefits may be available to those with disabilities.



Do any of the 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?
 If a person needs help only because they're too young to do these things for themselves, don't select their name. *

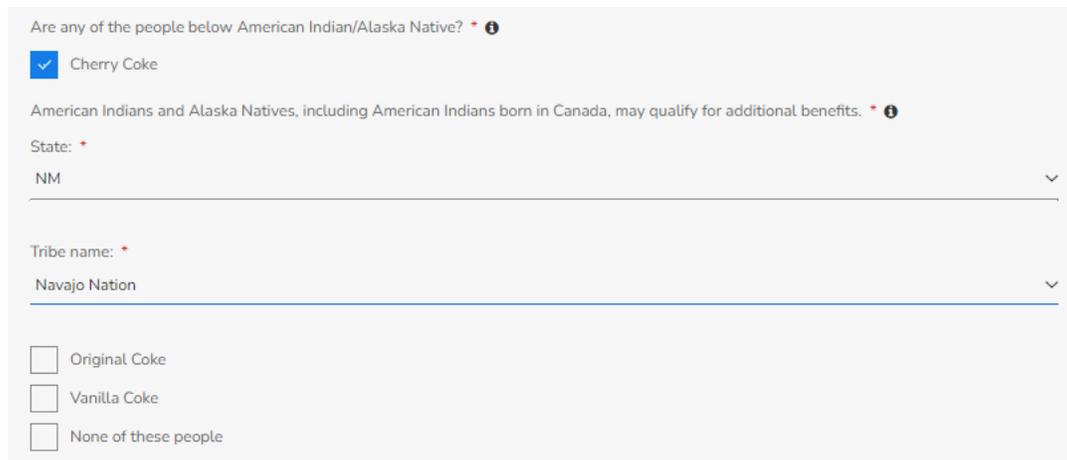
Cherry Coke

None of these people

Applicants with a disability may qualify for more benefits.

Figure 24: Limitations from a Physical Disability or Mental Health Condition

- ‘Are any of the people below American Indian/Alaska Native?’: If a person is selected, the user should identify the state in which the Tribe is located and the specific federally-recognized American Indian or Alaska Native Tribe to which they belong.



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

Cherry Coke

American Indians and Alaska Natives, including American Indians born in Canada, may qualify for additional benefits. * ⓘ

State: *

NM

Tribe name: *

Navajo Nation

Original Coke

Vanilla Coke

None of these people

Figure 25: AI/AN Status

- ‘Are any of the people below pregnant?’: If a consumer or any member of their household is selected, the user should indicate how many babies are expected from the pregnancy and the due date.

Are any of the people below pregnant? *

Cherry Coke

None of these people

How many babies is Cherry Coke expecting during this pregnancy? *

2

What is the due date for Cherry Coke ? (MM/DD/YYYY) *

01/15/2024

Figure 26: Pregnancy Status

- ‘Does anyone in the household who is applying for coverage have a physical, mental, or emotional health condition that limits daily activities (e.g., bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?’: Whether a consumer or ‘None of these people’ is selected, no additional questions will populate.

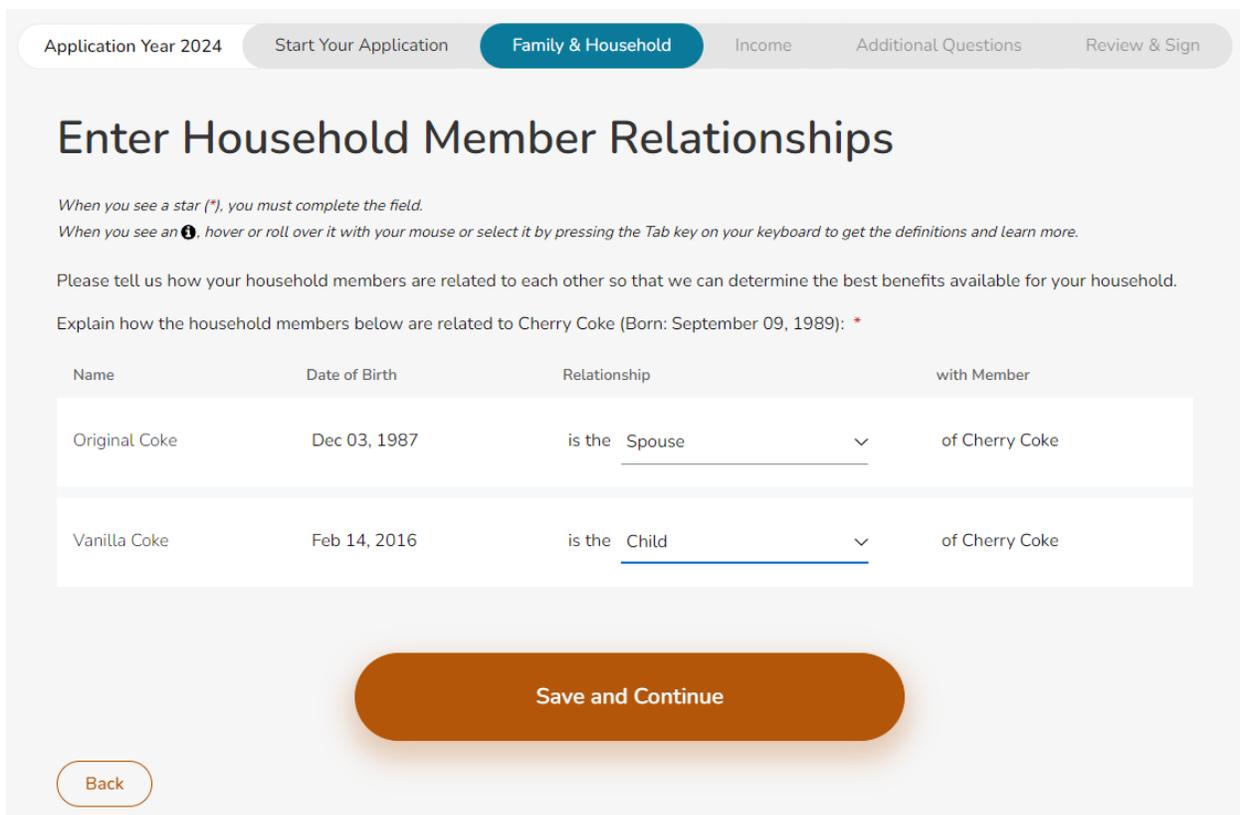
Once the selections have been made, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

[Return to Table of Contents](#)

11. Enter Household Member Relationships

This screen requires selecting how the members of the household are related to each other to determine the best benefits available for the household. Relationships will be described in relation to the primary consumer on the application. Users should select the appropriate relationship from the drop-down options for each individual (e.g., {Household member- prepopulated} {date of birth- prepopulated} is the {select relationship} of {Consumer}.)

Once the selections have been made, click on the dark orange 'Save and Continue' button at the bottom-center of the page.



Application Year 2024 Start Your Application **Family & Household** Income Additional Questions Review & Sign

Enter Household Member Relationships

When you see a star (), you must complete the field.*
When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Please tell us how your household members are related to each other so that we can determine the best benefits available for your household.

Explain how the household members below are related to Cherry Coke (Born: September 09, 1989): *

Name	Date of Birth	Relationship	with Member
Original Coke	Dec 03, 1987	is the <u>Spouse</u>	of Cherry Coke
Vanilla Coke	Feb 14, 2016	is the <u>Child</u>	of Cherry Coke

Save and Continue

Back

Figure 27: Household Member Relationships

[Return to Table of Contents](#)

12. Reasonable Accommodation

This page asks if a consumer needs a reasonable accommodation due to a disability or injury. This question is optional and may be skipped by just clicking the dark orange 'Save and Continue' button on the bottom-center of the page.

If a consumer is selected, an additional question will open asking the user to indicate all household members who need reasonable accommodation because of a disability or injury. Next the user should select all relevant conditions and accommodations.

Condition options include:

- Blind
- Deaf
- Developmental disability
- Hard of hearing
- Intellectually disabled
- Low Vision
- Physically disabled
- Other (please explain)

Accommodation options include:

- American Sign Language (ASL) Interpreter
- Assistive Listening Device
- Communication Access Real-time Translations (CART)
- Large Print Publication
- Publications in electronic format
- Publications in Braille
- Text Telephone (TTY)
- Video Relay Service (VRS)
- Other (please explain)

Once the selections have been made, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

The screenshot shows a web application interface for the 'Reasonable Accommodation' section. At the top, there is a navigation bar with tabs: 'Application Year 2024', 'Start Your Application', 'Family & Household' (which is highlighted), 'Income', 'Additional Questions', and 'Review & Sign'. Below the navigation bar, the title 'Reasonable Accommodation' is displayed. The main content area contains the question: 'Does anyone in the household need a reasonable accommodation because of a disability or an injury? (Optional)'. There are two radio buttons: 'Yes' (which is selected) and 'No'. Below this, a prompt asks: 'Please tell us which household members need a reasonable accommodation because of a disability or injury. For each such member, check all that apply. *'. A checkbox for 'Cherry Coke' is checked. Under the heading 'Condition:', there are several unchecked checkboxes: 'Blind', 'Deaf', 'Developmentally Disabled', 'Hard of Hearing', 'Intellectually Disabled', 'Low Vision', 'Physically Disabled', and 'Other (please explain)'. Under the heading 'Accommodation:', there are several unchecked checkboxes: 'American Sign Language (ASL) Interpreter', 'Assistive Listening Device', 'Communication Access Real-time Translations (CART)', 'Large Print Publication', 'Publications in electronic format', 'Publications in Braille', 'Text Telephone (TTY)', 'Video Relay Service (VRS)', and 'Other (please explain)'. At the bottom of the form, there is a large dark orange button labeled 'Save and Continue' and a smaller 'Back' button.

Figure 26: Reasonable Accommodations- 'Yes' Option

If a user selects 'No,' no additional question will populate and the user can click on the dark orange 'Save and Continue' button at the bottom-center of the page.

The screenshot shows the same web application interface as Figure 26. The navigation bar and title are identical. However, the radio button for 'No' is now selected, and the 'Yes' radio button is unselected. The 'Cherry Coke' checkbox and the 'Condition' and 'Accommodation' sections are no longer visible, indicating they are hidden when 'No' is selected. The 'Save and Continue' and 'Back' buttons remain at the bottom of the form.

Figure 27: Reasonable Accommodations- 'No' Option

[Return to Table of Contents](#)

13. Is anyone in jail or prison?

This page asks if anyone is currently incarcerated. Incarcerated individuals are not eligible to enroll; however, after being released, individuals will qualify for a 60-day Special Enrollment Period. If the consumer selects 'Yes,' they will need to select who was incarcerated and if they are awaiting trial. This will need to be done for each person selected.

Note: Users should select 'No' if the incarcerated individual will be released from jail or prison in the next 60 days.

Once the selections have been made, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

The screenshot shows a web form titled "Is anyone in jail or prison?". At the top, there is a navigation bar with tabs: "Application Year 2024", "Start Your Application", "Family & Household" (selected), "Income", "Additional Questions", and "Review & Sign". Below the title, there are two lines of instructional text: "When you see a star (*), you must complete the field." and "When you see an i, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more." The main question is "Is anyone applying for health coverage on this application in jail or in prison? * i". Below this is a note: "Note: Please select 'No' if the individual will be released from jail or prison in the next 60 days." There are two radio button options: "Yes" (selected) and "No". Below this is another question: "Who is in jail or in prison? *". There is a checked checkbox for "Cherry Coke". Below this is another question: "Is this person awaiting trial? *". There are two radio button options: "Yes" (selected) and "No". Below this are two unchecked checkboxes: "Original Coke" and "Vanilla Coke". At the bottom center is a large dark orange button labeled "Save and Continue". At the bottom left is a smaller button labeled "Back".

Figure 28: Incarceration Status- 'Yes' Option

If the consumer selects 'No,' no additional question will populate and the user can click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application **Family & Household** Income Additional Questions Review & Sign

Is anyone in jail or prison?

When you see a star (*), you must complete the field.
When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Is anyone applying for health coverage on this application in jail or in prison? * ⓘ

Note: Please select "No" if the individual will be released from jail or prison in the next 60 days.

Yes No

Save and Continue

Back

Figure 29: Incarceration Status- 'No' Option

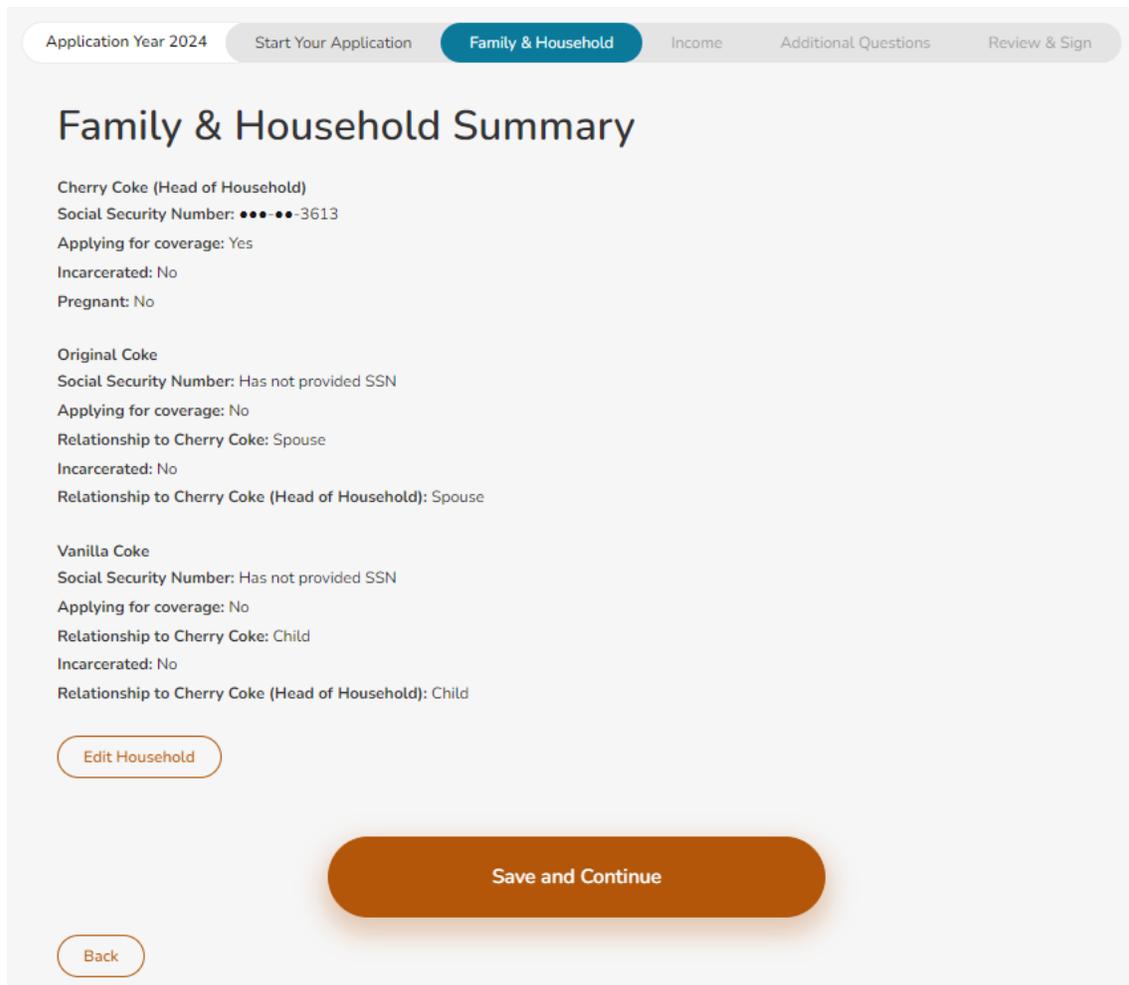
[Return to Table of Contents](#)

14. Family & Household Summary

This screen provides a summary of household information entered thus far in the application. For each individual, it will state their name followed by Social Security Number (all but the last four digits blocked), if they are applying for coverage, if they are incarcerated, if they are pregnant, and their relationship to the Head of Household.

If any information needs edited, click on the 'Edit Household' button located beneath the household information, and edit it as necessary.

Once the information has been reviewed and edited, if necessary, click on the dark orange 'Save and Continue' button at the bottom-center of the page.



The screenshot shows a web application interface for the 'Family & Household Summary' page. At the top, there is a navigation bar with tabs: 'Application Year 2024', 'Start Your Application', 'Family & Household' (which is highlighted in blue), 'Income', 'Additional Questions', and 'Review & Sign'. Below the navigation bar, the title 'Family & Household Summary' is displayed in a large, bold font. The main content area lists three individuals:

- Cherry Coke (Head of Household)**
 Social Security Number: ●●●●-3613
 Applying for coverage: Yes
 Incarcerated: No
 Pregnant: No
- Original Coke**
 Social Security Number: Has not provided SSN
 Applying for coverage: No
 Relationship to Cherry Coke: Spouse
 Incarcerated: No
 Relationship to Cherry Coke (Head of Household): Spouse
- Vanilla Coke**
 Social Security Number: Has not provided SSN
 Applying for coverage: No
 Relationship to Cherry Coke: Child
 Incarcerated: No
 Relationship to Cherry Coke (Head of Household): Child

Below the list of individuals, there is an 'Edit Household' button. At the bottom center of the page, there is a large, dark orange 'Save and Continue' button. In the bottom left corner, there is a 'Back' button.

Figure 30: Family Household Summary

[Return to Table of Contents](#)

Part 4: Income

1. Income

This page provides an overview of the income information that will be needed to complete the next section of the application. In this section, users will enter the current income of everyone in the family and tax household. If spouses have joint income, it should only be listed once, and if a dependent files taxes, their income should also be included. If the user or consumer completing the information are not sure how to answer these questions, they should seek help before proceeding.

Users completing the application may need pay stubs, W-2 Forms, or information about any other income members of the household receive.

The estimated time to complete this section of the application is 3-5 minutes.

Once the information has been reviewed, click on the dark orange 'Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household **Income** Additional Questions Review & Sign

Income

[More information on Income Sources](#)

Please tell us about the current income of everyone in your family and tax household.

- If spouses have joint income, only list it once.
- Include income for any dependents who file taxes. [See if your dependent will need to file taxes.](#)

If you're not sure how to answer these questions, you should stop and find help before going any further.

[Find places to get free expert help](#)

You may need:

- ▶ Pay stubs
- ▶ W-2 Forms
- ▶ Information about any other income you get

[Estimated time for this section: 3 to 5 minutes](#)

Continue

Figure 31: Income Overview

[Return to Table of Contents](#)

2. Current Income

On this page, the application will next ask if the consumer has income and from where that income comes. It begins with the Head of Household. If the consumer does not earn an income, the user should select 'No,' and then click on the dark orange 'Continue' button at the bottom-center of the page.

If the consumer does have an income, users should select as many options as they have income types.

Once the selections have been made, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

The screenshot shows a web form titled "Cherry Coke's Current Income" with a progress bar at the top indicating the current step is "Income". The form includes a question "Does Cherry Coke have any income?" with "Yes" selected. Below this is a "Check all that apply" section with a list of income sources, where "Job" is checked. A "Save and Continue" button is at the bottom, and a "Back" button is in the bottom left corner.

Application Year 2024 Start Your Application Family & Household **Income** Additional Questions Review & Sign

Cherry Coke's Current Income

[More information on income sources](#)

When you see a star (*), you must complete the field.
When you see an , hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Select Income Sources

Does Cherry Coke have any income? * 

Yes No

Check all that apply. *

- Job
- Self-Employment
- Social Security Benefits
- Unemployment
- Retirement or Pension
- Capital Gains
- Interest, Dividends, or Other Investment Income
- Rental or Royalty Income
- Farming or Fishing Income
- Alimony Received
- Lottery and Gambling Winnings
- Other Income

Save and Continue

[Back](#)

Figure 32: Income Type Options

[Return to Table of Contents](#)

3. Current Income (screen 2)

On the page, the user will be asked to provide more information about the consumer's income. The page will vary based on the selections made on the previous page. However, the following is the information that will be required for each job-type:

- Job: Name of employer, address, gross income, frequency of pay, hours worked per week
- Self-Employment: Type of work, select profit/loss, and hours worked per week.
- Social Security Benefits: Gross amount received, frequency of payments
- Unemployment: Amount received, frequency of payments
- Retirement or Pension: Source of income, amount received, frequency of payments
- Capital Gains: Amount received per month
- Interest, Dividends, or Other Investment Income: Amount received, frequency of payments
- Rental or Royalty Income: Select profit/loss, profit/loss amount per month
- Farming or Fishing Income: Amount received, frequency of payments
- Alimony Received: Amount received, frequency of payments
- Lottery and Gambling Winnings: Amount of winnings, frequency of winnings
- Other Income: Select from options provided (or 'Other'), amount paid, frequency of payments.

Note: Do not include child support, Veteran's payments, Supplemental Security Income (SSI), or most worker's compensation benefits.

Note: Only include income for the same calendar year as the application. For example, in 2024, only include income household members will earn between January 1, 2024 – December 31, 2024. If a user is filling out the application in 2023 for 2024, they should not include any income they will earn in 2023. This projected yearly income is the income that the APTC will calculate from and is this the estimated amount that will be reported on the taxes.

Once the appropriate information has been entered for each job-type, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

[Return to Table of Contents](#)

4. Current Income Details

This page will review the income and type entered. Specifically, it will provide a summary of the consumer's monthly income, where they receive income, and their calculated annual salary.

Once this information has been reviewed, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

The screenshot shows a web application interface for 'be well nm'. At the top, there is a navigation bar with five tabs: 'Application Year 2024', 'Start Your Application', 'Family & Household', 'Income' (which is highlighted in dark orange), 'Additional Questions', and 'Review & Sign'. Below the navigation bar, the main heading is 'Cherry Coke's Current Income Details'. To the right of this heading is a link: '[More information on income sources](#)'. Below the heading, there is a small text note: 'When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.' The income details are listed as: 'Total Income: \$2,500.00 /Monthly ⓘ' and 'Income Type: Job: Testland-R-Us \$30,000.00 /Yearly'. At the bottom center, there is a large, dark orange rounded button labeled 'Save and Continue'. In the bottom left corner, there is a smaller, light orange rounded button labeled 'Back'.

Figure 33: Current Income Details

[Return to Table of Contents](#)

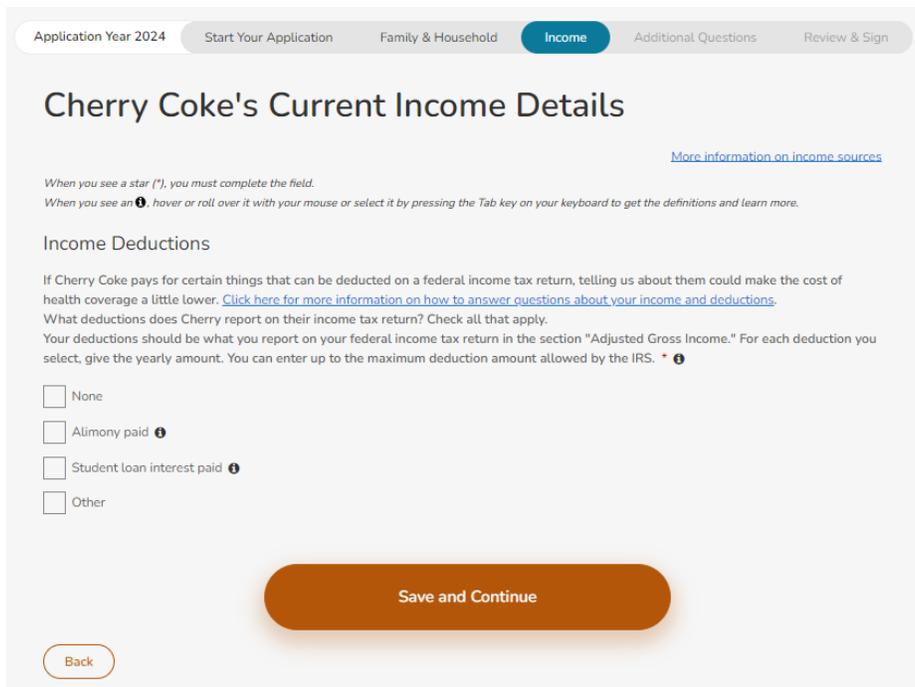
5. Current Income Details: Income Deductions

This page of the application asks the consumer to indicate if they pay certain deductions. If the consumer pays for certain things that can be deducted on a federal income tax return, providing that information to beWellnm could make the cost of health coverage lower. There are four deduction options:

- None
- Alimony paid
- Student loan interest paid
- Other

From the list provided, the user should check all that the deductions the consumer reports on their income tax return. The deductions should be what they report in the section 'Adjusted Gross Income.' For each deduction a user selects (other than 'None'), they will be asked how much they pay in the selected deduction. They can enter up to the maximum deduction amount allowed by the IRS.

Once this information has been reviewed, click on the dark orange 'Save and Continue' button at the bottom-center of the page.



Application Year 2024 Start Your Application Family & Household **Income** Additional Questions Review & Sign

Cherry Coke's Current Income Details

[More information on income sources](#)

When you see a star (*), you must complete the field.
When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Income Deductions

If Cherry Coke pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower. [Click here for more information on how to answer questions about your income and deductions.](#)

What deductions does Cherry report on their income tax return? Check all that apply.
Your deductions should be what you report on your federal income tax return in the section "Adjusted Gross Income." For each deduction you select, give the yearly amount. You can enter up to the maximum deduction amount allowed by the IRS. * **i**

None

Alimony paid **i**

Student loan interest paid **i**

Other

Save and Continue

Back

Figure 34: Income Deductions

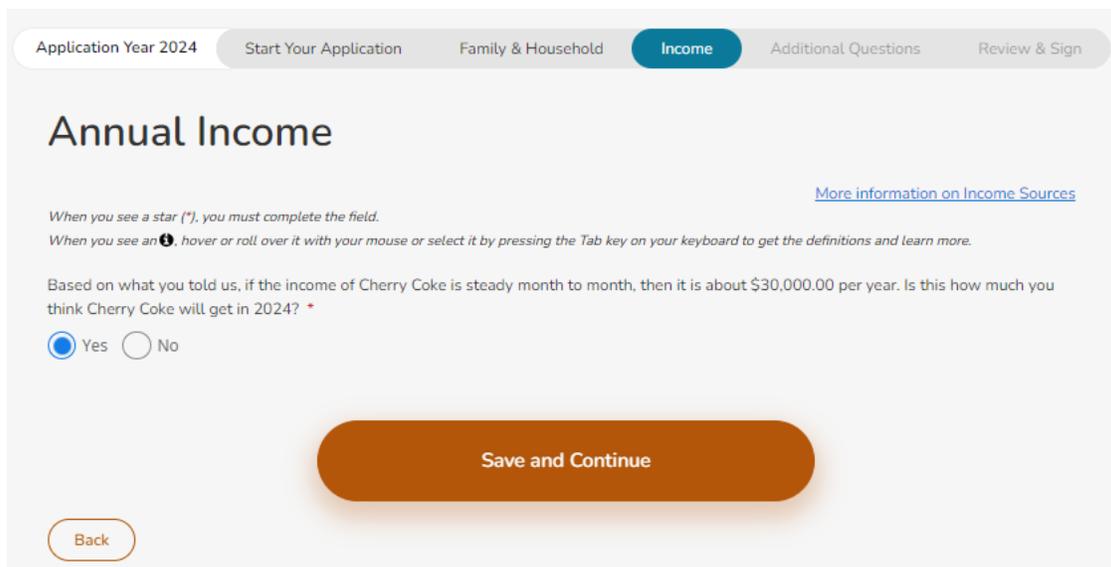
[Return to Table of Contents](#)

6. Annual Income

This page asks the consumer to confirm their annual income based on information entered previously being a consistent amount throughout the year. The figure provided is based on either:

- an annual income put into the application previously, or
- a calculation based on the amount and frequencies of payment entered into the application previously (e.g., if the user entered a monthly income for the consumer, it would multiply that amount by 12 to determine an annual income).

If the user selects 'Yes,' no other questions will be populated, and they can click on the dark orange 'Save and Continue' button at the bottom-center of the page.



The screenshot shows a web application interface for 'Annual Income'. At the top, there is a navigation bar with tabs: 'Application Year 2024', 'Start Your Application', 'Family & Household', 'Income' (highlighted in dark blue), 'Additional Questions', and 'Review & Sign'. Below the navigation bar, the title 'Annual Income' is displayed. A link for 'More information on Income Sources' is visible. A note states: 'When you see a star (*), you must complete the field. When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.' The main question is: 'Based on what you told us, if the income of Cherry Coke is steady month to month, then it is about \$30,000.00 per year. Is this how much you think Cherry Coke will get in 2024? *'. There are two radio button options: 'Yes' (selected) and 'No'. At the bottom, there is a large dark orange 'Save and Continue' button and a smaller 'Back' button.

Figure 35: Correct Annual Income- 'Yes' Option

If the consumer selects 'No,' the consumer will need to enter their correct annual income.

Once the corrected information has been entered, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household **Income** Additional Questions Review & Sign

Annual Income

[More information on Income Sources](#)

When you see a star (), you must complete the field.
When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.*

Based on what you told us, if the income of Cherry Coke is steady month to month, then it is about \$30,000.00 per year. Is this how much you think Cherry Coke will get in 2024? *

Yes No

Based on what you know today, how much do you think Cherry Coke will make in 2024?

List income below according to who receives it (e.g. job income). If there is any income you receive together (e.g. sale of shared property), only list it once.

Total Yearly Amount *

\$ 0.00

Save and Continue

Back

Figure 36: Correct Annual Income- 'No' Option

[Return to Table of Contents](#)

7. Income Discrepancies: Additional Income Questions

In some cases, income data may not match records retrieved through the application. Users can continue with the application, but they will have to do a manual verification of why there is a discrepancy. For example, if the income was reported lower than data records show, a user can select from the following options:

- Stopped working at a job
- Hours changed at a job
- Wage or salary changed
- Change in employment
- Marriage, legal separation, or divorce
- Death in family
- Is there another explanation for why the amount reported for {consumer}'s job income is lower than what our electronic records show? (Write an explanation.)

Consumers will also be asked to provide proof of their income. This can be done after the application either immediately or within the time frame that will be stated in the eligibility results.

Once the selections have been made, click on the dark orange 'Continue with Manual Verification' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household **Income** Additional Questions Review & Sign

Income Discrepancies - Additional Income Questions

[More information on Income Sources](#)

Warning:
We were not able to verify your income electronically. You can continue with your application, but we may ask you to send us proof of income.

Please let us know why the job income reported for Cherry Coke is lower than what our records show. (Check all that have applied in the last 12 months.)

- Stopped working at a job
- Hours changed at a job
- Wage or salary changed at a job
- Change in employment
- Marriage, legal separation, or divorce
- Death in family

Is there another explanation for why the amount reported for Cherry Coke's job income is lower than what our electronic records show?

Continue with Manual Verification

[Back](#)

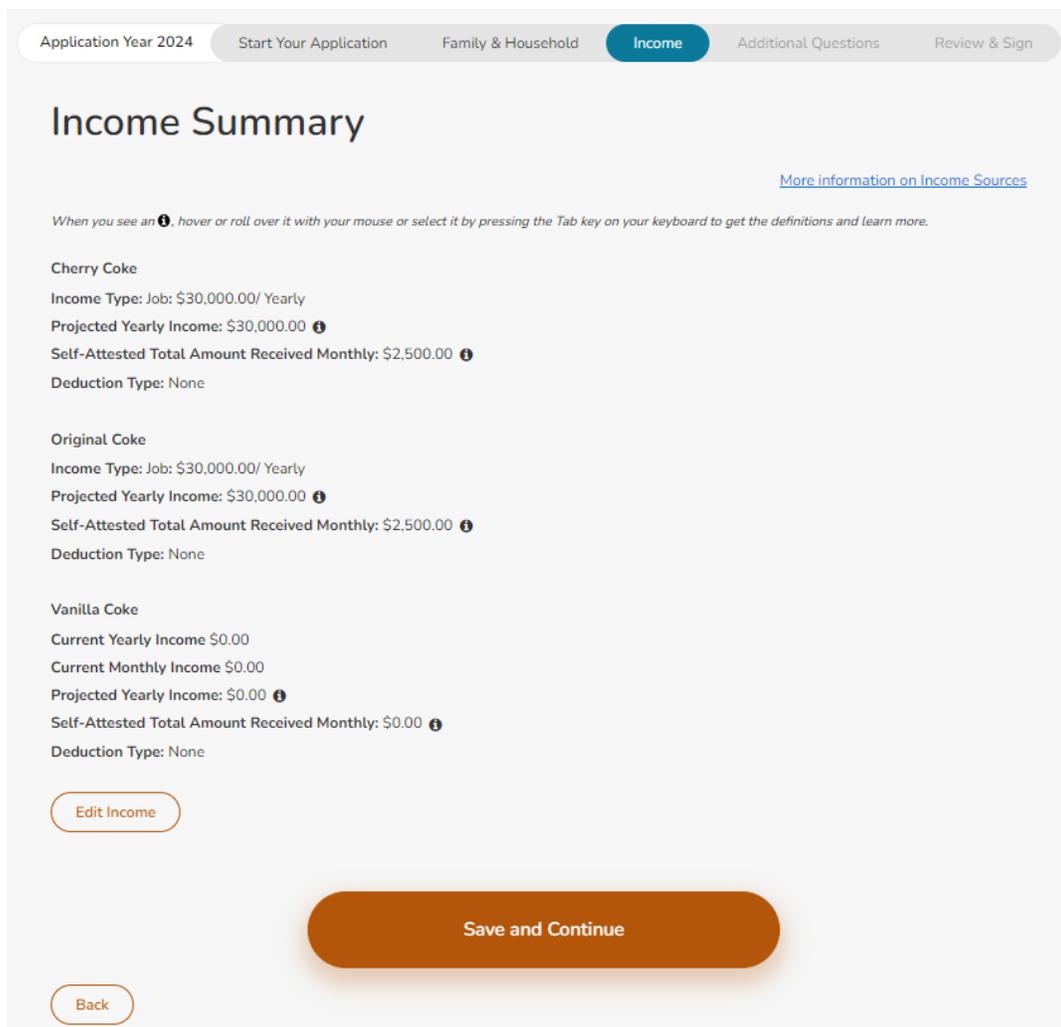
Figure 37: Income Discrepancies- Manual Verification

[Return to Table of Contents](#)

8. Income Summary

This page provides a summary of the income information entered for the tax household. For each individual in the household, their name will be listed as well as their income type, how much they earn, their annual salary, any self-attested total income, and deduction information. If there is an error in the information, a user can click on the 'Edit Income' button, located beneath all members' income information and make any needed corrections.

Once the corrected information has been reviewed and edited, if necessary, click on the dark orange 'Save and Continue' button at the bottom-center of the page.



Application Year 2024 Start Your Application Family & Household **Income** Additional Questions Review & Sign

Income Summary

[More information on Income Sources](#)

*When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.*

Cherry Coke
 Income Type: Job: \$30,000.00/ Yearly
 Projected Yearly Income: \$30,000.00 **i**
 Self-Attested Total Amount Received Monthly: \$2,500.00 **i**
 Deduction Type: None

Original Coke
 Income Type: Job: \$30,000.00/ Yearly
 Projected Yearly Income: \$30,000.00 **i**
 Self-Attested Total Amount Received Monthly: \$2,500.00 **i**
 Deduction Type: None

Vanilla Coke
 Current Yearly Income \$0.00
 Current Monthly Income \$0.00
 Projected Yearly Income: \$0.00 **i**
 Self-Attested Total Amount Received Monthly: \$0.00 **i**
 Deduction Type: None

[Edit Income](#)

Save and Continue

[Back](#)

Figure 38: Income Summary

[Return to Table of Contents](#)

Part 5: Additional Questions

1. Additional Questions

This page provides an overview of some additional questions that will be asked of the consumer in the remainder of the application. It contains questions about access to health coverage by members of the household through any other sources, which can include coverage available through an employer or public program, such as Medicare or Medicaid, or through Veteran's Affairs (VA). Also, if an employer offers health insurance coverage or a Health Reimbursement Arrangement (HRA), consumers will need to know the following details:

- For employer health coverage, how much the health insurance premium would cost for an individual plan and whether the coverage they are offered meets minimum value standards. Users and consumers can use the [Employer Coverage Tool](#) to help them with this section.
- For HRAs, the type of HRA and how much money an employer will contribute towards it.
- The dates when your access to a health insurance plan or HRA will start and end.

Users may need the following information to complete this section of the information:

- Information about any current health coverage or HRA that a consumer or their family member(s) may have.
- Information about the health coverage or HRA the consumer or their family member(s) may be eligible for, even if they are not enrolled in it.
- A letter from their employer that has details about their employer coverage or HRA, if they have one.

The estimated time to complete this section of the application is 3-5 minutes.

Once the information has been reviewed, click on the dark orange 'Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household Income **Additional Questions** Review & Sign

Additional Questions

Please answer a few more questions about your household. We need to know if you have access to health coverage through any other sources. This could include coverage available through an employer or a public program, such as Medicare or Medicaid, or through Veteran's Affairs (VA).

If your employer offers health insurance coverage or a Health Reimbursement Arrangement (HRA), you will need to know the following details:

- For employer health coverage, how much the health insurance premium would cost for an individual plan and whether the coverage they offer meets minimum value standards
- For HRAs, the type of HRA and how much money an employer will contribute towards it
- The dates when your access to a health insurance plan or HRA will start and end

You must complete all fields in this section unless otherwise indicated.

[? Find places to get free expert help](#)

You may need:

- ▶ Information about any current health coverage or HRA that you or a family member might have
- ▶ Information about the health coverage or HRA you or a family member may be eligible for, even if you are not enrolled in it
- ▶ A letter from your employer that has details about your HRA or employer coverage, if you have one

[🕒 Estimated time for this section: 3 to 5 minutes](#)

Continue

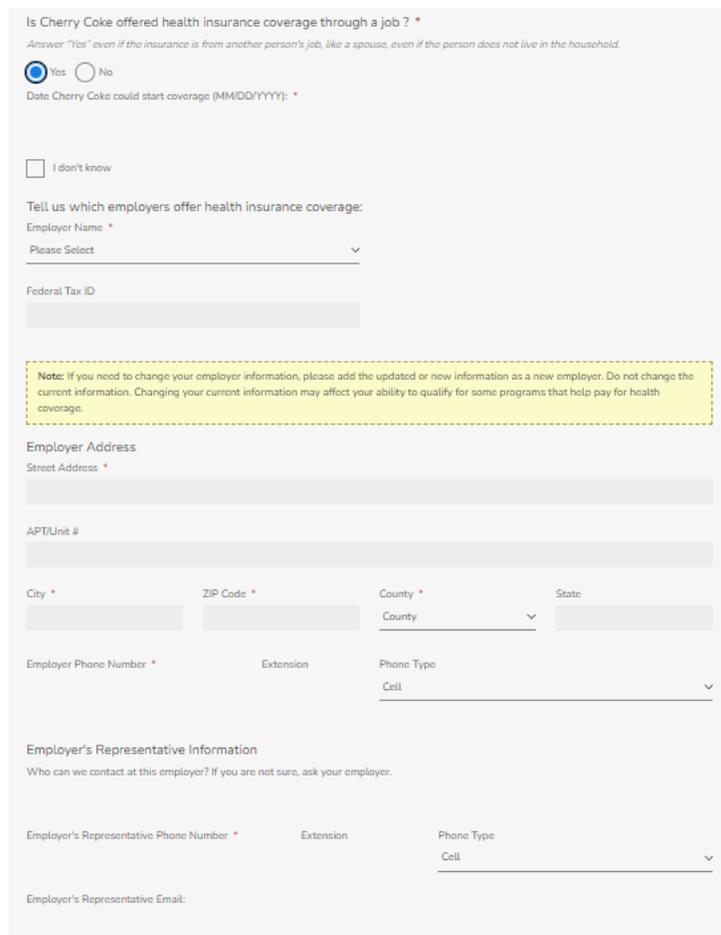
Figure 39: Additional Questions Overview

[Return to Table of Contents](#)

2. Health Insurance Information

This page of the application asks if the consumer is offered health insurance coverage through a job.

If the consumer selects ‘Yes,’ more information will be requested. First, the user must put in the coverage start date or select the box indicating ‘I don’t know.’ The user will next enter the employers that offer coverage; this information will be pulled from information entered earlier in the ‘Income’ section of the application. The user may next enter a Federal Tax ID, though it is not required. Next, the user is required to enter the employer’s address, city, zip code, county, phone number, and representative information.



Is Cherry Coke offered health insurance coverage through a job? *

Answer "Yes" even if the insurance is from another person's job, like a spouse, even if the person does not live in the household.

Yes No

Date Cherry Coke could start coverage (MM/DD/YYYY): *

I don't know

Tell us which employers offer health insurance coverage:

Employer Name *

Please Select

Federal Tax ID

Note: If you need to change your employer information, please add the updated or new information as a new employer. Do not change the current information. Changing your current information may affect your ability to qualify for some programs that help pay for health coverage.

Employer Address

Street Address *

APT/Unit #

City * ZIP Code * County * State

Employer Phone Number * Extension Phone Type

Employer's Representative Information

Who can we contact at this employer? If you are not sure, ask your employer.

Employer's Representative Phone Number * Extension Phone Type

Employer's Representative Email:

Figure 40: Offered Other Health Insurance- ‘Yes’ Option

If the consumer selects ‘No,’ the user will next be asked if the consumer is enrolled in health coverage from any of the following:

- COBRA

- Retiree Health Plan
- Veterans Affairs (VA) Health Programs
- None of the above

Once the information has been entered, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household Income **Additional Questions** Review & Sign

Health Insurance Information for Cherry Coke

[Find out more about insurance from a job and other coverage types](#)

When you see a star (*), you must complete the field.
When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Is Cherry Coke offered health insurance coverage through a job ? *

Answer "Yes" even if the insurance is from another person's job, like a spouse, even if the person does not live in the household.

Yes No

Will Cherry Coke be enrolled in health coverage from any of the following in 2024? *

COBRA

Retiree Health Plan

Veterans Affairs (VA) Health Programs

None of the above

Save and Continue

Back

Figure 41: Offered Other Health Insurance- 'No' Option

[Return to Table of Contents](#)

3. Other Coverage

This page asks consumers to identify if they have any other types of health coverage that they will have at the same time as coverage from beWellnm. Options include:

- Medicaid
- Enrolled in Medicare. Or, qualifies for a Medicare Part A plan with no monthly premiums
- Qualifies for Peace Corps health benefits
- Qualifies for TRICARE or Federal Employees Health Benefit (FEHB) Program
- Enrolled in a Veterans Affairs (VA) Health Program
- Other full benefit coverage (excluding current or future Marketplace coverage)
- Other limited benefit coverage
- None of the above

Once the information has been entered, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household Income **Additional Questions** Review & Sign

Other Coverage for Cherry Coke

When you see a star (*), you must complete the field.
When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Does Cherry Coke have other health coverage? Check the type(s) of health coverage that you will have at the same time as your coverage through beWellnm. * **i**

- Medicaid
- Enrolled in Medicare. Or, qualifies for a Medicare Part A plan with no monthly premium.
- Qualifies for Peace Corps health benefits
- Qualifies for TRICARE or Federal Employees Health Benefit (FEHB) Program
- Enrolled in a Veterans Affairs (VA) Health Program
- Other full benefit coverage (excluding current or future Marketplace coverage)
- Other limited benefit coverage
- None of the above

Save and Continue

[Back](#)

Figure 42: Other Consumer Coverage Options

[Return to Table of Contents](#)

4. Health Reimbursement Arrangement Information

This page asks the consumer to identify if they have a health reimbursement arrangement (HRA) and information about it.

If the consumer selects ‘Yes’ to the being offered an HRA from their employer, more questions will populate. The first will ask the user to select from a dropdown menu which employer offers the HRA. Next, the user will identify which type of HRA is offered. There are two options:

- Qualified Small Employer Health Reimbursement Arrangement
- Individual Coverage Health Reimbursement Arrangement

The user will next enter information about the HRA’s benefit dates, the coverage amount, and if the consumer intends to accept the benefit.

If the consumer has more than one HRA, the user will click on the ‘Add Another HRA’ button located below the information entered for the first.

Once all HRA information has been entered, click on the dark orange ‘Save and Continue’ button at the bottom-center of the page.

Figure 43: Consumer HRA Information- ‘Yes’ Option

If the consumer selects 'No,' no other questions will populate, and the user can click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household Income **Additional Questions** Review & Sign

Health Reimbursement Arrangement Information for Cherry Coke

When you see a star (*), you must complete the field.
When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

[Learn more about Health Reimbursement Arrangements.](#)

Has your employer offered you a Health Reimbursement Arrangement (HRA)? * ⓘ

Yes No

Save and Continue

[Back](#)

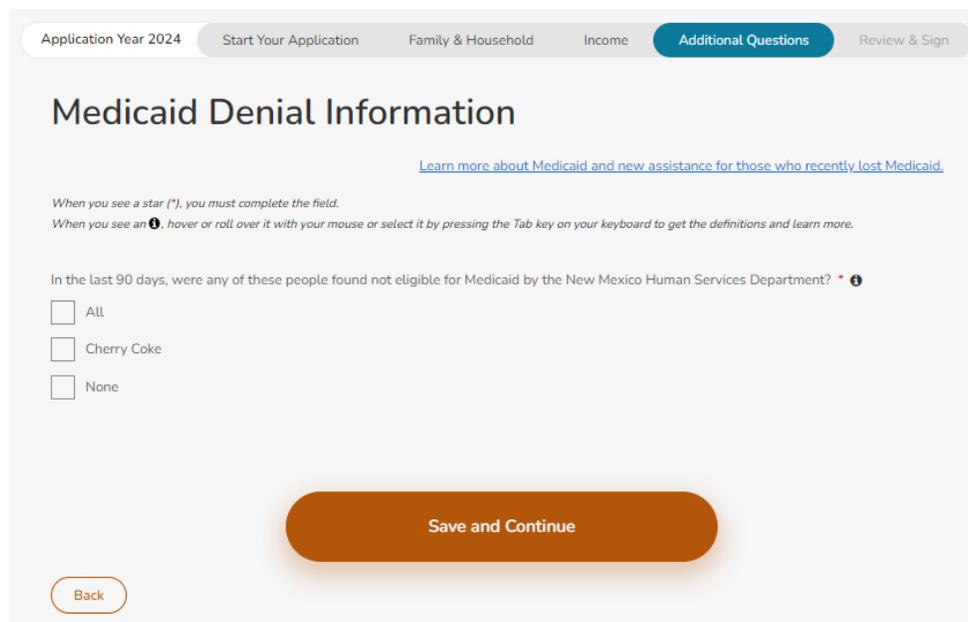
Figure 44: Consumer HRA Information- 'No' Option

[Return to Table of Contents](#)

5. Medicaid Denial Information

This page asks the consumer to indicate if they and/or another member(s) applying for coverage was found not eligible for Medicaid in the last 90 days by the New Mexico Human Services Department (HSD). The user should select the household members who were found not eligible. If all members listed were found not eligible, they should select 'All,' and if no members of the household were found not eligible, the user should select 'None.'

Once all information has been entered, click on the dark orange 'Save and Continue' button at the bottom-center of the page.



The screenshot shows a web form titled "Medicaid Denial Information" within a navigation bar. The navigation bar includes tabs for "Application Year 2024", "Start Your Application", "Family & Household", "Income", "Additional Questions" (which is highlighted in dark orange), and "Review & Sign". Below the title, there is a link: "Learn more about Medicaid and new assistance for those who recently lost Medicaid." Two lines of instructional text follow: "When you see a star (*), you must complete the field." and "When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more." The main question is: "In the last 90 days, were any of these people found not eligible for Medicaid by the New Mexico Human Services Department?" followed by a red star and an ⓘ icon. Below the question are three radio button options: "All", "Cherry Coke", and "None". At the bottom of the form, there is a large dark orange "Save and Continue" button and a smaller "Back" button in the bottom-left corner.

Figure 46: Medicaid Denial Information

[Return to Table of Contents](#)

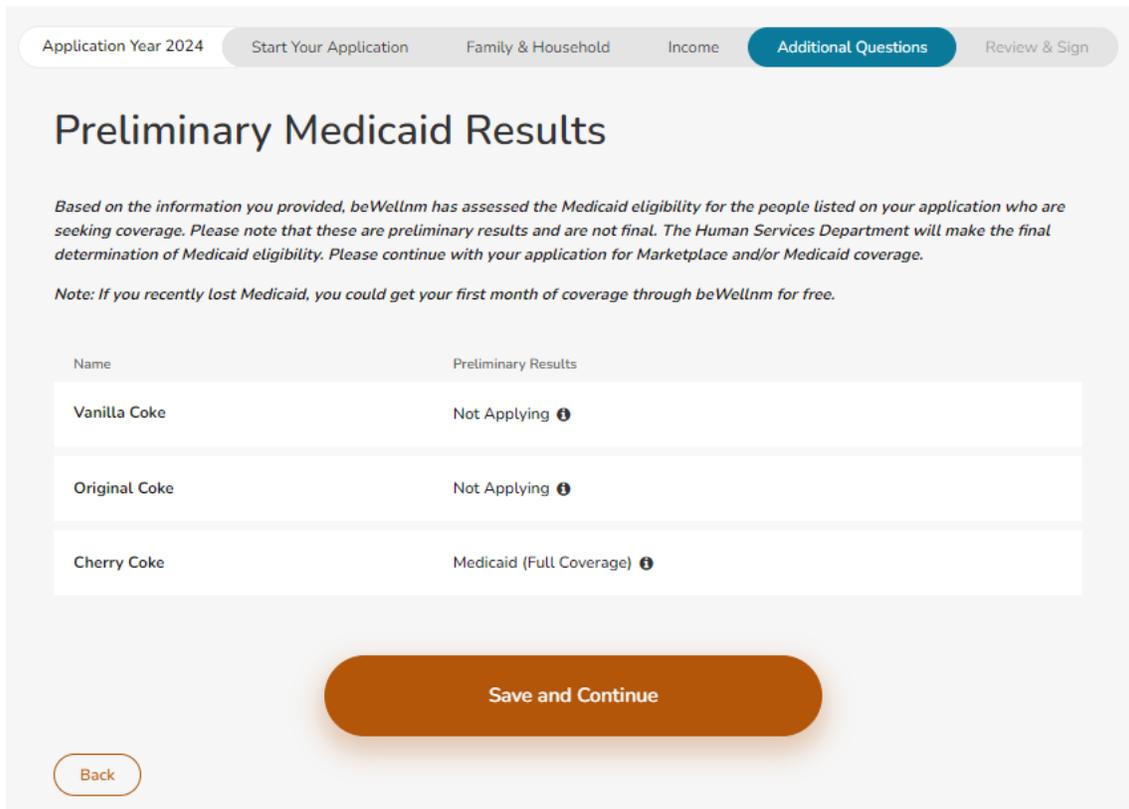
6. Preliminary Medicaid Results

This page shows the preliminary Medicaid results for the members of the household. Based on the information the user has entered into the application, beWellnm assesses the Medicaid eligibility for the people listed on the application who are seeking coverage.

Note: These are preliminary results and are not final. HSD will make the final determination of Medicaid eligibility. Users should continue with the application for consumers to receive Marketplace and/or Medicaid coverage.

Note: If a consumer recently lost Medicaid, they could get their first month of coverage through beWellnm for free.

Once all information has been reviewed, click on the dark orange 'Save and Continue' button at the bottom-center of the page.



Application Year 2024 Start Your Application Family & Household Income **Additional Questions** Review & Sign

Preliminary Medicaid Results

Based on the information you provided, beWellnm has assessed the Medicaid eligibility for the people listed on your application who are seeking coverage. Please note that these are preliminary results and are not final. The Human Services Department will make the final determination of Medicaid eligibility. Please continue with your application for Marketplace and/or Medicaid coverage.

Note: If you recently lost Medicaid, you could get your first month of coverage through beWellnm for free.

Name	Preliminary Results
Vanilla Coke	Not Applying ⓘ
Original Coke	Not Applying ⓘ
Cherry Coke	Medicaid (Full Coverage) ⓘ

Save and Continue

Back

Figure 47: Preliminary Medicaid Results

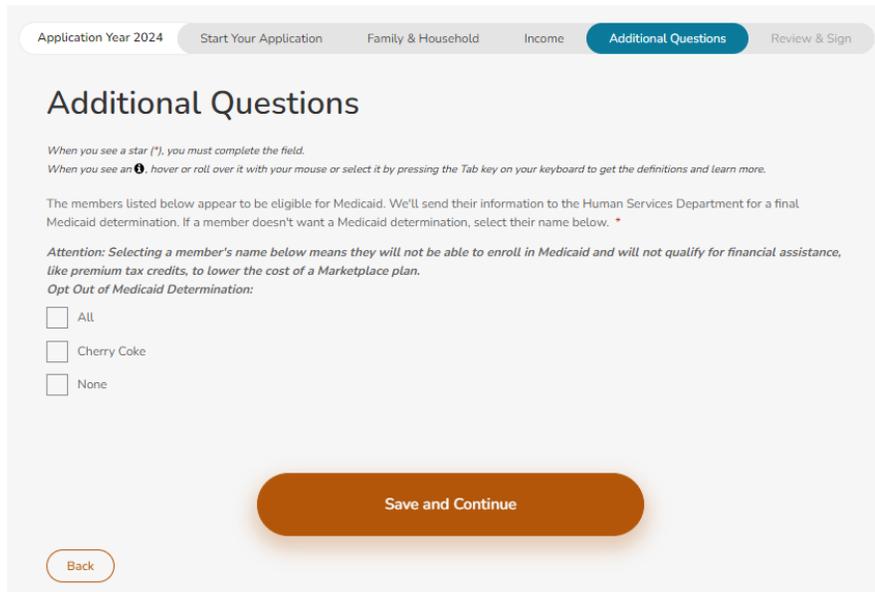
[Return to Table of Contents](#)

7. Additional Questions

This page asks additional questions about Medicaid coverage. If some members of the household appear to be eligible for Medicaid, beWellnm will send the consumer's information to HSD for a final determination. The user should select the consumer(s) who does or does not want a Medicaid determination. Users can select the specific names of individuals who do not want a Medicaid determination. If all of the members do not want to be considered for Medicaid, the user should select 'All.' If all of the consumers want to be considered for Medicaid, the user should select. 'None.'

Note: Selecting a consumer's name means they will not be able to enroll.

Once all information has been entered, click on the dark orange 'Save and Continue' button at the bottom-center of the page.



The screenshot shows a web application interface for the 'Additional Questions' step. At the top, there is a navigation bar with tabs: 'Application Year 2024', 'Start Your Application', 'Family & Household', 'Income', 'Additional Questions' (which is highlighted in dark orange), and 'Review & Sign'. Below the navigation bar, the title 'Additional Questions' is displayed. A small instructional text reads: 'When you see a star (*), you must complete the field. When you see an i, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.' The main content area contains the following text: 'The members listed below appear to be eligible for Medicaid. We'll send their information to the Human Services Department for a final Medicaid determination. If a member doesn't want a Medicaid determination, select their name below. *'. Below this is an attention note: 'Attention: Selecting a member's name below means they will not be able to enroll in Medicaid and will not qualify for financial assistance, like premium tax credits, to lower the cost of a Marketplace plan.' Underneath is the heading 'Opt Out of Medicaid Determination:' followed by three radio button options: 'All', 'Cherry Coke', and 'None'. At the bottom center of the form is a large, dark orange 'Save and Continue' button. In the bottom left corner, there is a small 'Back' button.

Figure 48: Medicaid Determination Denial

After clicking 'Save and Continue,' a pop-up window will appear asking to confirm the selection.

Note: If beWellnm assessed a consumer as eligible for Medicaid and they opted out of a final Medicaid determination, that consumer will not be eligible for financial assistance, including the premium tax credit, for Marketplace coverage.

Once all information in the window has been reviewed, click on the dark orange 'Confirm' button at the bottom-right of the page.

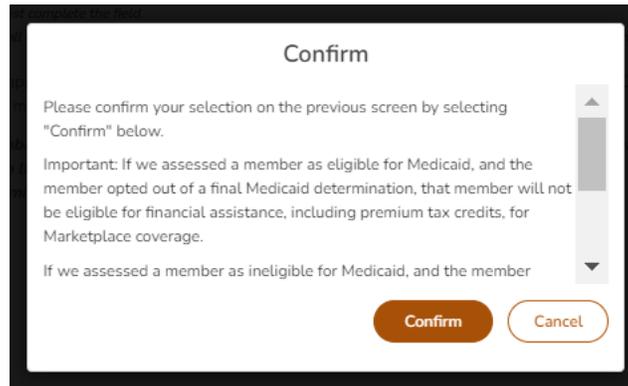


Figure 49: Medicaid Determination Denial Confirmation

[Return to Table of Contents](#)

8. Additional Medicaid Questions

For some applications, consumers may be asked additional Medicaid questions. This will occur if the preliminary results show members of the household are eligible for Medicaid. The questions asked before the application is sent to HSD will help them more quickly determine if the consumer(s) is eligible for Medicaid.

Users will select a managed care organization (MCO) from the drop-down menu based on the consumer specification and availability in the state. Next, they must also indicate the consumer's living arrangement from a second dropdown menu.

Note: Medicaid services are provided by one of the MCOs listed. Users can select the MCO based on consumer preference to provide services should the consumer be found eligible. If an MCO is not chosen, HSD will assign the consumer to an MCO. Once a consumer is enrolled in an MCO, they can switch to a different one within three months of enrollment.

Note for Native American/Alaska Natives: If the consumer(s) is registered with a federally recognized Tribe, and does not choose an MCO, they will be enrolled in fee-for-service (FFS) Medicaid. However, if they need long-term care services or if they have Medicare, they will be required to choose an MCO.

Once all information has been entered, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household Income **Additional Questions** Review & Sign

Additional Medicaid Questions for Cherry Coke

When you see a star (), you must complete the field.
When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.*

We need you to answer a few questions before we send your application to the New Mexico Human Services Department. This will help the Human Services Department more quickly determine if you are eligible for Medicaid.

Managed Care Organization (MCO) Selection

 This section will apply if you are found to be eligible for Medicaid. Medicaid services are provided by one of the managed care organizations (MCOs) listed below. You can choose which MCO will provide your services. If you do not choose an MCO, the New Mexico Human Services Department will assign you to an MCO. Once you are enrolled with an MCO, you can switch to a different MCO within 3 months of enrollment.

Special Information for Native Americans:
If you are Native American and you do not choose an MCO, you will be enrolled in fee-for-service (FFS) Medicaid. However, if you need long-term care services or if you have Medicare, you will be required to choose an MCO.

Select a Managed Care Organization (MCO)
Select ▼

What is your current living arrangement?
Select ▼

Save and Continue

Back

Figure 50: Additional Medicaid Questions- MCO and Living Arrangement

[Return to Table of Contents](#)

9. Additional Medicaid Specific Questions

For some applications, consumers may be asked even further additional Medicaid questions. This page asks if the consumer would like assistance paying for coverage for the last three months. Users should select 'Yes' or 'No.' No other questions will populate.

Once all information has been entered, click on the dark orange 'Save and Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household Income **Additional Questions** Review & Sign

Additional Medicaid Specific Questions

When you see a star (*), you must complete the field.
When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Would Cherry Coke like help paying for medical bills from the last 3 months? *

Yes No

Save and Continue

Back

Figure 51: Additional Medicaid Specific Questions- Help Paying for Medical Bills from Las 90-Days

[Return to Table of Contents](#)

10. Additional Questions Summary

This page provides a summary of the Additional Questions section of the application regarding any additional health insurance or options a consumer has if they are applying for coverage. Information listed on this page will include the consumer's name, if they have minimum essential coverage (MEC), if the consumer(s) has the option to enroll in employer health coverage, if the consumer(s) has an HRA), and if their information is being shared with HSD.

If any information needs corrected, click on the 'Edit' button located in the top right corner of the page.

Once all information has been reviewed and edited, if necessary, click on the dark orange 'Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household Income **Additional Questions** Review & Sign

Additional Questions Summary

[Edit](#)

Cherry Coke (Head of Household)

Has Minimum Essential Coverage (MEC): No

Has Option to Enroll in Employer Health Coverage: No

Has Affordable Employer-Sponsored Insurance(ESI): No

Has Health Reimbursement Arrangement (QSEHRA/ICHRA): No

Information being shared with the Human Services Department: No

[Continue](#)

[Back](#)

Figure 52: Additional Questions Summary

[Return to Table of Contents](#)

Part 6: Review and Sign

1. Review and Sign

This page provides an overview of the final part of the application. Users will be asked to review the information they provided and make any corrections if needed before they submit the application.

The estimated time to complete this section of the application is 3-5 minutes.

Once all information has been reviewed, if necessary, click on the dark orange 'Continue' button at the bottom-center of the page.

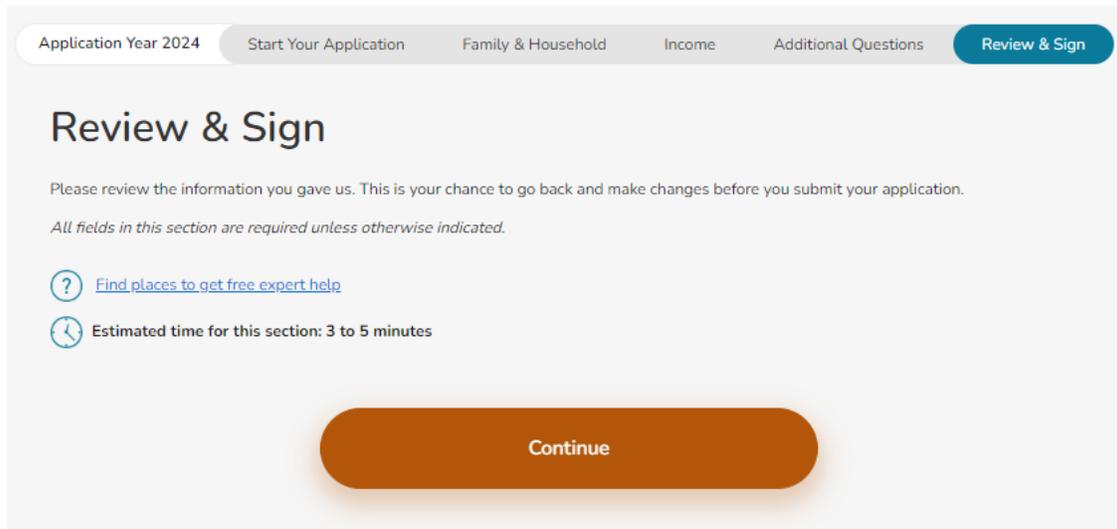


Figure 53: Review and Sign Overview

[Return to Table of Contents](#)

2. Review Application

This page allows a user to review the full application. Users should open each collapsed menu section in turn, which correlates with major sections of the application. On this page, the collapsed sections are broken out into the following headings:

- Contact Information
- Family and Household
- Tax Filing Status
- Family Income
- Additional Information.

Users should open each collapsed section by clicking on the plus sign (+) at the top right of each collapsed menu. It will turn into a minus sign (-). These sections can be collapsed again by clicking on the minus sign (-) again. The minus sign (-) will turn back into a plus sign (+).

If information in a collapsed menu needs edited, users should click on the 'Edit' button located in the top right corner of the menu, directly below the plus or minus (+/-) sign.

Once all information has been reviewed and edited, if necessary, click on the dark orange 'Continue' button at the bottom-center of the page.

Application Year 2024 Start Your Application Family & Household Income Additional Questions **Review & Sign**

Review Application

When you see an **i**, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Application Summary

Please review your application information below. If you have any changes in your household, such as in your income, tax filing status, pregnancy, disability or long term care status, please make those changes in your application.

Contact Information ⊞

Cherry Coke Edit

Address: 7601 JEFFERSON ST NE, STE 120, ALBUQUERQUE, NM, 87109
Email: Cherry-Coke@mailinator.com
Phone: (505) 312-5678 - CELL

Family & Household ⊕

Tax Filing Status ⊕

Family Income ⊕

Additional Information ⊕

Continue

Back

Figure 54: Review Application

[Return to Table of Contents](#)

3. Rights and Responsibilities

This page includes information on the rights and responsibilities of the consumers. The application is used to determine eligibility for subsidized or unsubsidized health insurance through beWellnm and other coverage programs, such as Medicaid. Therefore, the user should go through each statement of the consumers rights and responsibilities with the consumer(s), making sure the consumer understands everything to which they are agreeing.

See [Appendix A: Rights and Responsibilities](#) for full text.

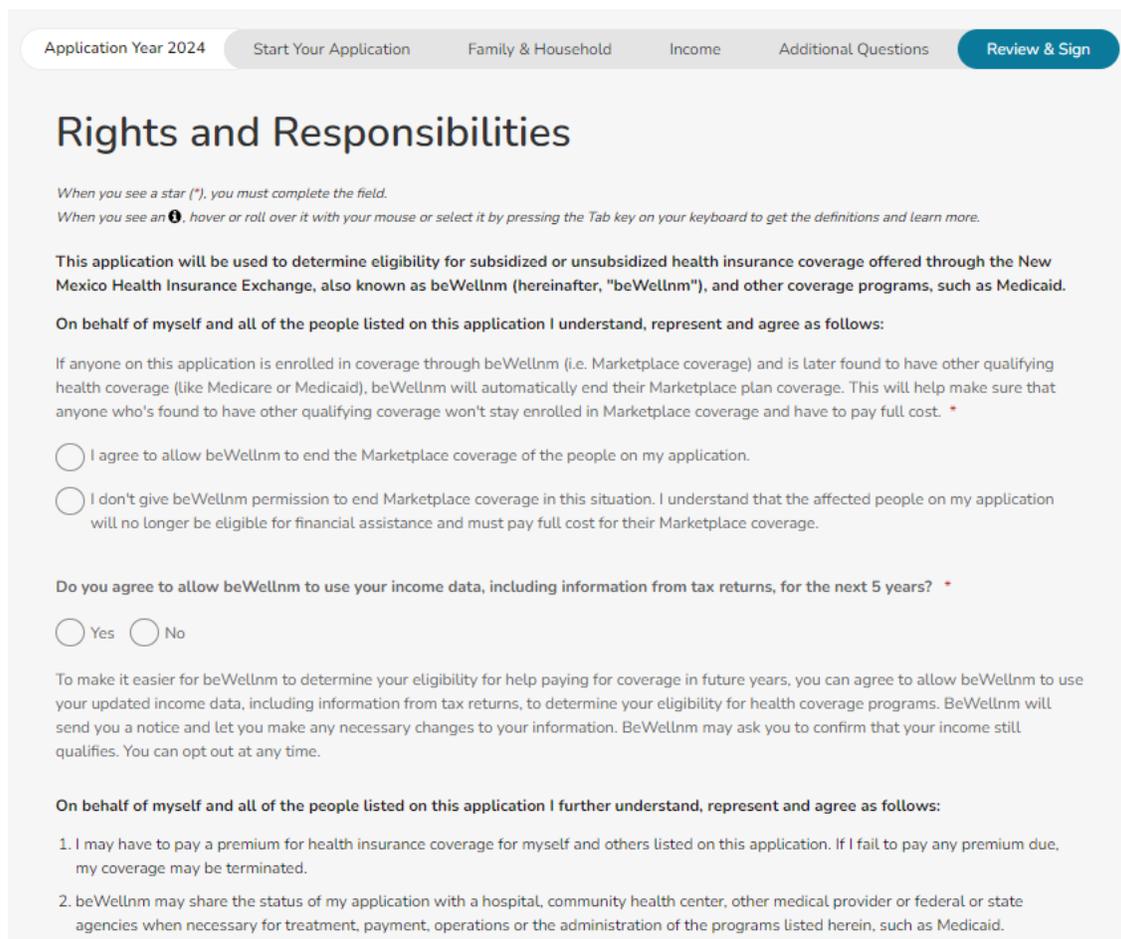


Figure 55: Rights and Responsibilities of Consumer

At the bottom of the page, the user will, on behalf of the consumer, select that the consumer agrees to all previous statements. Next, the user will type the consumers as a digital signature that the consumer certifies under penalty of perjury that the information, they have provided on this application is true, correct, and complete to the best of their

knowledge. Finally, the user will select 'Yes' or 'no' if consumer wants to be registered to vote if they are eligible.

Once all information has been entered, click on the dark orange 'Submit' button at the bottom-center of the page.

I agree to the above statements. *

By providing my Electronic Signature below, I certify under penalty of perjury that the information I have given on this application is true, correct and complete to the best of my knowledge.

Signature * ⓘ
Cherry Coke

Voter Registration:

Applying to register or declining to register to vote will not affect your application for health coverage in any way. It will not affect your eligibility for health coverage, plan options, or the amount of assistance that you are eligible for.

If you have any questions about registering to vote or would like help filling out the voter registration application form, please contact the New Mexico Office of the Secretary of State at 1-800-477-3632 or visit the New Mexico Online Voter Registration Portal by [clicking here](#). The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with: New Mexico Office of the Secretary of State, 325 Don Gaspar, Suite 300, Santa Fe, NM 87501; 1-800-477-3632.

If you are not registered to vote where you live now and you are eligible to register to vote, would you like to apply to register to vote today?

Yes No

(Please check "No" if you do not want to register to vote today for any reason, including that you are already registered to vote at your current address.)

Figure 56: Agreement to Rights and Responsibilities Statements, Digital Signature, and Voter Registration

[Return to Table of Contents](#)

4. Eligibility Results

This page summarizes the eligibility results of those applying for coverage. It will show Eligibility details, including the date the application was submitted and where the household falls in relation to the Federal Poverty Level (FPL). This page will also show any financial assistance the household qualifies for through the tax credit and New Mexico Premium Assistance. Finally, under ‘Program Eligibility,’ the page will show which consumers are applying, if the consumers are eligible to purchase a health plan through beWellnm, the New Mexico Premiums Assistance level, if the consumer is eligible for Medicaid, and if any documentation is needed to substantiate information in the application (this can be done by clicking the ‘Upload Documents’ button at the bottom-left of the page).

After reviewing the information on this page with the consumer, the user should click on the dark orange ‘Find a Plan for {Year}’ button towards the top right of the page to see plans for which the consumer is eligible.

2024 Eligibility Results 🖨️

[Back to Eligibility Applications](#)

When you see an ⓘ, hover or roll over it with your mouse or select it by pressing the Tab key on your keyboard to get the definitions and learn more.

Read through your results below, learn about the programs you qualify for, and look at the proofs we may need you to send us.

Any Medicaid programs that people in your household are eligible for will be displayed in the "You qualify for these programs" column. Medicaid offers comprehensive no-cost coverage. [Click here to learn more about Medicaid programs and new assistance for those who recently lost Medicaid.](#)

To begin shopping for health plans please click the "Find a Plan for 2024" button below.

[Find a Plan for 2024](#)

Household 1 - Cherry Coke, Original Coke, Vanilla Coke

Eligibility Details		
Date your application was submitted	Nov 03, 2023	
Federal Poverty Level (FPL) based on your self-reported income ⓘ	173.69% What is this?	
<p style="margin: 0;">You qualify for a premium tax credit and New Mexico Premium Assistance</p> <p style="margin: 0; font-size: 0.8em;">This household qualifies for a premium tax credit and New Mexico Premium Assistance to help lower your monthly payments.</p> <p style="margin: 0; font-size: 0.8em;">If your income is under 400% of the federal poverty level (FPL) and you recently lost Medicaid, you may also be able to get your first month of coverage through beWellnm for free. Learn more</p>		
Your maximum monthly premium tax credit amount ⓘ	\$334.00	
Your maximum monthly New Mexico Premium Assistance amount ⓘ	\$66.49	
Program Eligibility		
Name	Results	We need proofs from these categories
Cherry Coke	Marketplace Health Plan with Premium Tax Credits ⓘ New Mexico Premium Assistance Level 2 ⓘ Medicaid Ineligible ⓘ (beWellnm has assessed you as NOT eligible for Medicaid, and you chose not to have your information shared with the Human Services Department for a final Medicaid eligibility decision.)	Proof of Income
Original Coke	Not Applying ⓘ	Proof of Income
Vanilla Coke	Not Applying ⓘ	-

[Upload/Manage Documents](#)

Figure 57: Eligibility Results



Once a consumer selects their health plan and dental plan, if applicable, they will then sign an enrollment agreement. See [Appendix B: Enrollment Agreement](#) for full text.

[Return to Table of Contents](#)

Appendix A: Rights and Responsibilities

This application will be used to determine eligibility for subsidized or unsubsidized health insurance coverage offered through the New Mexico Health Insurance Exchange, also known as beWellnm (hereinafter, "beWellnm"), and other coverage programs, such as Medicaid.

On behalf of myself and all of the people listed on this application I understand, represent and agree as follows:

If anyone on this application is enrolled in coverage through beWellnm (i.e. Marketplace coverage) and is later found to have other qualifying health coverage (like Medicare or Medicaid), beWellnm will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost. *Required

I agree to allow beWellnm to end the Marketplace coverage of the people on my application. I don't give beWellnm permission to end Marketplace coverage in this situation. I understand that the affected people on my application will no longer be eligible for financial assistance and must pay full cost for their Marketplace coverage.

Do you agree to allow beWellnm to use your income data, including information from tax returns, for the next 5 years? *Required

Consumer selects 'Yes' or 'No'

To make it easier for beWellnm to determine your eligibility for help paying for coverage in future years, you can agree to allow beWellnm to use your updated income data, including information from tax returns, to determine your eligibility for health coverage programs. BeWellnm will send you a notice and let you make any necessary changes to your information. BeWellnm may ask you to confirm that your income still qualifies. You can opt out at any time.

On behalf of myself and all of the people listed on this application I further understand, represent and agree as follows:

1. I may have to pay a premium for health insurance coverage for myself and others listed on this application. If I fail to pay any premium due, my coverage may be terminated.
2. beWellnm may share the status of my application with a hospital, community health center, other medical provider or federal or state agencies when necessary for treatment, payment, operations or the administration of the programs listed herein, such as Medicaid.

3. All applicants and members must tell beWellnm about any changes in their household income, employment or size, health insurance coverage, and immigration status, or about changes in any other information on this application (and any supplements to it), within thirty (30) calendar days of learning of the change. I can report changes in any of the following ways:

Sign onto my account at www.bewellnm.com. I can create an online account if I don't already have one.

Call the beWellnm Customer Engagement Center at 1-833-862-3935 (TTY: 711).

Send the change information to beWellnm at

PO Box 25247, Albuquerque, NM 87125.
beWellnm

A change in information could affect eligibility for any or all household members.

4. In connection with the eligibility and enrollment processes, beWellnm may send notices that have personal information about people listed on this application to other people on this application, or otherwise share such personal information with such people.

5. If I agreed (above) to allow beWellnm to use income data, including information from tax returns, for the next 5 years to decide if I am eligible for health coverage programs, beWellnm may ask me to confirm that my income still qualifies.

I can opt out of this provision by not requesting financial assistance at renewal or anytime during the year. (This will impact my ability to get help paying for coverage at renewal). I can review beWellnm [Privacy Policy](#) for more information about how tax return information is used.

6. If I am eligible for advanced payments of the premium tax credit, these payments will be made directly to my insurance carrier(s). If I accept advance payments of premium tax credits, it may impact my annual tax liability. I can apply all, some, or none of any premium tax credit amount that I may be eligible for to my monthly premium.

7. beWellnm will check electronic data sources to see if it can verify my income and other information that I put on this application. These electronic data sources may be from the Social Security Administration (SSA), a consumer reporting agency, and/or other private or government sources. If the information doesn't match, I may have to send confirmation (proof) to beWellnm.

8. beWellnm may get any records or information to verify information that I put on this application (and any supplements to it), or other information I give once I am a member, to support continued eligibility. I give permission to submit this application for health insurance benefits for all adults and all minor children listed on this application, in accordance with any representations I have made and as allowed by any legal documents I have submitted with this application.

9. If anyone on this application is applying for Medicaid, my signature on this application is also an indication of the following:

I am declaring the identity of the children under age 16 for whom I am applying.

If asked, I will give proof of things I report to the New Mexico Human Services Department (HSD). If I cannot get proof, I know that I can ask HSD to help me and I will let HSD contact other people and companies to get proof.

I will let HSD give limited information to approved agencies that offer related assistance for which I may be eligible.

I understand that if I receive SNAP, Cash, or LIHEAP benefits for which I am not eligible, I may have to pay back HSD for those benefits.

I know that HSD will check the information that I give. HSD may use computers or other ways to check the information on this form.

I know that HSD will check the immigration status of people who apply for or get benefits. I understand that immigration status for any household member that I am applying for may be subject to verification by USCIS U.S. Citizenship and Immigration Services (INS) and that it may affect the household's eligibility and/or level of benefits.

I understand that I must cooperate with Quality Control (QC). QC is a part of HSD. QC reviews cases to make sure that HSD correctly determines who can get help.

I have been given an opportunity to review my rights and responsibilities, including fair hearing rights and more.

TRUSTS - I understand that if I, or the person(s) for whom I am applying, have set up a trust or are the beneficiaries of a trust, I must give HSD a copy of the trust document, including all attachments and related information. HSD will analyze the trust to see if it affects the Medicaid benefits for which I am applying.

ESTATE RECOVERY - I understand that after my death, HSD can file a claim against my estate to recover the amounts that the state pays or paid on my behalf for medical assistance provided under the Medicaid program. This process is called "Estate Recovery." Estate Recovery is required by federal and state law where Medicaid recipients are 55 years of age or older and the state makes medical assistance payments on their behalf for nursing facility services, home and community-based services, and/or related hospital and prescription drug services. The amount recovered by HSD will not exceed the amount of medical assistance payments made on behalf of the Medicaid recipient. Some exclusions may apply.

A person who is applying for or receiving Medicaid shall assign to HSD all rights against any and all individuals for medical support or payments for medical expenses paid on the applicant's or recipient's behalf and the behalf of any other person for whom application is made or assistance is received.

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, as the Authorized Representative, affirm and agree to be legally bound to maintain the confidentiality of any information regarding the applicant or beneficiary, shall not reassign any provider claims, if applicable, and shall adhere to all requirements set forth at 42 CFR §435.923(d).

I agree to the above statements. On behalf of myself and all of the people listed on this application I further understand, represent with the above statements.* Required

I also understand, represent and agree as follows:

1. I have read (or have had read to me) and I understand the information on this application, including any supplements and instruction pages.
2. I have permission from all of the people on this application (or their parent or other legally-authorized representative) to submit this application, and to act on

their behalf to complete any ongoing or subsequent (later) eligibility and enrollment processes and activities, including (but not limited to), the following:

providing personal information about them, including health, health coverage, and income information; seeing such information as may be provided by beWellnm; and providing consent on their behalf to the use and disclosure of their information as described in this application;

making choices about coverage options and methods of communication with beWellnm;

making changes to the application or other eligibility documents and providing information about any change in their circumstances; and

providing consent on their behalf to the use of government and private sources to verify information as described in this application.

3. I understand the rights and responsibilities of everyone listed on this application, as explained herein. I have told or will tell all such persons (or their parent or legally authorized representative, if applicable), about these rights and responsibilities so they understand them.

4. All information I give to beWellnm is confidential. Confidential information may be released to federal or state agencies to determine eligibility and/or to provide services.

5. The information I gave on this application is true, correct and complete to the best of my knowledge. I'm signing this application under penalty of perjury, which means that I may be subject to penalties under state and/or federal law if I intentionally make false statements or hide information.

6. Under federal law, beWellnm is prohibited from discriminating against me on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination at: <https://www.hhs.gov/ocr/office/file>.

7. beWellnm will treat electronic, faxed, or copies of signatures with the same force and effect as an original signature.

I agree to the above statements. I also understand and represent with the above statements.* Required

User selects consumer's consent.

By providing my Electronic Signature below, I certify under penalty of perjury that the information I have given on this application is true, correct and complete to the best of my knowledge.



I can file a complaint with: New Mexico Office of the Secretary of State, 325 Don Gaspar, Suite 300, Santa Fe, NM 87501; 1-800-477-3632.

Type Consumer's name as digital signature that they read and agree to all information in this document.

If you are not registered to vote where you live now and you are eligible to register to vote, would you like to apply to register to vote today?

User selects 'Yes' or 'No.'

(Please check "No" if you do not want to register to vote today for any reason, including that you are already registered to vote at your current address.)

[Return to Table of Contents](#)

Appendix B: Enrollment Agreement

Please review and sign the Enrollment Agreement.

ENROLLMENT AGREEMENT

You have applied for a health or dental insurance plan offered through the New Mexico Health Insurance Exchange, also known as beWellnm. The New Mexico Health Insurance Exchange is responsible for enrolling you, billing and collecting premiums from you, sending your premiums to the insurance carrier offering the plan in which you enroll and, when appropriate, terminating your coverage. As used in this Enrollment Agreement ("Agreement"), beWellnm means the New Mexico Health Insurance Exchange or its agents, designees or contractors.

BY APPLYING FOR AND ENROLLING IN A MARKETPLACE PLAN THROUGH beWellnm, I UNDERSTAND AND AGREE TO, ON BEHALF OF MYSELF AND MY ENROLLED DEPENDENTS, THE FOLLOWING TERMS AND CONDITIONS:

1. Eligibility.

My dependents and I are eligible to purchase insurance under state and federal law and beWellnm policies.

2. Termination of Current Health Plan.

If I am currently enrolled in a health or dental plan through beWellnm, my enrollment in a new plan is also a request to terminate my current health or dental plan. I will not have an overlap of coverage through beWellnm.

3. Enrollment Requirements.

My coverage will begin on the first day of the calendar month selected for coverage if all the required documents (proofs) and my first premium payment (the "binder" payment) are received by the required due date(s). The date my coverage begins is called my "Effective Date of Coverage" or my "Coverage Start Date."

If requested, I will give beWellnm documentation to establish my dependents' and my own eligibility, including, but not limited to, proof of residency, citizenship, or incarceration status. If I fail to comply with the request(s), beWellnm may not be required to enroll me in a plan.

I will promptly notify beWellnm of any changes to my address or citizenship or residency status and, if I am receiving any tax credits or other savings, any changes in income or access to other health insurance. I will enroll in a plan only



with my eligible dependents, in accordance with beWellnm policy and state and federal law.

4. Plan Selection.

I can choose any of the plans offered through beWellnm as long as I meet the eligibility requirements for enrolling in that plan.

Each plan has its own written description of the benefits, terms and conditions that will apply to people enrolled in that plan. This description is in a booklet usually called an Evidence of Coverage booklet or a Member Handbook. When I am accepted for enrollment in a plan, my coverage will be provided according to all the terms and conditions of that plan's Evidence of Coverage booklet and/or Member Handbook. The insurance carrier, rather than beWellnm, will:

- provide me with the Evidence of Coverage booklet and/or Member Handbook; and

- provide me with medical or dental benefits according to that Evidence of Coverage booklet and/or Member Handbook.

5. Coverage Period.

For Platinum/Gold/Silver/Bronze health plans, my coverage will end on December 31, 2024. Once my coverage is effective, I cannot change to a different plan outside of the open enrollment period, as defined by state or federal law, unless an exception applies or I experience a triggering event in accordance with state and federal law. If I become eligible for employer-sponsored coverage through beWellnm, I may switch to that plan regardless of the date.

For Catastrophic Plans, my coverage will end December 31, 2024. If my 30th birthday occurs prior to the coverage end date and I do not have a Certificate of Exemption granted on the basis of financial hardship or a lack of affordable coverage available to me, I may remain in the Catastrophic Plan until my renewal date, be disenrolled at the end of my plan year, or be offered an Individual/family non group plan prior to my termination date. Once I am enrolled, I cannot change to a different Catastrophic Plan, except as permitted by state or federal law and 2024 policies. If I become eligible for employer-sponsored coverage through the beWellnm, I may switch to that plan regardless of the coverage end date.

For dental plans, my coverage will end on December 31, 2024. If I become eligible for employer-sponsored coverage through beWellnm, I may switch to that plan regardless of the date. I understand that if I cancel coverage, I may not be

able to repurchase a dental plan through the beWellnm for a period of time, depending on my plan issuers policies.

6. Annual Deductibles and Out-of-Pocket Maximums.

If I change health or dental plans, I will be subject to the new deductible(s) and out-of-pocket maximum(s) of the new plan(s).

7. Payment and Related Terms.

I understand that I must make my binder payment (first month's premium payment) to the New Mexico Health Insurance Exchange (beWellnm) to complete my enrollment and for my coverage to start. Binder payments are due on the last calendar day of the month before coverage starts. If I am enrolling during a Special Enrollment Period, my binder payment is due on the last calendar day of the month before coverage starts or within seven (7) days after requesting enrollment, whichever is later. If I do not make my binder payment by the due date my policy will be canceled. There are no grace periods for binder payments.

I agree to pay the monthly premiums for the plan I choose. I agree to pay my monthly premium no later than the last calendar day of the month before coverage (e.g., payment is due April 30th for May coverage).

beWellnm will generate premium bills on or around the 5th of each month in advance of the month of coverage (e.g. May 5th for June coverage).

Premium bills will be posted in my beWellnm online account, if I have one.

The amount of my monthly premium will not change during my coverage period, unless I add or remove dependents. However, if I am receiving tax credits or other savings, the amount of my premium may change if I adjust my federal tax credit amount or if my eligibility or income changes. Changes in my premium amount will never be based on my dependents' or my health status or our use of medical services. (Please note, premium rates charged by health and dental insurance issuers are subject to review by the New Mexico Office of Superintendent of Insurance (OSI) and could change per OSI order.)

I understand that if I was incorrectly enrolled in a plan (for example, because I provided inaccurate information), beWellnm may recover any tax credits or savings paid on my behalf.

8. Cancellation and Termination.

Voluntary termination. I may terminate (end) my coverage for any reason and at any time by notifying beWellnm. My coverage will end on the last day of the

calendar month in which I notify beWellnm. I will not be eligible to re-enroll in coverage through beWellnm until the next Open Enrollment Period, unless I qualify for a Special Enrollment Period or am an American Indian or Alaska Native. If I terminate my coverage, I am responsible for paying the premiums up until the effective date of termination.

Grace periods. Enrollees have a grace period before their coverage can be terminated for nonpayment. If beWellnm has not received my premium payment on or before the first day of the coverage month, a grace period is triggered. If I receive advance payments of the premium tax credits, the grace period is 90 days (if I do not take the tax credits in advance, I do not qualify for the 90-day grace period). If I do not receive tax credits, the grace period is 31 days. If my coverage is terminated, I may be entitled to have my coverage reinstated with the same plan and carrier if I request reinstatement within sixty (60) days from termination. To do so, I must pay all overdue premiums, the current month's premium, and any fees, if applicable, including fees for non-sufficient funds and reinstatement fees.

Involuntary cancellation or termination. beWellnm may cancel my enrollment or terminate my coverage, as applicable, if:

- I fail to pay my premiums;
- I commit fraud;
- I misrepresent my dependents' or my eligibility for the plan or specific benefits of the plan;
- I misrepresent any information relevant to my enrollment in the plan; or
- I fail to comply in a material manner with the plan requirements.

beWellnm will provide written notice of the effective date of the plan cancellation or termination and I will be responsible for the cost of any medical care that I or my dependents receive after that date.

9. beWellnm Policies and Procedures.

I understand that my enrollment in coverage through beWellnm is subject to the policies and procedures set forth in the beWellnm Policy Manual, as it may be amended from time to time. The Policy Manual can be accessed at www.beWellnm.com.

10. Amendments

beWellnm may amend this Agreement from time to time. beWellnm shall provide me with notice of any amendment and its effective date. Without such notice, the

agreement in effect at time of enrollment will be enforced, unless the amended agreement is reasonably considered to be of greater benefit to the enrollee.

11. Limitation on Liability.

Neither beWellnm nor its agents, designees, or contractors shall have any liability or responsibility whatsoever to me, my enrolled dependents, or any third party:

If I do not pay my premiums to beWellnm in accordance with this Agreement; or

Based on the acts or omissions of:

the insurance carrier, with respect to its provision of coverage for health benefits due, or alleged to be due, to me or my enrolled dependents under my health or dental plan; or

any health care provider who provides health care services to me or my enrolled dependents under my health or dental plan.

12. Waiver.

beWellnm's exercise or non-exercise of any of its rights under this Agreement on any occasion shall not be construed as a waiver of any of my obligations under the Agreement nor shall it obligate beWellnm to act in a similar fashion on any later occasion.

13. Governing Law.

The terms of this Agreement shall be governed by and interpreted in accordance with the laws of the State of New Mexico, without giving effect to its choice of law rules.

14. Limited Network Plan. I understand that if I am choosing a plan that has been designated as a limited network plan, the following applies to me:

The plan provides access to providers that may not be the same as those in the carrier's general provider network.

I may not change plans during a policy year because of changes to the provider network.

I have reviewed the provider directory or online provider search tool for the plan I have chosen and I understand that the plan provides access only to covered benefits for the providers in that provider directory.

It is my responsibility to ensure that my preferred or chosen providers are part of the plan's provider network before I obtain care from the provider.



I will be required to choose a different provider for treatment if a provider I now see is not part of the plan's provider network.

15. ACCEPTANCE OF THIS AGREEMENT.

EITHER (1) MY VERBAL OR WRITTEN CONSENT GIVEN TO beWellnm OR (2) PAYMENT OF MY FIRST MONTH'S PREMIUM AFTER A COMPLETED APPLICATION IS ACCEPTED BY beWellnm IS DEEMED TO BE ACCEPTANCE OF THIS AGREEMENT ON BEHALF OF ANY DEPENDENTS AND MYSELF.

By signing this Agreement, I acknowledge that I understand and agree to the following statements:

If advance payments of the premium tax credit will be paid on my behalf to reduce the cost of health coverage for myself and/or my dependents:

I must file a federal income tax return in 2025 for the tax year 2024.

If I am married at the end of 2024, I must file a joint federal income tax return with my spouse (except in very limited circumstances).

I also expect that:

No one else will be able to claim means a dependent on their 2024 federal income tax return.

I will claim a personal exemption deduction on my 2024 federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage through beWellnm and whose premium for coverage is paid in whole or in part by advance payments of the premium tax credit.

I understand that if my information changes, it may impact my ability to get advanced payments of premium tax credit. I also understand that when I file my 2024 federal income tax return, I must reconcile the amount of advance payments actually made with the amount of any premium tax credit I am entitled to receive. I understand that if the amount of the advance payments made on my behalf is less than the amount of any premium tax credit I am entitled to receive, I may be entitled to an additional credit amount. Alternatively, if the amount of advance payments made on my behalf exceeds the amount of any credit I am entitled to receive, I may owe additional federal income tax.

I understand that failure to make my first premium payment to beWellnm could result either in a delay in the start of my coverage or cancellation of my enrollment.

I understand that providing my payment information does not guarantee coverage. beWellnm still must process my enrollment request. I will contact beWellnm if I have any questions or concerns.



I have read and I understand all of the terms and conditions of this Enrollment Agreement. *Required

User selects box indicating consumer agreement.

[Return to Table of Contents](#)