



Release 3.6 Reference Guide for Assisters

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1 Introduction

The following items were included in Optum's Release 3.6 in January of 2024:

- Send and Receive “Navajo Nation” in Account Transfer
- Verify Lawful Presence Updates
- 26-Year-Olds Keep Coverage Through End of Plan Year
- Eligibility Results Screen – Medicaid Results-Related Content Change
- Restart Income Proof Expiration
- 60-Day Income Request for Information (RFI) Due Date Extension
- Paper Insert Sent When E-Notice Fails
- Special Enrollment Period (SEP) Update
- Calculate the Second Lowest Cost Silver Plan (SLCSP) for All Applications
- Form 1095-A Updates
 - Pediatric Dental Premiums
 - Include Head of Household Information for Underage Subscriber in Form 1095-A

Additional information on each of these items will be provided below in the same order as consumers experience our system, from eligibility through enrollment and beyond.

Note: Language on the screenshots may be draft language.

1.1 Audience

This Reference Guide is intended for brokers and enrollment counselors.

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2 Send and Receive “Navajo Nation” in Account Transfer

BeWell will now be able to receive information into the system from the New Mexico Human Services Department (HSD) that a consumer is part of the “Navajo Nation” versus the “Ramah Navajo Chapter of the Navajo Nation” and populate that in the application for Native American consumers.

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3 Verify Lawful Presence Updates

Updated labels and tooltips were added to the “[Consumer] – Citizenship/Immigration Status” second screen regarding Humanitarian Parolees of Cuba, Haiti, Nicaragua, and Venezuela. Consumers should use these updated labels and tooltips to determine what selection they should make on this screen.

Selection and updated tooltip text for Cuban and Haitian humanitarian parolees:

TestChild CaseSixtyTwo - Citizenship/Immigration Status

[More information on Immigration Document Types](#)

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.

Federal data sources are unable to verify your citizenship/immigration status at this time. Please choose an immigration status from the list below that best represents you so that we can provide you with benefits, if applicable. You may also be asked to provide supporting documentation.
 If you do not have one of the eligible immigration statuses listed below, use the "Back" button to go back to the last page to review and update your answers. You may also use the "Save and Continue" button to move forward. You will be asked to provide supporting documentation later.

Amerasian ⓘ

Granted asylum ⓘ

Cuban Haitian Entrants, including certain parolees, asylum applicants, lawful permanent residents, and people in pending removal proceedings ⓘ

Figure 1: “[Consumer] - Citizenship/Immigration Status” Second Screen – Highlighting “Cuban Haitian Entrants” Selection

Updated Tooltip: Cuban Haitian Entrants, including certain parolees, asylum applicants, lawful permanent residents, and people in pending removal proceedings

Cuban or Haitian nationals (including children born to Haitian nationals) if they satisfy the criteria below:

- were paroled into the U.S. or were granted parole status as a Cuban Haitian Entrant (status pending), regardless of any later changes in status at time of assistance. However, an individual paroled into the custody of law enforcement or prosecutorial authorities for criminal prosecution, or solely to testify as a witness, does not qualify under this bullet;
- were paroled into the U.S. regardless of whether or not paroled for prosecution, deferred inspection, or pending removal proceedings and have not acquired any other status under the Immigration and Nationality Act (INA),

and there is no indication that the non-citizen is subject to a final, non-appealable, enforceable order of removal;

- have an asylum application pending and there is no indication that the non-citizen is subject to a final, non-appealable, enforceable order of removal;
- are currently in removal proceedings and there is no indication the non-citizen is subject to a final, non-appealable, enforceable order of removal; or
- are legal permanent residents who obtained permanent status under one of the following laws:
 - The Cuban Adjustment Act (CAA);
 - The Nicaragua Adjustment and Central American Relief Act (NACARA);
 - The Haitian Refugee Immigration Fairness Act (HRIFA); or
 - Special immigrant juveniles (who are deemed paroled).

Applicants or consumers who attest or verify as a “Cuban/Haitian Entrant” should select this status in the application, rather than a different status such as “Granted Parole,” to get the best benefit. In addition to individuals granted parole under longstanding parole processes, this includes individuals granted parole under the Cuban and Haitian Parole Process started in January 2023. Cubans and Haitians granted parole are Cuban Haitian entrants if they meet the criteria above.

Selection and updated tooltip text for Venezuelan and Nicaraguan humanitarian parolees will be:

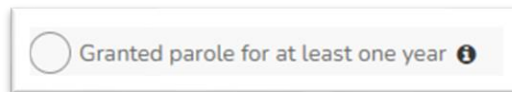


Figure 2: “[Consumer] - Citizenship/Immigration Status” Second Screen – Highlighting “Granted parole for at least one year” Selection

Updated Tooltip: Granted parole for at least one year

People granted parole for at least one year under section 212(d)(5) of the INA. In addition to individuals granted parole under longstanding parole processes, this includes individuals granted parole under the Venezuelan Parole Process started in October 2022 and the Nicaraguan Parole process started in January 2023.

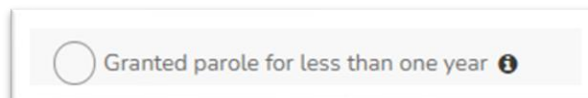


Figure 3: “[Consumer] - Citizenship/Immigration Status” Second Screen – Highlighting “Granted parole for less than one year” Selection

Updated Tooltip: Granted parole for less than one year

People paroled into the U.S. in accordance with 8 U.S.C. 1182(d)(5) for less than one year, except for an individual paroled for prosecution, for deferred inspection, or pending removal proceedings. In addition to individuals granted parole under longstanding parole processes, this includes individuals granted parole under the Venezuelan Parole Process started in October 2022 and the Nicaraguan Parole process started in January 2023.

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4 26-Year-Olds Keep Coverage Through End of Plan Year

Consumers who turn 26-years-old during the coverage year will now be allowed to keep their coverage under their parents'/guardians' plan through the end of the coverage year. However, they can elect to take the SEP associated with their turning 26 when they turn 26 or later in that coverage year. They can also choose to take the SEP in the first 60 days of the renewal year. To do this, they will need to request the SEP from our Customer Engagement Center (CEC) or Escalation Center (EC), who will then have to do an Administrative SEP for the consumer.

There will be a permanent system update for the coverage extension starting in approximately late August 2024. Before then, the extension of coverage will still happen in the system; however, if a consumer reports a change on their account that reruns eligibility, the 26-year-old will be moved to their own shopping group the first of the following month. They will still be in their parents'/guardians' account but in their own shopping group. The tax household will need to be manually adjusted by the account holder, if applicable. The 26-year-old will not be able to be put back on their parents'/guardians' plan if they are removed due to a change being reported.

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5 Eligibility Results Screen – Medicaid Results-Related Content Change

The following text on the “Eligibility Results” screen has been updated to address when a consumer’s application has been sent to HSD again, after having had a determination from HSD previously, to avoid consumer confusion:

Congratulations! You have successfully submitted your application. Based on the information you provided, BeWell has done a preliminary Medicaid eligibility assessment. The applications for the members who requested a full Medicaid eligibility determination have been sent to the Human Services Department (HSD) for a final decision of Medicaid eligibility. If there is already a final Medicaid decision below, this means your updated application has been sent to HSD. The results will be updated when HSD completes their review. In the meantime, you can enroll in a health plan through BeWell based on the Marketplace Health Plan eligibility shown in the table below.

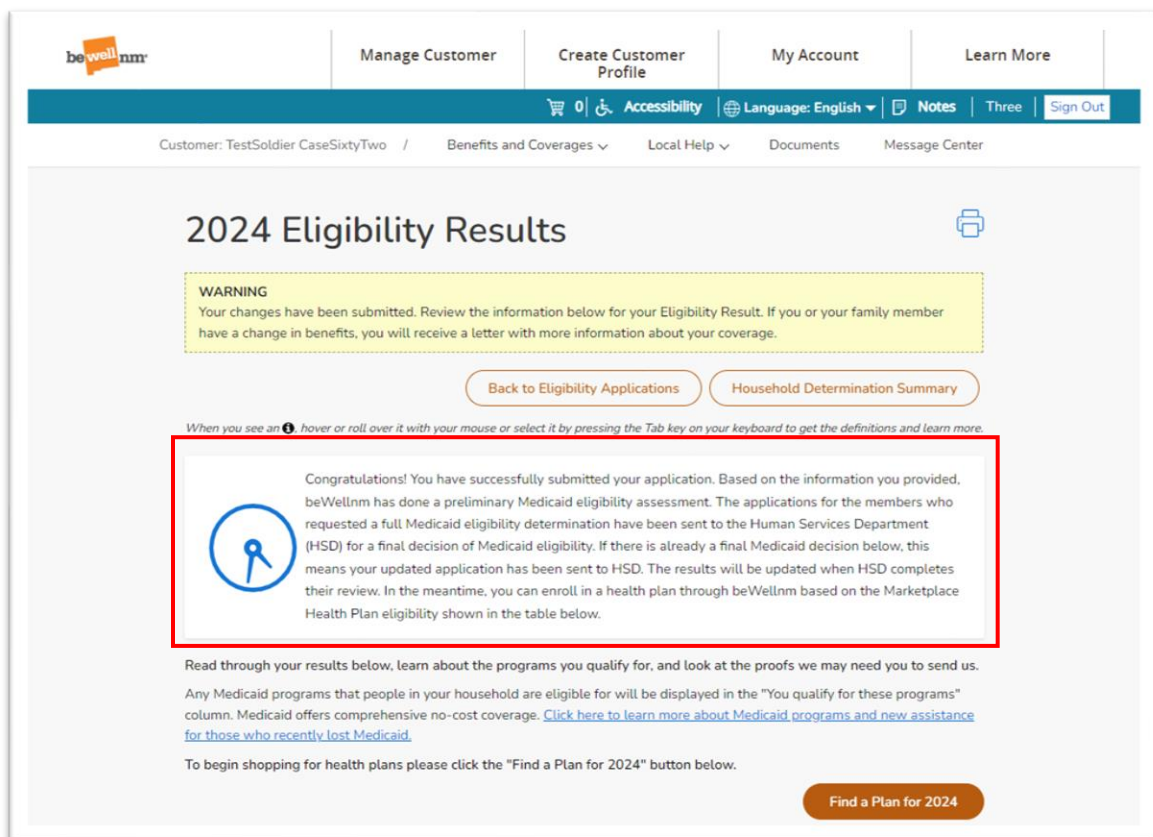


Figure 4: “2024 Eligibility Results” Screen – New Text Next to Timer

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6 Restart Income Proof Expiration

BeWell started expiring proof of income requests again on approximately Jan. 10, 2024. This means consumers must provide their proof of income for any income RFI request made after approximately Oct. 20, 2023.

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7 60-Day Income RFI Due Date Extension

The system will automatically give the consumer another 60 days to provide their proof of income if they do not provide proof within 90 days plus an additional 5 days for processing. If a CEC representative manually extends the consumer's income due date, that due date will apply instead of the automatic 60-day extension.

Moving forward, the consumer will get a reminder notice on day 15 and day 60 before the published due date during the first 95 days. This will apply to all RFI reminders. During the 60-day extension for income RFIs, the consumer will get a reminder notice 20 days before the end of the 60-day extension.

If after 155 days the consumer does not provide their proof of income, BeWell will use trusted data sources to determine the consumer's income. This may result in an adjustment or loss of benefits for the consumer moving forward. If BeWell's trusted data sources are not able to provide income information for the consumer, the consumer's self-attested income will be used for their determination moving forward.

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8 Paper Insert Sent When E-Notice Fails

When an e-notice fails to be sent to a consumer via text and/or email, a paper notice is generated and mailed. The notice will now contain an insert that explains why the consumer is getting a paper notice when their preferred communication method was for an e-notification. This will apply to eligibility notices, appeals notices, and billing notices.

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9 SEP Update

The system provides an enrollment effective date as the first of the following month based on the plan selection date or the event date, whichever is later, if the consumer reports loss of coverage and becomes SEP-eligible. This means the consumer could report the loss of coverage up to 60 days before the loss of coverage (45 days before the loss of Medicaid) and get coverage that would start the first of the month after loss of coverage.

Example: Consumer is losing coverage Mar. 1. Consumer reports the loss on Jan. 28. Enrollment can start on Mar. 1.

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10 Calculate the SLCSP for All Applications

In order for consumers to be able to reconcile or apply for the premium tax credit at tax time, each consumer must know the amount of their second lowest cost Silver plan (SLCSP) in their rating area. The SLCSP is used to determine how much consumers must pay for their own coverage and the amount of the premium tax credit consumers are eligible to receive. Moving forward, the BeWell system will calculate the SLCSP on all eligibility determinations, whether or not the consumer is applying for financial benefits, for all QHP-eligible members not eligible for other minimum essential coverage (MEC). This information will be provided to the consumer on their Form 1095-A.

To do this, BeWell needs information on the tax household structure of all tax households, even if the consumer is not applying for financial benefits. Therefore, the tax household questions will be asked in every application. If the tax household information is not available, the system will consider all individuals on the account as being in one tax household.

When calculating the SLCSP, if there is a child in the tax household under 19 who is QHP-eligible without other MEC, then the second lowest cost (SLC) pediatric dental portion of the dental premium will be added to the SLCSP essential health benefits (EHB) medical premium. This will happen if there is one or more Silver-level QHPs offered in the rating area that do not cover pediatric dental benefits.

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11 Form 1095-A Updates

11.1 Pediatric Dental Premiums

Form 1095-A will now include the pediatric dental portion of a stand-alone dental plan premium in the EHB medical premium amounts. Additional rules related to this include:

- Those 19 and older will not have any additional pediatric dental premium amount added to their EHB medical premiums.
- If someone under 19 is enrolled in a medical plan that has a pediatric dental benefit, no additional pediatric dental premium will be added to their EHB medical premium.
- If someone under 19 is enrolled in a medical plan that does not have a pediatric dental benefit, and they are enrolled in a stand-alone dental plan, the pediatric dental portion of the stand-alone dental plan will be added to their medical premium.
- If someone under 19 is enrolled in a medical plan that does not have a pediatric dental benefit, and they are not enrolled in a stand-alone dental plan, a pediatric dental premium amount will not be added to the medical premium.

This update will apply to Form 1095-A for Plan Year 2024 and may also impact Form 1095-A when generated on Plan Year 2023 applications that are reprocessed after Release 3.6 in January 2024.

Example: For Plan Year 2023, John (father), Jane (mother), and Jim (son under 19) were enrolled in a QHP that did not contain a pediatric dental benefit. They were all also enrolled in a stand-alone dental plan. John's premium was \$200, Jane's was \$100 for the EHB medical-only premium. Jim's medical premium was \$50. Their Form 1095-A for 2023 stated their premium per month was \$350. The mother is the subscriber and has a hyphenated last name of Smith-Jones; however, the system only entered "Jones" on their Form 1095-A. The mother needs this corrected. Our EC updates the name and reruns eligibility for 2023 which generates a new Form 1095-A. The pediatric portion of the stand-alone dental plan premium was \$10; this amount will now be added to Jim's medical premium. The total monthly premium on their corrected Form 1095-A will now be \$360.

If consumers have questions regarding why their premium amount has changed after their 2023 application is reprocessed, let them know it is due to a system improvement that ensures the amount they paid for all EHBs, including pediatric dental, is now being included in their Form 1095-A premium amount.

11.2 Include Head of Household Information for Underage Subscriber in Form 1095-A

When Form 1095-A includes information on a plan where the subscriber is under 18-years-old, it will now be addressed to the head of household on the account.

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