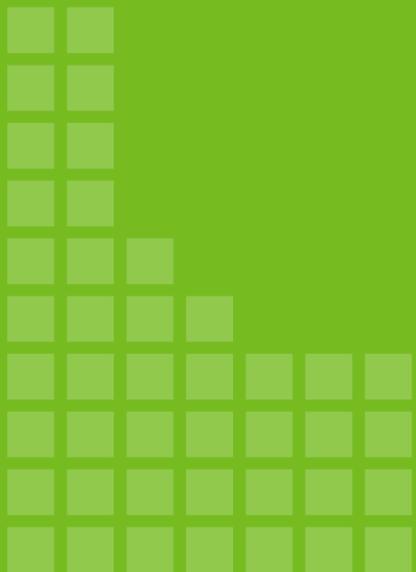
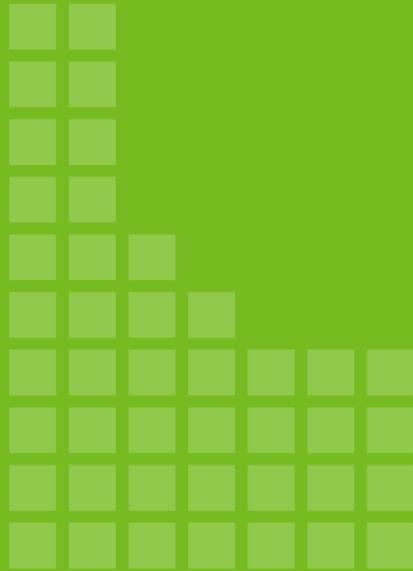


# Assisting Consumers



## YHI Basics: Module Five

# Consumer Connector Tools



# Available Tools

---

## YHI Systems and Tools for Consumer Connectors

- Learning Management System (LMS)
  - All PowerPoints and trainings
  - Important dates
- YHI Policy Manual, Code of Federal Regulations, State Regulations
- YHI Website
- Agency and Agency Staff Portals
- Consumer support: [support@yourhealthidaho.org](mailto:support@yourhealthidaho.org) or (1-858-944-3246)
- Consumer Connector support: [connectors@yourhealthidaho.org](mailto:connectors@yourhealthidaho.org)

# Available Tools

---

## YHI Systems and Tools for Consumer Connectors

- Department of Health and Welfare (DHW)
  - Idalink
  - Authorized representative
  - Notices
- PDAP
- Direct assistance
  - Bobette Ostberg ([bobette.ostberg@dhw.idaho.gov](mailto:bobette.ostberg@dhw.idaho.gov))

# Available Tools

---

## YHI Systems and Tools for Consumer Connectors

### Consumer Connector Dashboard

- Designations
- Book of Business
  - Download
  - Filters

### Secure Inbox

- Agent Daily Summary

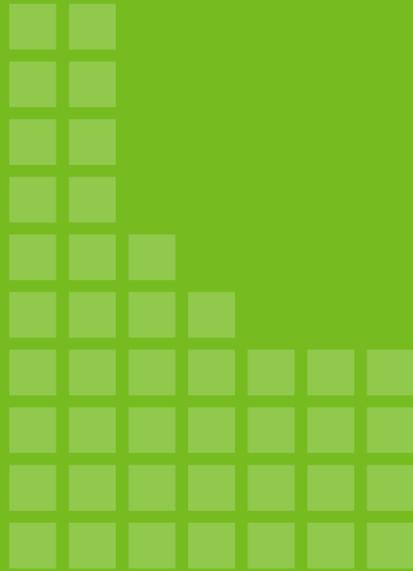
# Available Tools

---

## Designation

- ❑ Consumers working with Consumer Connectors must be advised to add the Consumer Connector as the designated Agent of Record (AOR).
  - AORs must accept the designation in order to receive commissions or have access to support the consumer via phone, email, or portals.

# Book of Business Basics



# YHI Book of Business (BoB)

---

What is it?

- Client management system
- Formatted in a Microsoft Excel spreadsheet
- Contains a list of your designated consumers
- Contains data specific to the consumers' YHI enrollment

# BoB Best Practices

---

## Daily Downloads

**Step 1.** Log into your YHI Portal

**Step 2.** Click the “Individuals” drop down in the horizontal tool bar

**Step 3.** Select “Active Individuals”



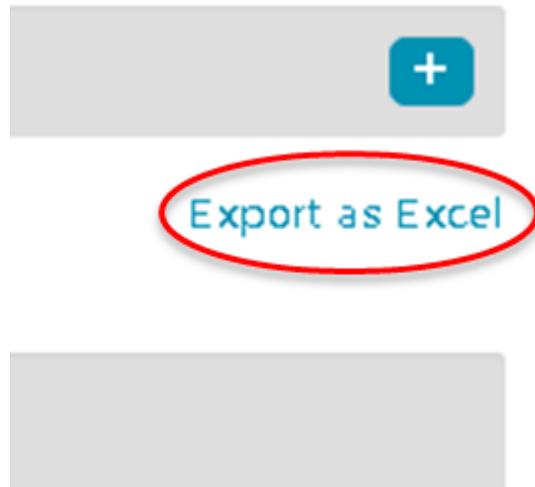
# BoB Best Practices

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## Daily Downloads

A new page containing the list of active individuals in your Book of Business will populate

**Step 4.** Click the “Export as Excel” below the horizontal search bar to download your daily Book of Business report



# BoB Best Practices

---

## Navigating Your Report

The report will indicate:

- Consumer's name
- Consumer's contact information
- Details about the household application
- Details about the plan in which the consumer is enrolled

# BoB Best Practices

---

## Tips and Tricks

- ❑ Navigating your BoB is much easier when you have the proper settings.
- ❑ The following slides will teach to how to adjust your spreadsheet for easier navigation, widen columns, filter data, temporarily hide information, and permanently remove unnecessary data.

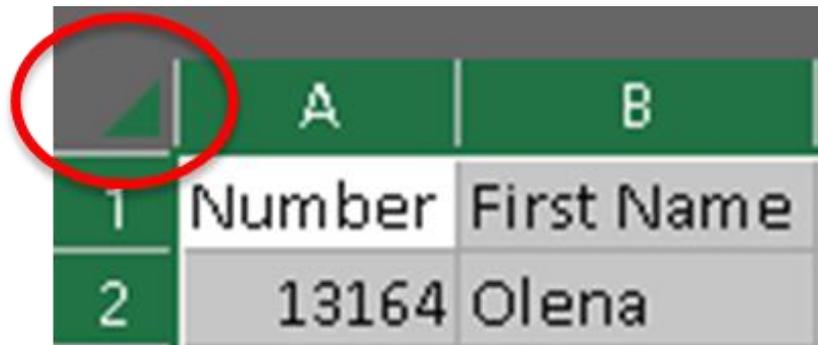
# BoB Best Practices

---

## Best Practices

### Step 1. "Select All"

- Used to adjust the entire worksheet
- Click the diagonal triangle at the top left to highlight the entire spreadsheet
- Every cell will be highlighted except for the first cell



	A	B
1	Number	First Name
2	13164	Olena

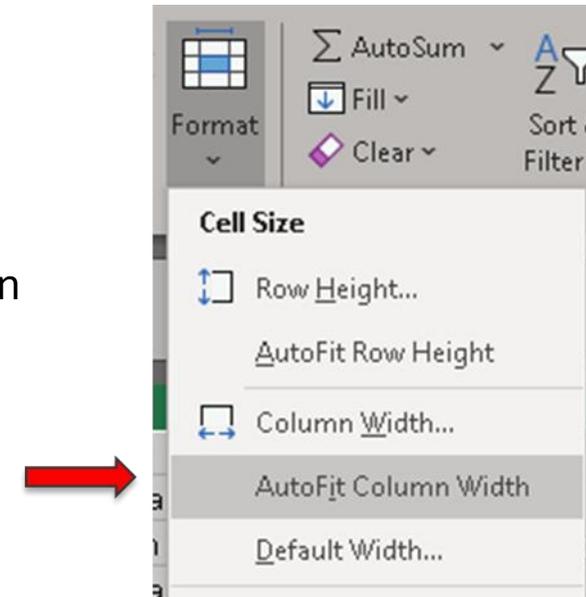
# BoB Best Practices

---

## Best Practices

### Step 2. "AutoFit"

- Use to evenly widen every column
- Click the "Home" tab
- Click "Format" in the top-right of the tool bar under the "Cells" section
- Select "AutoFit Column Width" in the drop-down menu



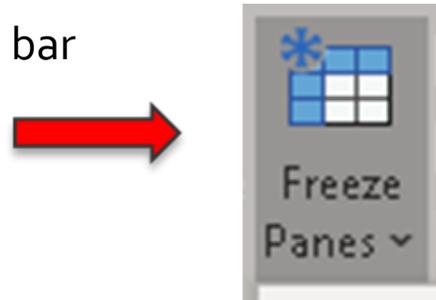
# BoB Best Practices

---

## Best Practices

### Step 3. "Pane Freeze"

- Use to keep the title row visible as you scroll throughout the spreadsheet
- Click any cell in the title row
- Select the "View" tab above the tool bar
- Click Freeze Panes
- Select Freeze Top Row

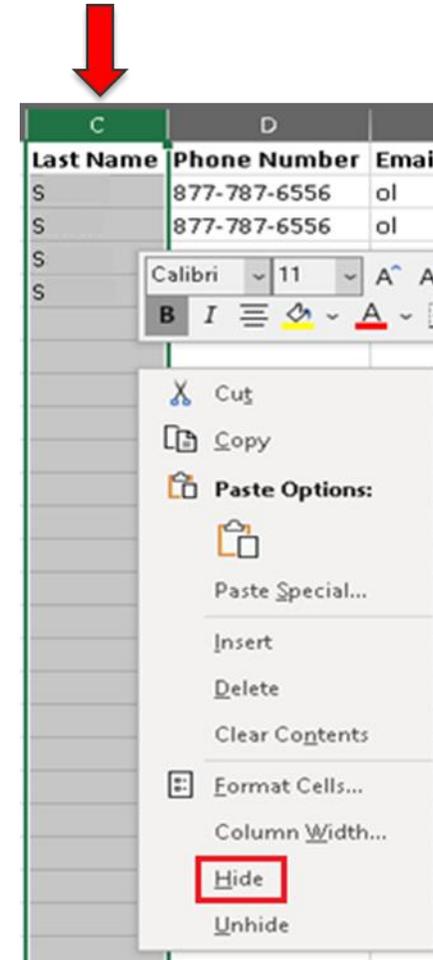


# BoB Best Practices

## Best Practices

### Step 4. "Hide Data"

- Use to temporarily hide data you don't need now, but may want later
- Click and highlight the column(s) or row(s) you wish to hide
- Right-click using your mouse to open the drop-down menu
- Select "Hide"
- To unhide, follow the same steps. Then, click "unhide"



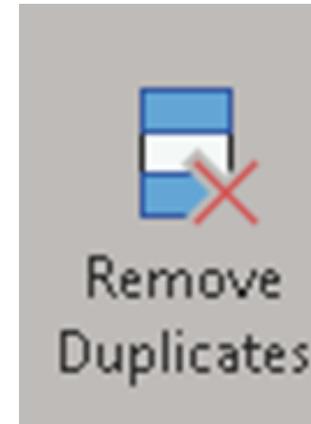
# BoB Best Practices

---

## Best Practices

### Step 5. "Remove Duplicates"

- Use to remove duplicate households
- Follow steps to "Select All"
- Click the "Data" tab above the tool bar
- Click "Remove Duplicates"

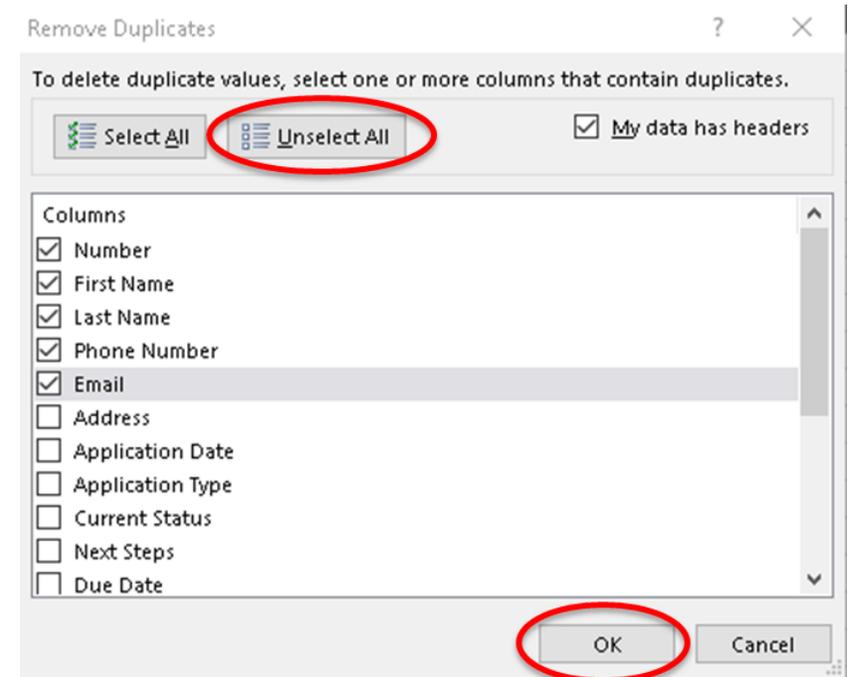


# BoB Best Practices

## Best Practices

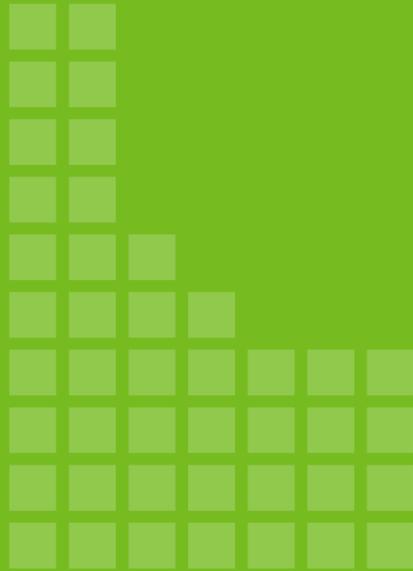
### Step 6: "Remove Duplicates"

- Click "Unselect All"
- Check mark the boxes next to the following data fields:
  - ✓ Numbers
  - ✓ First Name
  - ✓ Phone Number
  - ✓ Email
- Click "OK" when finished



Households with identical data in the above fields are often duplicates due to multiple policies (financial to non-financial)

# Submit a Support Ticket



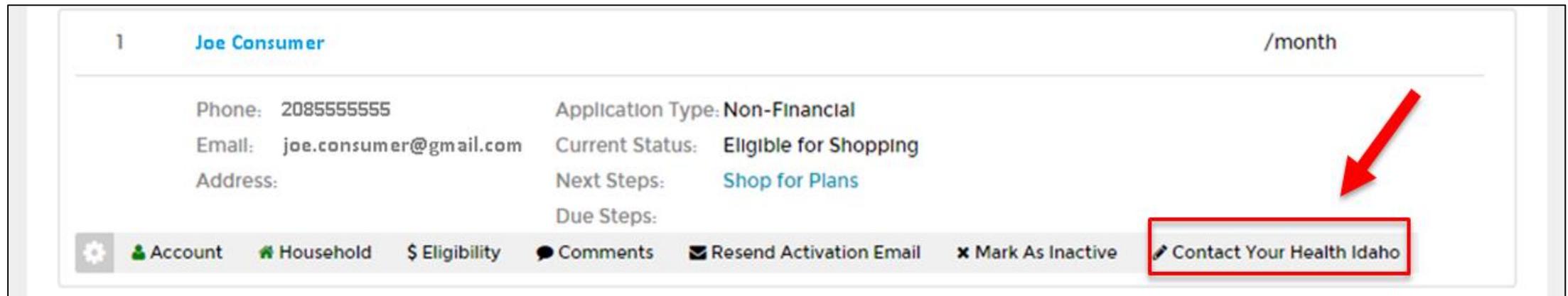
# Submit a Support Ticket to YHI

To submit a ticket to Support on the consumer's behalf, locate their account on the active Individuals page.

The screenshot shows the 'Your Health IDAHO' website interface. At the top, there is a navigation bar with the logo and links for 'GET ASSISTANCE' and 'MY ACCOUNT'. Below this is a green header with 'Individuals' and 'My Information' tabs. The main content area is titled 'Individuals' and contains a search form. The search form has a 'Q Search' label and a search button. The form fields are: First Name, Last Name, Application Type (with a dropdown menu showing 'Select Application'), Issuer, Current Status (with a dropdown menu showing 'Select Current Status'), Next Steps, Due Date (with a dropdown menu showing 'Select Due Date'), and Coverage Year (with a dropdown menu showing 'Current Year'). A 'GO' button is located at the bottom right of the search form. Below the search form, there is a 'Sort by' dropdown menu set to 'Due Date (first due)' and a link to 'Export as Excel'.

# Submit a Support Ticket to YHI

Hover over the options at the bottom of their account information, and then click **Contact Your Health Idaho**. A new support ticket opens.



The screenshot shows a user account page for "Joe Consumer". The page displays the following information:

- Phone: 2085555555
- Email: joe.consumer@gmail.com
- Address:
- Application Type: Non-Financial
- Current Status: Eligible for Shopping
- Next Steps: Shop for Plans
- Due Steps:

At the bottom of the page, there is a navigation bar with several options: Account, Household, Eligibility, Comments, Resend Activation Email, Mark As Inactive, and Contact Your Health Idaho. The "Contact Your Health Idaho" option is highlighted with a red box, and a red arrow points to it from the right side of the page.

# Submit a Support Ticket to YHI

**Step 1.** Click **Request Type** drop down and select “Issue”

## Description

- Complaint – Complaints on resolved Casework
- Feedback – Process improvement
- Issue – Primary use
- Triage – Don't use

Create a Your Health Idaho ticket

### Support Request for

Request Type \*  
Issues ▼  
Select  
Complaint  
Feedback  
Issues  
Triage

Priority \*  
Medium ▼

Subject \*

Description \*  
Enter the following primary consumer information:  
Application ID:  
Applicant's Last Name:  
Applicant's Date of Birth:  
Last 4 digits of the Applicant's SSN:

Enter the following issuer and plan information:  
Issuer Name:  
Consumer Plan:

Describe the situation with as much detail as possible:

Please enter the steps that you have taken so far to assist the consumer with the above issue (if any);

# Submit a Support Ticket to YHI

**Step 2.** Click **Request Sub-Type** drop down and select the appropriate category.

## Description

- Technical Issue – YHI system technical error
- Enrollment Issue – APTC/CSR effective date and policy effective date/end date
- Billing Issue – Incorrect carrier billing
- General Issue – Other issue not defined
- Issuer Problem – Incorrect information with carrier not related to billing

Create a Your Health Idaho ticket

**Support Request for**

Request Type \*  
Issues

Subject \*

Request Sub-Type \*  
Select  
Select  
Technical Issues  
Enrollment Issues  
Billing Issues  
General Issues  
Issuer Problem

Description \*

Enter the following primary consumer information:  
Application ID:  
Applicant's Last Name:  
Applicant's Date of Birth:  
Last 4 digits of the Applicant's SSN:

Enter the following issuer and plan information:  
Issuer Name:  
Consumer Plan:

Describe the situation with as much detail as possible:  
Please enter the steps that you have taken so far to assist the consumer with the above issue (if any):

CANCEL SUBMIT

# Submit a Support Ticket to YHI

**Step 3.** Click **Priority** drop down select “Medium”

## Description

- Critical – Don't Use
- High – Medically urgent cases
- Medium – Primary use
- Low – Don't use

Create a Your Health Idaho ticket

### Support Request for

Request Type \*  
Issues

Request Sub-Type \*  
Enrollment Issues

Priority \*  
Medium  
Critical  
High  
Medium  
Low

Subject \*

Description \*

Enter the following primary consumer information:  
Application ID:  
Applicant's Last Name:  
Applicant's Date of Birth:  
Last 4 digits of the Applicant's SSN:

Enter the following issuer and plan information:  
Issuer Name:  
Consumer Plan:

Describe the situation with as much detail as possible:

Please enter the steps that you have taken so far to assist the consumer with the above issue (if any):

CANCEL SUBMIT

# Submit a Support Ticket to YHI

**Step 4.** Subject – Brief 3-5-word summary of issue.

## Description

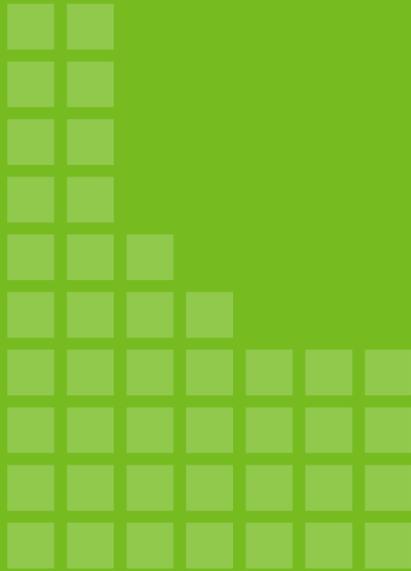
- ✓ Application ID: Auto fills
- ✓ Applicant's Last Name: Auto fills
- ✓ Applicant's Date of Birth: Auto fills
- ✓ Last 4 digits of the Applicant's SSN: Auto fill
  - Describe the situation with as much detail as possible
  - Enter steps taken to assist the consumer to this point
  - Click Submit

A message of "Success" providing the Ticket Number for reference.

The image shows two screenshots from a web application. The top screenshot is a form titled "Create a Your Health Idaho ticket". It has a "Support Request for" section with fields for "Request Type" (a dropdown menu with "Select" selected), "Request Sub-Type" (a dropdown menu with "Select" selected), and "Priority" (a dropdown menu with "Medium" selected). There is a "Subject" text input field. The "Description" field is a large text area containing instructions: "Enter the following primary consumer information: Application ID: Applicant's Last Name: Applicant's Date of Birth: Last 4 digits of the Applicant's SSN:". Below this, it says "Enter the following issuer and plan information: Issuer Name: Consumer Plan:". At the bottom of the description field, it says "Describe the situation with as much detail as possible." and "Please enter the steps that you have taken so far to assist the consumer with the above issue (if any).". There are "CANCEL" and "SUBMIT" buttons at the bottom right of the form.

The bottom screenshot is a "Success!" message box. It says "A support request has been created for Joe Consumer . Please note down the following ticket number for your reference". Below the text, the ticket number "TIC-1152" is displayed. A red arrow points to the ticket number. There is an "OK" button at the bottom right of the message box.

# Designating an Agent of Record (AOR)



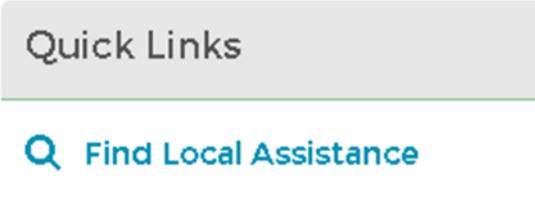
# Designation

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- ❑ Consumer Connectors who set up the consumers account must designate themselves the Agent of Record (AOR) and accept the designation.
- ❑ Consumers working with Consumer Connectors must **be advised** to add a designated AOR.
  - AORs must accept the designation in order to receive commissions or have access to support the consumer via phone, email, or portals.

# How to Designate

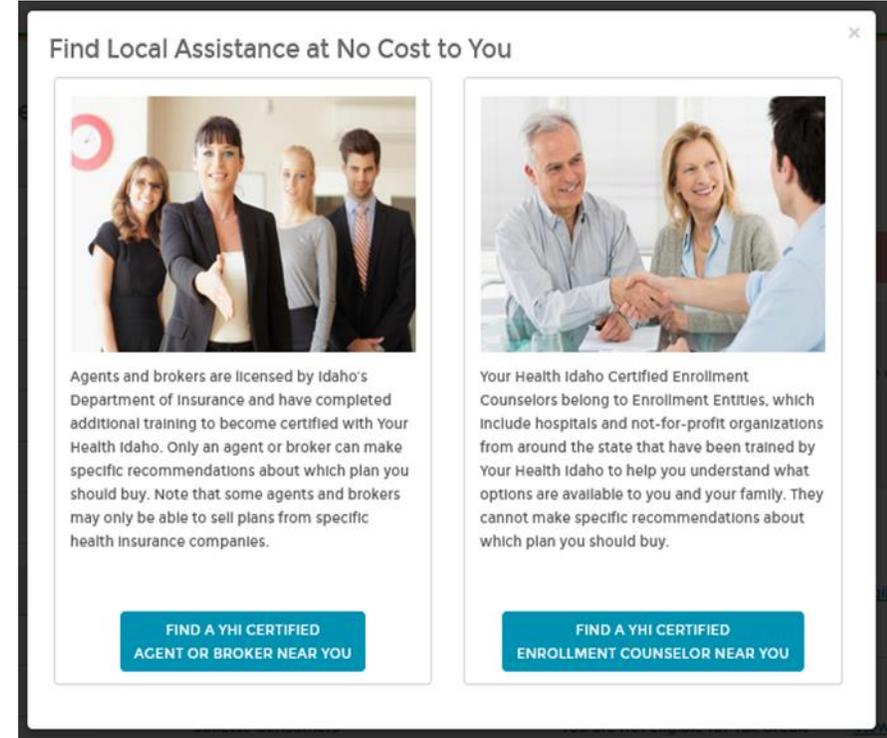
**Step 1.** From the consumers dashboard Click “Find Local Assistance”



**Step 2.** Click “Find a Certified Agent or Broker Near You” or “Find a YHI Certified Enrollment Counselor Near You”

**Note:** To search for an Enrollment Counselor

- search by Location or by Organization Name.



# How to Designate

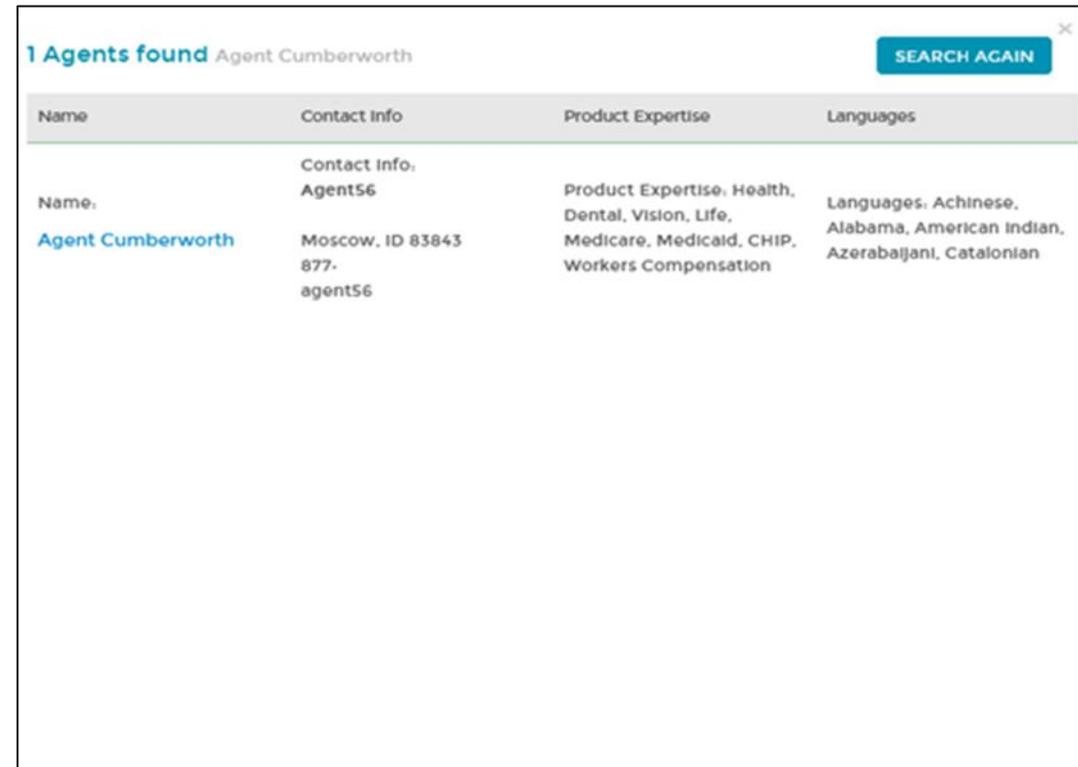
---

**Step 3.** To locate an AOR, Search by Location or Search by Name

The screenshot displays a search interface titled "Search for a Certified Agent or Broker". It is divided into two main sections by an "OR" separator. The left section, "Search by location", includes a "Zip code" field with the value "83843", a "Distance" dropdown menu set to "Any", a "miles" label, and a "Languages" dropdown menu with "Select an Option". The right section, "Search by Name", includes a "First Name" field with "Agent", a "Last Name" field with "Cumberworth", and an empty "Company Name" field. Both sections have a blue "SEARCH" button at the bottom.

# How to Designate

Step 4. Click name of the agent in **Blue**



Name	Contact Info	Product Expertise	Languages
Name: <b>Agent Cumberworth</b>	Contact Info: Agent56 Moscow, ID 83843 877- agent56	Product Expertise: Health, Dental, Vision, Life, Medicare, Medicaid, CHIP, Workers Compensation	Languages: Achinese, Alabama, American Indian, Azerbaijani, Catalanian

# How to Designate

**Note:** The consumer must agree and check the following statements.

**Step 5.** Click each check box and enter consumers name in the E-Signature.

**Step 6.** Scroll down to Click Confirm.

Agent Designation: Attestations

Agent to be Designated: Agent Cumberworth

I authorize this Agent or Broker permission to access, enter and update information in my online application. I further grant permission to the Agent or Broker to submit my completed application, including signing the application on my behalf.

I understand that I can revoke the authorization for this Agent or Broker at any time through my account dashboard or by calling 1-855-YH-IDAHO (1-855-944-3246).

I grant permission to the Agent or Broker to enter payment information on my behalf. I understand that the form of payment I provide will be charged the quoted premium.

Signature

Applicant Name

Applicant E-Signature \*

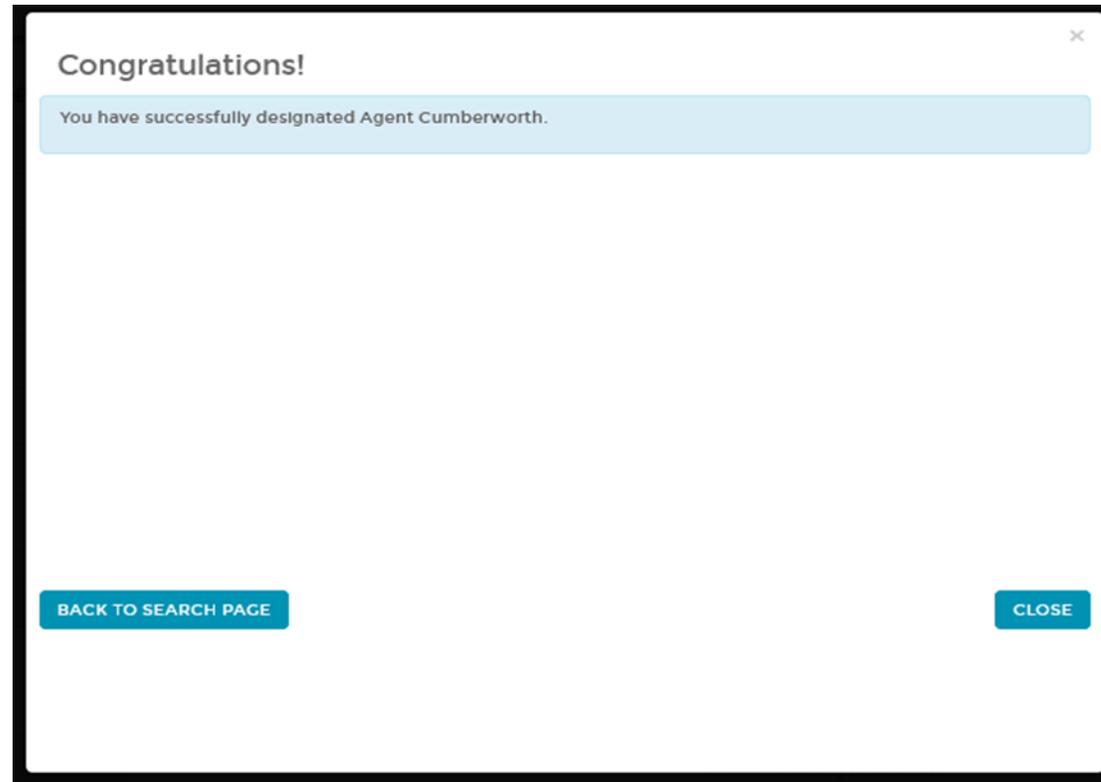
Type your full name here as your electronic signature.

Today's Date 07 02 2019

# How to Designate

---

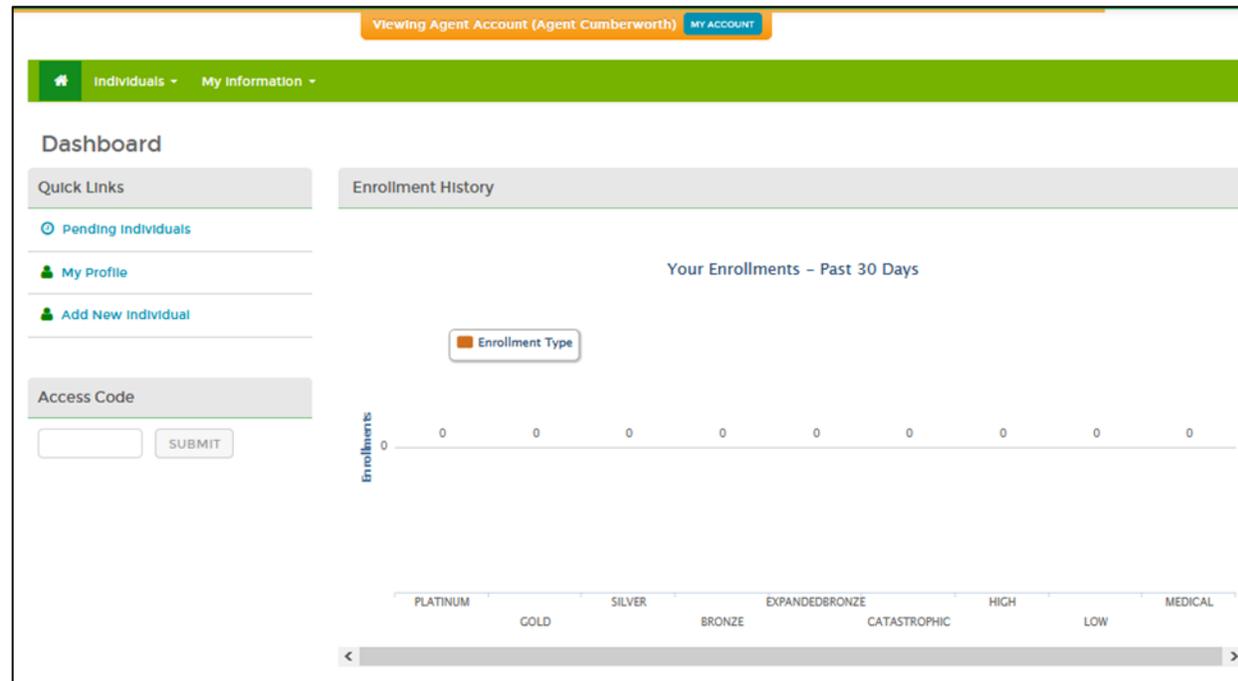
Step 7. Click "Close"



# Accepting the Designation

**Step 1.** Log-in to Agent Portal

**Step 2.** Click **Pending Individuals** under “Quick Links”



# Accepting the Designation

**Step 3.** Click the consumers name in blue or gear under "Actions." Clicking the gear Icon will allow to accept from a drop down.

Viewing Agent Account (Agent Cumberworth) MY ACCOUNT

Individuals - My Information -

Individuals 1 Pending Individual

Refine Results By (Reset all)

First Name

Last Name

Request Sent

From:  
MM/DD/YYYY

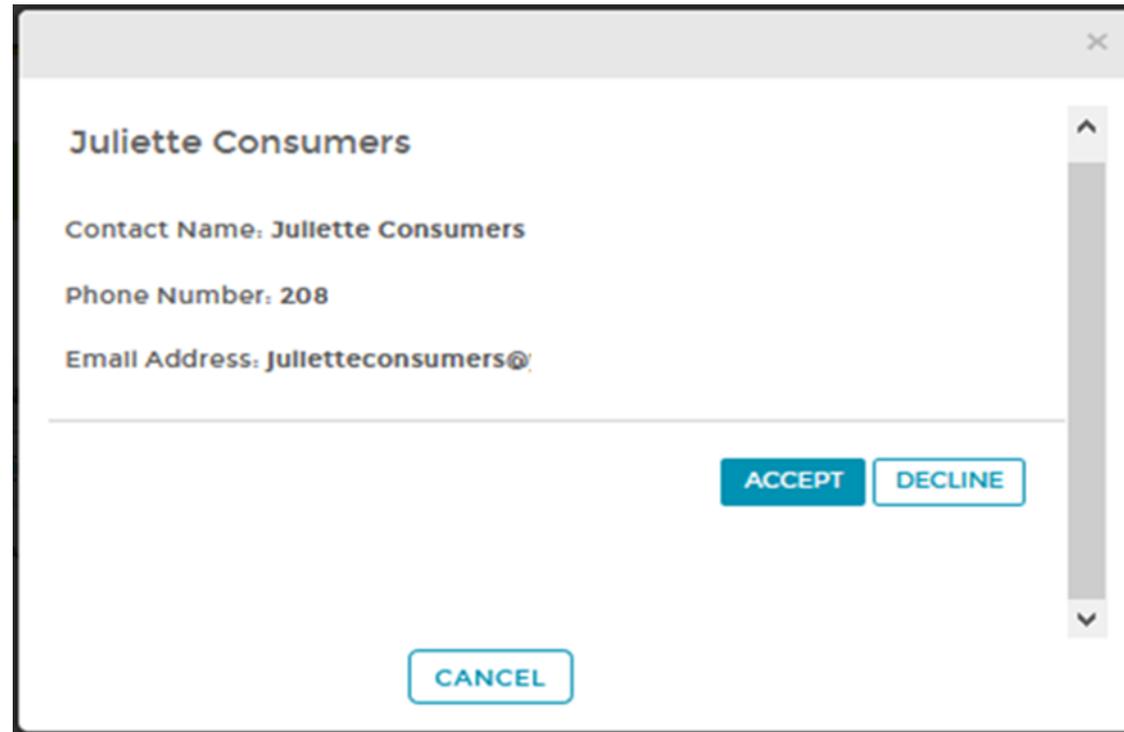
To:  
MM/DD/YYYY

Name	FAMILY SIZE	Request Sent	Actions
Juliette Consumers	1	07/02/2019	 Accept Decline

N/A - Not Available

# Accepting the Designation

Step 4. Click "Accept"

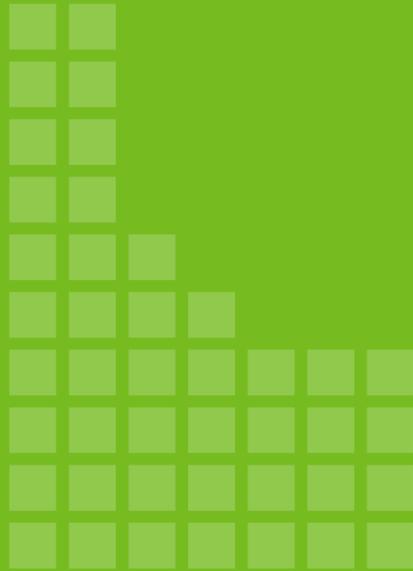


The screenshot shows a dialog box with a title bar containing a close button (X). The main content area displays the following information:

- Juliette Consumers**
- Contact Name: Juliette Consumers
- Phone Number: 208
- Email Address: julietteconsumers@

At the bottom of the dialog box, there are three buttons: a blue **ACCEPT** button, a white **DECLINE** button with a blue border, and a white **CANCEL** button with a blue border. A vertical scrollbar is visible on the right side of the dialog box.

# YHI Appeal Process



# Submit an Appeal to YHI

---

If a consumer feels an error was made regarding their enrollment, they may file an appeal with YHI.

Appeals to YHI should be filed within 30 days in order to be accepted as valid. This can be referenced in the YHI Policy Manual, "Insurance 31."

**Note:** Each partner associated with YHI is responsible for reviewing different eligibility appeals (i.e.; DHW and carriers)

## YHI

- Marketplace Eligibility
- Open Enrollment & Special Enrollment Periods (SEP)
- Failure of Marketplace to issue timely determination

Contact: 1.855.944.3246

# Submit an Appeal to DHW

---

If the consumer has an appeal related to their eligibility determination for Cost Savings Programs including Medicaid, Children's Health Insurance Program (CHIP), Advance Premium Tax Credit (APTC), or Cost-Sharing Reduction (CSR), call DHW at 1-866-883-8620.

NOTE: This phone number should **ONLY** be used for consumers calling to disagree with their determination.

## DHW

- Advance Premium Tax Credit (APTC)
- Cost Sharing Reductions (CSR)
- Medicaid/CHIP

Contact: 1.866.883.8620

# Submit an Appeal to Insurance Carriers

---

If the consumer has an appeal related to monthly premiums, claims covered or if coverage has been terminated due to nonpayment of premiums; reach out to the insurance carrier directly.

## Insurance Carriers

- Monthly Premiums and Payments
- Claims
- Discontinuation of coverage due to non-payment

Contact: Individual Carriers

# YHI Appeal Process

---

If the consumer has an appeal to submit to YHI, please follow the instructions outlined in the next slides.

Consumer Connectors should exhaust all options with [support@yourhealthidaho.org](mailto:support@yourhealthidaho.org), the carrier, or DHW before filing an appeal. A good rule to follow is that either the Consumer Connector or the consumer has a denial of request in an email or phone conversation from [support@yourhealthidaho.org](mailto:support@yourhealthidaho.org) before filing an appeal.

# YHI Appeal Process

---

Go to <https://www.YourHealthIdaho.org/filing-an-appeal>

1. Complete the web-based appeal for.  
OR
2. Download the Appeal Request Form.  
OR
3. Call 1-888-YH-IDAHO to complete an appeal request over the phone.

# YHI Appeal Process

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- Fill out the Appeal Request Form
  - Add as many dates, contact names, and explanation as possible.
  - Attach verification documents or communication history, if applicable.
  - Have the consumer sign the form.
- Scan and save the completed Appeals Request Form. If the web-based form has been completed, a copy of the appeal request will automatically be sent to the email listed.
- Submit the appeal to [support@yourhealthidaho.org](mailto:support@yourhealthidaho.org) or mail it to Your Health Idaho.
- If the appeal is Medically Urgent, please indicate this in the subject line of the email submission or on the front page on a mailed form.
- If more information is needed for the appeal or if additional information is requested, reply to the original appeal email.

# Status Updates for Appeals

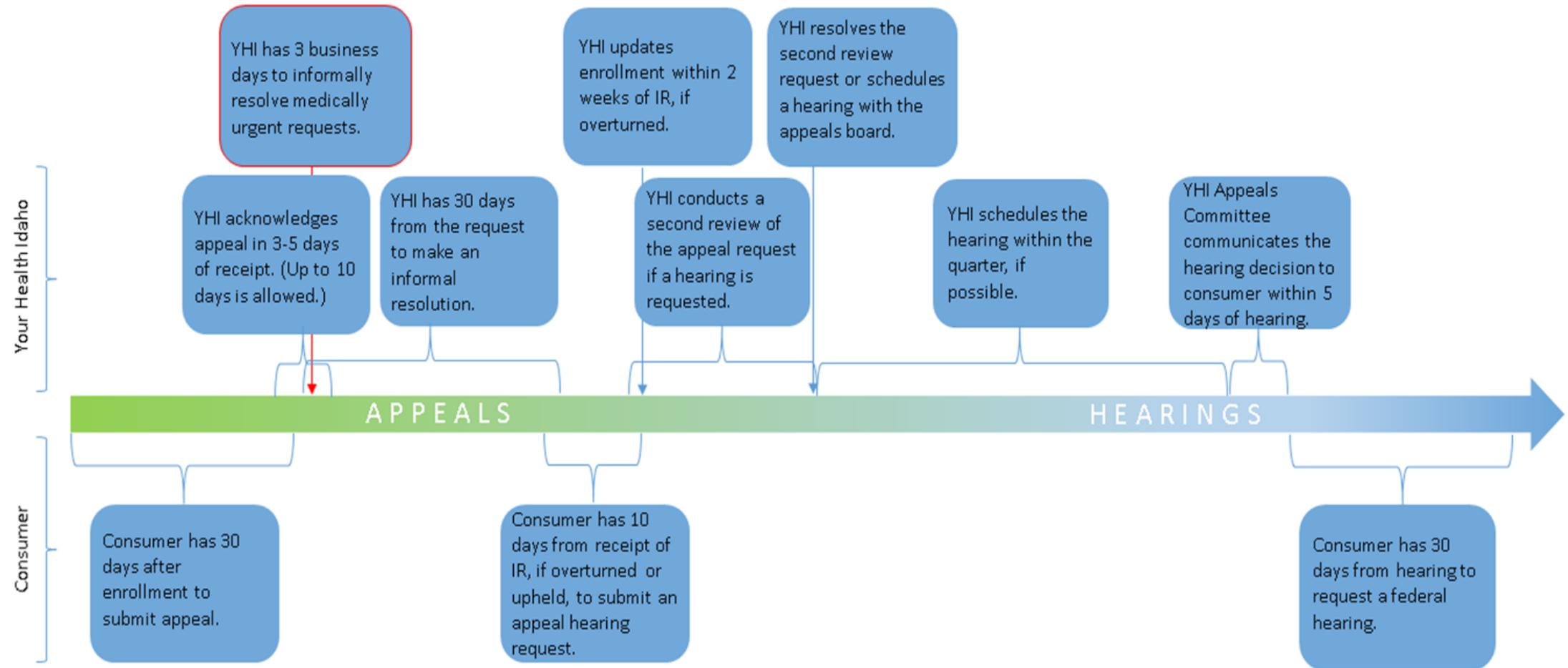
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- ❑ Once the appeal request is received at YHI, the Consumer Connector and consumer will receive a letter of receipt.
  - The Consumer Connector must be the designated on the account to receive appeal notifications/updates.
  - Per federal regulations, YHI must resolve the appeal within thirty (30) days of receipt.
  - Most YHI appeals are resolved within eight (8) days.
  - If the appeal is Medically Urgent, you **MUST** make it clear in the original appeal.
  - Urgent appeals are resolved within three (3) business days, per YHI policy.

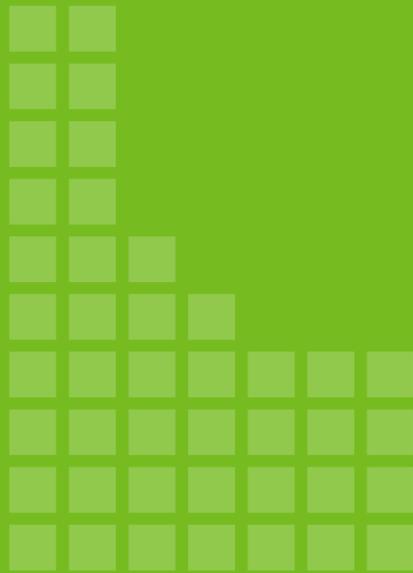
**Note:** If there is an appeal or DOI complaint pending on an enrollment, the account is frozen. No actions may be completed until the resolution is processed.

Do not call or try to make changes to an account that is in the appeal process.

# Appeals Timeline Chart



# DHW Financial Applications & Renewals



# Process Overview

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In 2020, approximately 78,000 Idahoans enrolled with YHI.

As part of the federally-required renewal process, YHI and DHW work to confirm that Idahoans:

- Receive an accurate redetermination of their eligibility for the Advance Premium Tax Credit (APTC) and Cost-Sharing Reduction (CSR)
- Maintain coverage without interruption into plan year 2021
- Have an opportunity to shop for a new plan for 2021, if they choose

The renewal process differs for consumers that are enrolled in coverage with tax savings applied as opposed to those who are enrolled without tax savings.

# Application Process

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To apply for a new household, new person in an existing household, or report a change.

- Complete and apply through idalink at <https://idalink.Idaho.gov>
  - Send supporting documents to [Mybenefits@DHW.Idaho.gov](mailto:Mybenefits@DHW.Idaho.gov) with a note stating you have applied through idalink
- Complete and submit a paper application by:
  - Emailing the documents to [Mybenefits@DHW.Idaho.gov](mailto:Mybenefits@DHW.Idaho.gov)
  - Faxing the documents to 1-866-434-8278
  - Mailing the documents to:
    - Self-Reliance Programs Statewide Application Team
    - PO Box 83720
    - Boise, Idaho 83720-0026

Include all supporting documents upon application submission.

# DHW Operating Standards

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## Application

- Applications submitted through idalink are worked within two business days of submission
- If applications are emailed or mailed, the email or mail is processed within two business days of receipt. The application is then processed within five days after mail has been processed

## Changes and Add-a-Person

- Changes and Add-a-Person submitted through idalink are worked within five days of the submission date
- If changes and Add-a-Person are emailed or mailed, the email or mail is processed within two business days of being received. Then the application is processed within five days after mail has been processed.

## Calls

- For callers that have requested a call back, their call is returned by the end of the business day.

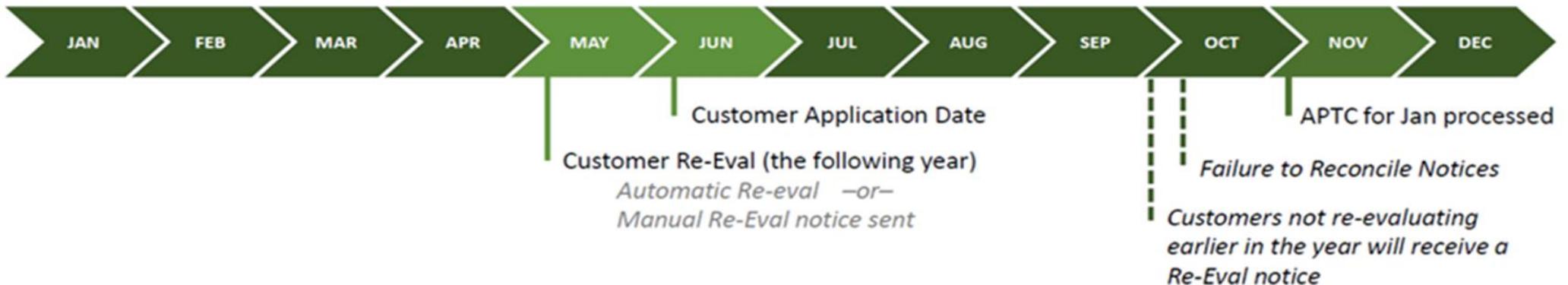
# Re-evaluation Process

DHW has recently moved from an annual re-evaluation process to a monthly process, as shown below.

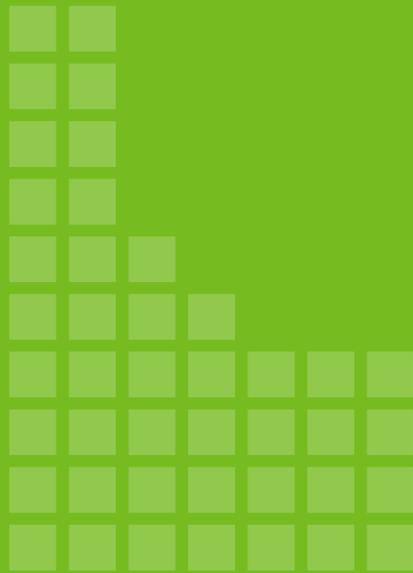
## Previous Process



## Updated Process



# Application Linking



# APPLICATION PROCESS

GET COVERED WITH YOUR HEALTH IDAHO



Create an account with Your Health Idaho



Apply for Health Coverage Assistance with the Idaho Department of Health and Welfare to determine tax credit eligibility



Idaho Department of Health and Welfare sends financial eligibility to Your Health Idaho



Your Health Idaho reviews application and approves exchange eligibility



Shop, compare and enroll in a plan



Your Health Idaho electronically sends enrollment to insurance carrier



Submit payment to effectuate coverage

\*Need help? YHI-certified agents, brokers, and enrollment counselors from across the state of Idaho are ready to help – at no cost to you! To find free help in your area, visit [YourHealthIdaho.org](http://YourHealthIdaho.org) and select "Find Help"

# Application Linking

---

Application linking.

- For new consumers, the path to create an account starts with YHI.

Creating an account with YHI and DHW should reflect identical information.

- ✓ YHI - Primary account holder
- ✓ DHW - Primary account holder = Primary Tax filer = First consumer on the application

All demographics should be identical on both accounts.

# Application Linking

---

## **Step 1.** Create an Account with YHI

- Pre-eligibility, Shop for Plans
- Add plan to cart
- Register
- Designate AOR

## **Step 2.** Create an account with DHW

- Register
- Designate AOR
- Process a financial application to determine:
  - State offered program
  - APTC/CSR



# Application Linking

---

**Step 3.** Once the financial application is received from DHW, both AOR and consumer will receive notification to act. Enroll the member and make the binder payment.

**Step 4.** Carrier confirms enrollment and sends monthly updates through electronic data interface for reconciliation purposes



# Application Linking

---

What happens if the consumer doesn't have an account with YHI and starts with DHW?

When an account is created with DHW and the application has been completed. The application will transfer to YHI creating the account, but the application will be unclaimed. The unclaimed application can be linked manually by YHI.

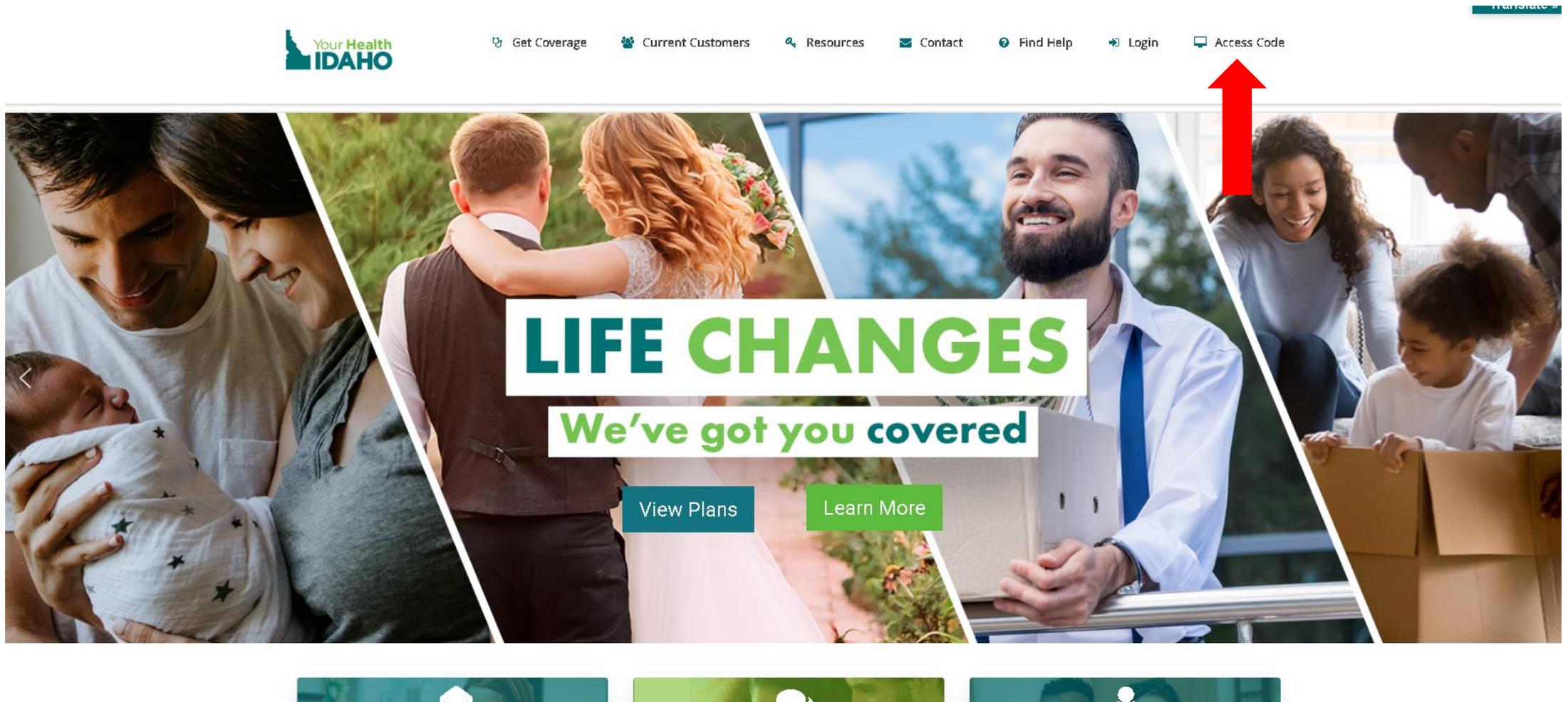
# Application Linking

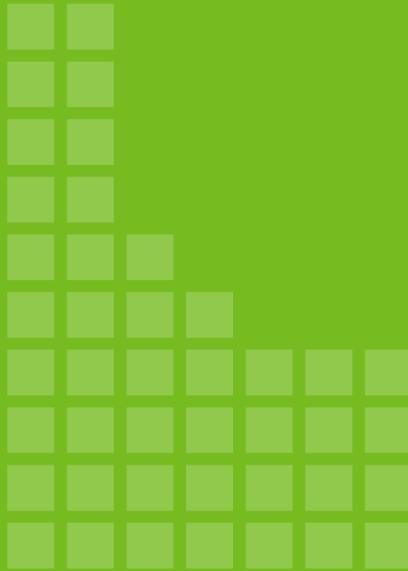
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## Updated Access Code Links

- ❑ Links to Access Code page are on the website!
- ❑ There is now a button on the main (header) menu that will take you directly to the updated Access Code page. There is also a link on the image slider that redirects to the same simplified page.
- ❑ Because of the new Access Code page has been simplified, the options to log in and shop for plans are no longer there. Instead, the Log In button has been updated so that when you click, you are taken directly to the username/password page. To shop for plans, click the Shop Plans button on the main slider.
- ❑ This will simplify and clarify the log in/access code process, especially for new users.

# Access Code Link





# Link a DHW Financial Application to a YHI Account

# Link an Application

---

- ❑ After the consumer applies for cost-savings, DHW makes the determination for eligibility. Once APTC eligibility is determined, DHW sends an account transfer to YHI (approx. 2-10 days).
- ❑ YHI sends the consumer a notification stating the APTC determination is received. The notification contains a link and an access code that links the information in the DHW account to the YHI account.

**Important:** If email is not selected as the preferred method of contact, only a paper notice is sent, which delays the notification process.

# Link an Application

This example shows the notification from Your Health Idaho for the consumer's APTC determination. The consumer clicks or enters the link in a browser to open YourHealthIdaho.org.

Dear Consumer,

You have been approved for an Advanced Premium Tax Credit (APTC).  
Here are your next steps:

If you are currently enrolled in a health plan with Your Health Idaho, please contact us so that we can link your new tax credit to your account.

If you are not currently enrolled, we can help you get started shopping for a new insurance plan!

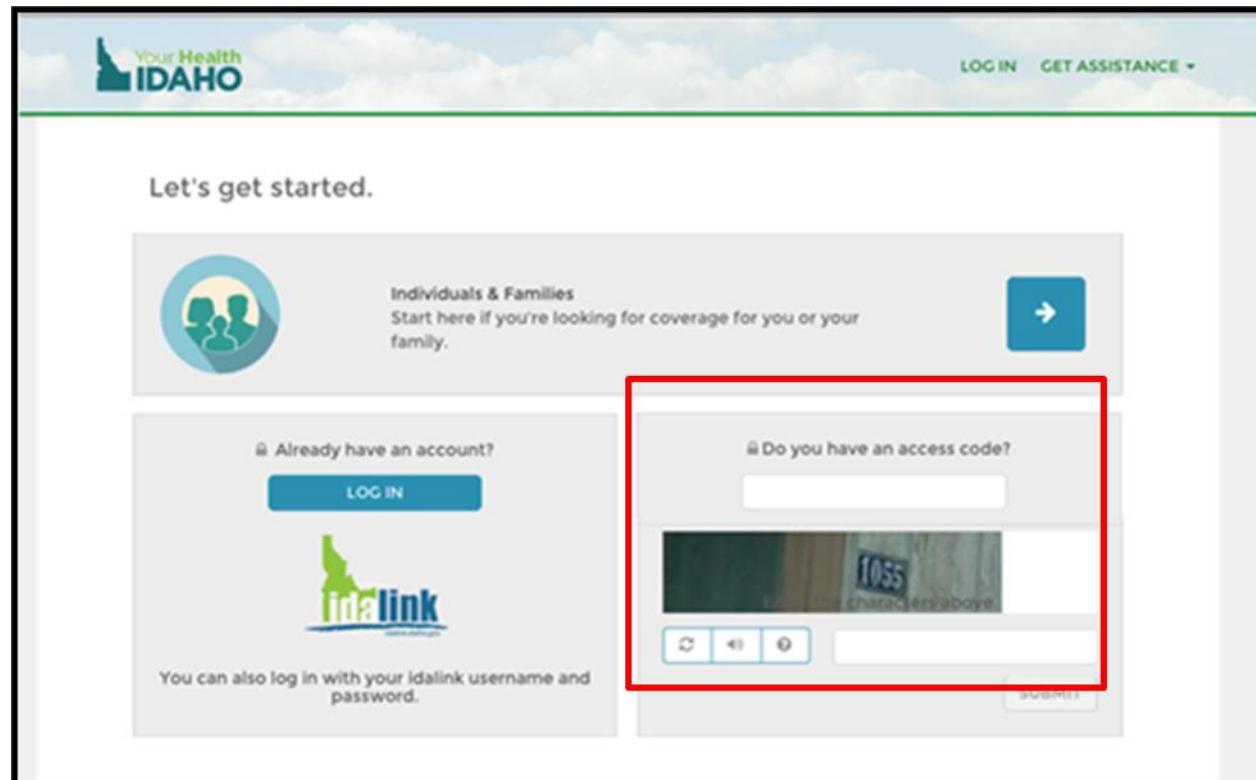
1. Click here or go to <https://idahohix.yourhealthidaho.org/hix/>
2. Enter your Access Code **\$(ACCESS CODE)**
3. Answer the security questions based on your tax credit application.
4. Set up a personal username and password to log in.
5. Complete your communication preferences. Get your messages in your secure inbox by selecting e-mail as your preference for receiving communication.
6. If you are enrolling outside of the open enrollment period, you may be asked a series of questions to confirm you are eligible to enroll. Choose the best answer for your circumstances, and include the date when any change occurred.
7. The exchange will approve or deny your request and display the results. You will also receive a notice in your secure inbox for your records. You may be required to provide proof of the change in your situation. You may be asked to provide this information more than once.
8. If you're approved, follow the prompts on the screen to complete the enrollment process.

**Reminders:**

- Coverage typically begins the month following your submitted enrollment.
- Your initial payment to your health insurance company is due immediately after enrollment to ensure your coverage begins on time.
- If you have a tax credit, contact the Department of Health and Welfare any time your household information or your income changes.
- Contact your agent or broker for additional information regarding plan benefits. If you do not have an agent or broker, visit our website to find help near you. There is no cost to use these services.

# Use the Access Code

Enter the access code from the notification, either from the front page of the website OR from the access code box on the login page.



The screenshot shows the 'Your Health IDAHO' website. At the top right, there are links for 'LOG IN' and 'GET ASSISTANCE'. The main heading is 'Let's get started.' Below this, there are two main sections. The first section is for 'Individuals & Families' with a blue arrow button. The second section is for users who 'Already have an account?' with a 'LOG IN' button and the 'idalink' logo. Below the logo, it says 'You can also log in with your idalink username and password.' To the right of these sections is a login form. The form has a question 'Do you have an access code?' followed by a text input field. Below the input field is a video player showing a close-up of a blue ID card with the number '1055'. Below the video player are navigation buttons (refresh, back, forward) and another text input field. A 'SUBMIT' button is located at the bottom right of the form area.

# Verify Identity

The consumer answers verification questions, which can include their name, DOB, phone number, email address, gender, county of residence, and total members in household.

Authentication Information

- Before we can link your application to your account, you will need to enter information to confirm your identity.
- Once you have successfully entered this information, you can view your eligibility results and shop for plans.

First Name \*

Last Name \*

Date of Birth \*

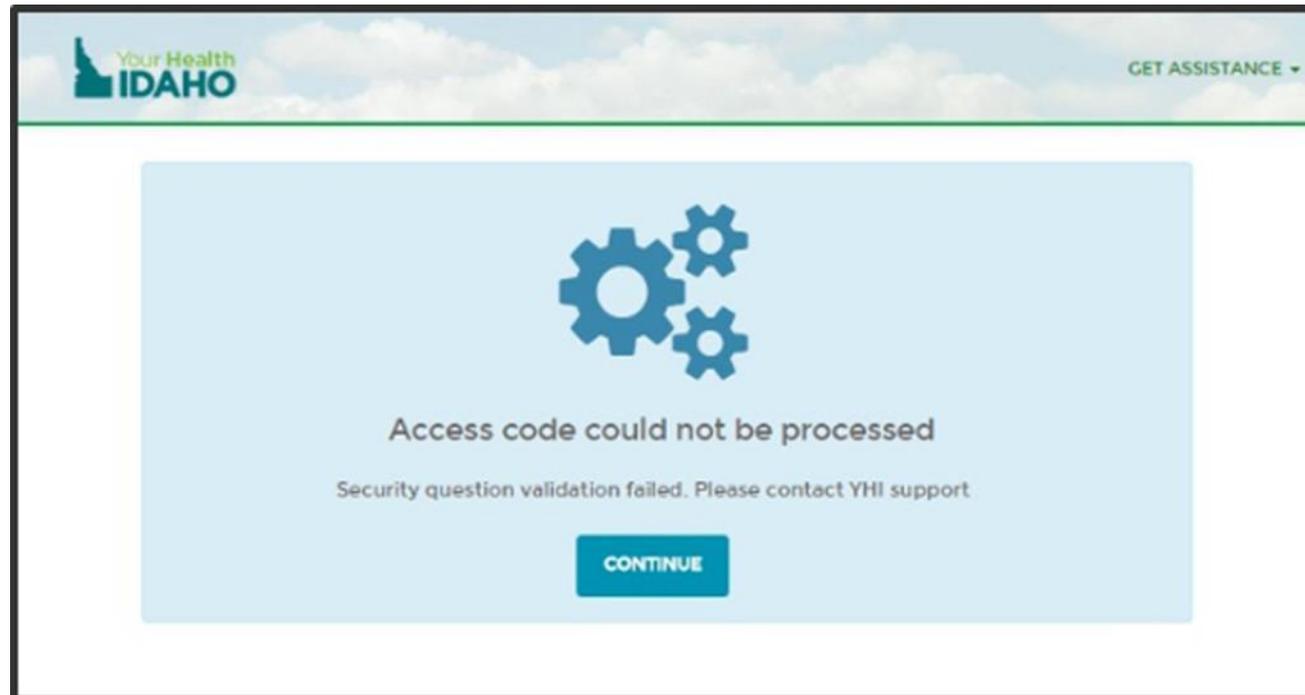
Gender \*  Male  Female

Phone \*

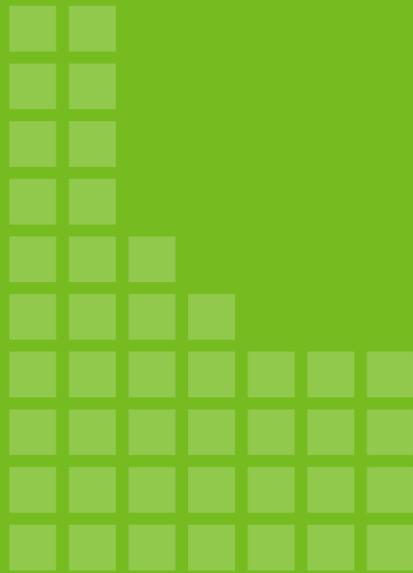
# Error: Could Not Be Processed Message

---

If the link is unsuccessful, an error message will appear. Email [support@yourhealthidaho.org](mailto:support@yourhealthidaho.org) for assistance with any error you receive during this process and provide support with a screen shot of the error.



# Plan Selection & Enrollment



# Shopping for Plans

Go to the consumer's dashboard and click **Shop For Plans**. If a plan is selected but the process isn't completed, it will show as "Favorite Plan" in the plan selection as opposed to Enrolled Plan.

Welcome, Jack Consumer

My Stuff

- My Dashboard
- My Applications
- My Enrollments
- My Inbox
- My Appeals
- My Account Settings
- My Preferences

Quick Links

- Find Local Assistance
- Download Appeals Form

Access Code

2019

NEXT STEPS

You have successfully completed your application and confirmed a life event. Please click on the button below to start shopping.

[SHOP FOR PLANS](#)

Overview

Your Application Status		
2019 Application For 1 members	Complete	<a href="#">Eligibility Details</a>
Your Household Eligibility		
Jack Consumer	You are not eligible for Tax Credit or cost sharing reduction	<a href="#">View Details</a> <a href="#">Report a Change</a>

Your Health Plans

You will be able to see your health plan(s) here once you have completed plan shopping.

# Shopping for Plans

Not Enrolled in Plan: The consumer should select **SHOP FOR PLANS** and then follow the steps to finish enrollment with cost-savings eligibility.

Welcome, Jack Consumer

My Stuff

- My Dashboard
- My Applications
- My Enrollments
- My Inbox
- My Appeals
- My Account Settings
- My Preferences

Quick Links

- Find Local Assistance
- Download Appeals Form

Access Code

2019

NEXT STEPS

You have successfully completed you application and confirmed a life event . Please click on the button below to start shopping.

[SHOP FOR PLANS](#)

Overview

Your Application Status		
2019 Application For 1 members	Complete	<a href="#">Eligibility Details</a>
Your Household Eligibility		
Jack Consumer	You are not eligible for Tax Credit or cost sharing reduction	<a href="#">View Details</a> <a href="#">Report a Change</a>

Your Health Plans

You will be able to see your health plan(s) here once you have completed plan shopping.

# Plan Comparison

If the member had coverage in the prior year and wants to compare prior year enrollment to current year options:

**Step 1. Click Shop for Plans.**

On the plan selection page under **Compare Plans** shows the prior year plan.

**Step 2. Select plans and click Compare.**

The screenshot displays a web interface for comparing health plans. At the top, it shows '40 Health Plans' and 'Dental Plans' for '1 adult in ZIP code 83277'. A 'Compare Plans 1 of 3' drawer is open on the left, containing a 'selecthealth GOLD PPO' plan for \$100.00 and an 'Add your last year's plan' option. A red callout bubble points to the 'Add your last year's plan' option with the text 'Add an option in Plan compare drawer.' The main area shows a grid of plan options, all priced at \$100.00/month, including 'selecthealth GOLD 2000', 'selecthealth SelectHealth Bronze 7600', and 'selecthealth SelectHealth Expanded Br...'. Each plan card includes details like deductibles, OOP Max, and network type. A 'SORT BY' menu at the bottom left lists options: Expense Estimate, Monthly price, Deductible, and Out-of-Pocket (OOP) Max.

# Plan Comparison

To know the difference, the prior year will show the year, instead of **ADD**.

◀ Back to all plans

Expense Estimate Low

Blue Cross of Idaho  
PQA Southeast Bronze HSA...  
BRONZE POS  
\$204.83 /month  
after \$111.00 monthly tax credit  
2018 Plan

Expense Estimate Low

Blue Cross of Idaho  
Hometown East Bronze 550...  
BRONZE POS  
\$208.04 /month  
after \$111.00 monthly tax credit  
ADD

Change the Add to Cart button to indicate the last year's plan.

▼ Summary

Expense Estimate	Low	Low
Doctors & Facilities	<a href="#">View Directory</a>	<a href="#">View Directory</a>
Plan Type	POS	POS
HSA-compatible	Yes	No
Network	Basic	Broad

▼ Doctors and Facilities

[Check for your doctor](#)

▼ Deductible & Out-of-Pocket (In Network)

# Eligibility Results

On the consumer's dashboard, click **View Details** to view their household eligibility results.

The screenshot displays a user dashboard for 'Jack Consumer'. The page is titled '2019' and features a 'NEXT STEPS' section with a message: 'You have successfully completed your application and confirmed a life event. Please click on the button below to start shopping.' A blue button labeled 'SHOP FOR PLANS' is positioned to the right of this message. Below this, an 'Overview' section contains two rows of information:

Overview		
Your Application Status		
2019 Application For 1 members	Complete	<a href="#">Eligibility Details</a>
Your Household Eligibility		
Jack Consumer	You are not eligible for Tax Credit or cost sharing reduction	<a href="#">View Details</a> <a href="#">Report a Change</a>

At the bottom of the overview section, there is a 'Your Health Plans' section with the text: 'You will be able to see your health plan(s) here once you have completed plan shopping.'

The left sidebar includes navigation options under 'My Stuff' (My Dashboard, My Applications, My Enrollments, My Inbox, My Appeals, My Account Settings, My Preferences), 'Quick Links' (Find Local Assistance, Download Appeals Form), and an 'Access Code' field with a 'SUBMIT' button.

# Ready to Enroll

Open the consumer's dashboard and select the correct coverage year. Click **Shop For Plan**.

Welcome, Jack Consumer

My Stuff

- My Dashboard
- My Applications
- My Enrollments
- My Inbox
- My Appeals
- My Account Settings
- My Preferences

Quick Links

- Find Local Assistance
- Download Appeals Form

Access Code

2019

NEXT STEPS

You have successfully completed your application and confirmed a life event. Please click on the button below to start shopping.

Overview

Your Application Status		
2019 Application For 1 members	Complete	<a href="#">Eligibility Details</a>
Your Household Eligibility		
Jack Consumer	You are not eligible for Tax Credit or cost sharing reduction	<a href="#">View Details</a> <a href="#">Report a Change</a>

Your Health Plans

You will be able to see your health plan(s) here once you have completed plan shopping.

# Provide Additional Information

The consumer can provide additional information to view plans for which they are eligible.

Welcome, Jack Consumer

My Stuff

- My Dashboard
- My Applications
- My Enrollments
- My Inbox
- My Appeals
- My Account Settings
- My Preferences

Quick Links

- Find Local Assistance
- Download Appeals Form

Access Code

### Additional Information Needed

We need a few more details about the following household member(s) before you can continue to shop for Qualified Health Insurance on Your Health Idaho.

**Tobacco Use:** Insurers can charge tobacco users up to 50% more than those who don't use tobacco.

**Hardship Exemption:** If you have received a hardship exemption, we can show you Catastrophic health insurance plans (even if you're over the age of 30). All you need is your hardship exemption certificate number which you will receive once you are determined eligible for a hardship exemption. Visit [www.YourHealthIdaho.org](http://www.YourHealthIdaho.org) for more information on applying for an exemption. If you have received a hardship exemption certificate number for any of the applicants, please enter that number below.

Does your family qualify for a hardship exemption?

#### Eligible Members

Household Member(s)	Seeking Coverage?	Tobacco Use?
Jack Consumer	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Provide Additional Information

The consumer can provide additional information to view plans for which they are eligible.

Welcome, Jack Consumer

My Stuff

- [My Dashboard](#)
- [My Applications](#)
- [My Enrollments](#)
- [My Inbox](#)
- [My Appeals](#)
- [My Account Settings](#)

**SHOP HEALTH PLANS** **SHOP DENTAL PLANS**

Whom are you shopping health plans for?

Based on your family members' eligibility, we recommend that you shop in the groups shown. If you have any unique needs, you could select a different set of members you'd like to shop as a group

Shop for these members

Jack Consumer

[GO TO DASHBOARD](#) [SHOP HEALTH PLANS \(1 MEMBER\)](#)

# Optional Questions

To check availability of in-network providers for plan selection of household providers, update information.

### Tell us about your healthcare needs

(Optional) Please answer the questions below: (1/5) [SKIP TO VIEW PLANS](#)

Search for a **FACILITY** that you would like to keep in your plan

Search by facility name  within 100 mile radius  of

<b>DOCTOR</b> <span>✕</span>	<b>FACILITY</b> <span>✕</span>
<b>Dr. Mark</b> Surgery 208-422- 500 W Fort Boise, ID 83702	<b>St Lukes Regional Medical Center</b> General Acute Care Hospital 208-381- 190 E Bannock Boise, ID 83712

**Important:** The information represented here is an estimation of doctors and clinics only. The address displayed may or may not reflect where you receive service or reflect all of your doctor's office locations. If you do not have a doctor, please contact your insurance carrier after enrolling to locate in-network providers available in your area. Please check with your insurance company before service to ensure you have a full understanding of costs and provider networks.

[RESET ALL MY RESPONSES](#) [NEXT](#)

# Optional Questions

---

The consumer answers doctor visits per year.

### Tell us about your healthcare needs

(Optional) Please answer the questions below: (2/5) [SKIP TO VIEW PLANS](#)

What is the average number of doctor visits per year for an individual member of your household?

- Around 1-2 times
- 3-4 times
- 5-11 times
- More than 12 times

[◀](#) [RESET ALL MY RESPONSES](#) [NEXT ▶](#)

# Optional Questions

To check availability in-network for plan selection of household prescription coverage needs, update information.

### Tell us about your healthcare needs

(Optional) Please answer the questions below: (3/5) [SKIP TO VIEW PLANS](#)

What is the average number of [ongoing monthly prescriptions](#) per year for an individual member of your household?

- 0-2
- 3-4
- 5-11
- 12 or more

[← BACK](#) [RESET ALL MY RESPONSES](#) [NEXT ▶](#)

# Optional Questions

The consumer can add up to 5 prescriptions to see plan coverage.

### Tell us about your healthcare needs

(Optional) Please answer the questions below: (4/5) [SKIP TO VIEW PLANS](#)

Add up to 5 prescription drugs to see if they are covered by your plan.

For example, Lipitor or Atorvastatin

Morphine Liposomal 10 Mg/MI Injection 1 MI [x](#)  
(Injection)

Insulin, Degludec 100 Unt/MI Pen Injector 3 [x](#)  
MI (Pen Injector)

**Important:** Please check with your insurance company before service as benefits and networks may change during the plan year.

[← BACK](#) [RESET ALL MY RESPONSES](#) [NEXT ▶](#)

# Optional Questions

To check availability of Children's Dental and Acupuncture within plan availability.

### Tell us about your healthcare needs

(Optional) Please answer the questions below: (5/5) [SKIP TO VIEW PLANS](#)

Are any of these optional benefits important to have as part of your qualified health plan?

**Note:** Some qualified health plans include children's dental and some do not. If you would like to put qualified health plans that include children's dental coverage at the top of the list, please check the box. If you select a qualified health plan that does not include children's dental, you will have the option to buy a stand-alone children's dental plan.

[Children's Dental](#)  Acupuncture

---

[← BACK](#) [RESET ALL MY RESPONSES](#) [VIEW PLANS](#)

# Select a Medical Plan

Shop, compare, and choose a plan that works for the consumer and their family.

Filter plans by plan type or monthly price, etc. Before finalizing a selection, it is important to review plan details carefully.

The screenshot displays a web interface for selecting health insurance. At the top, there are navigation links: "Back to preferences", "HEALTH INSURANCE", "DENTAL INSURANCE", and "CART 0". The main heading is "Browse Health Plans", with subtext indicating "32 plans for 1 adult in ZIP Code 83709" and "Coverage will start on 01/01/2016". A "Sort By" dropdown menu is open, showing options: "Monthly price" (selected), "Monthly price", "Expense Estimate", "Deductible", and "Out-of-Pocket (OOP) Max". Below the menu, there are three plan cards, each with an "ADD TO CART" button and the Mountain Health Co-op logo. The plans are labeled "ACCESS CARE GOLD", "ACCESS CARE SILVER", and "ACCESS CARE BRONZE". A pagination control shows "1", "2", "3", and a right arrow.

# Select a Dental Plan

After a consumer selects a medical plan, they can purchase a stand-alone dental plan. Stand-alone dental plans are available for children or adults.

Your Health IDAHO

GET ASSISTANCE MY ACCOUNT

Back to preferences HEALTH INSURANCE DENTAL INSURANCE CART 1

### Shop for a Dental Plan

27 plans for 1 adult in ZIP Code 83706. [Change](#)

Coverage will start on 07/01/2015.

Your health plan, Silver Connect Southwest 4000, does not include dental coverage for Alami. Get it here!

Sort By: Monthly price

Filter By:

- Plan type:  PPO,  Indemnity
- Plan Tier:  Low,  High

Plan Name	Plan Type	Monthly Price	Copay	Coverage
DENTAL CHOICE	LOW PPO	\$31.18/month	\$25 Copay	Routine Dental (Adult), Dental Checkup
DENTAL CHOICE	LOW PPO	\$31.18/month	\$25 Copay	Routine Dental (Adult), Dental Checkup
DENTAL CHOICE	LOW PPO	\$31.18/month	\$25 Copay	Routine Dental (Adult), Dental Checkup

# Review Shopping Cart

Select a medical and/or dental plan to open the shopping cart.

- The consumer can review their plan selections including effective date before signing the application.

Confirm your Plan Selection		
<a href="#">SHOP FOR DENTAL</a>		
<b>Health Plan</b> Jack		<a href="#">Remove</a>
	Monthly Premium	\$100.00
<hr/>		
Blue Cross of Idaho SAHA Southwest Gold Connect 2000		
Coverage Start Date: 08/01/2019	HEALTH MONTHLY PAYMENT	\$100.00
<hr/>		
<b>Cart Total</b>		
	Health Monthly Payment	\$100.00
	TOTAL MONTHLY PAYMENT	\$100.00
<hr/>		
<a href="#">CONTINUE SHOPPING</a>		<a href="#">SIGN APPLICATION</a>

**Note:** If you or the consumer does not complete the process, the plan selection is not complete. It will show as Favorite Plan on the dashboard when the you log into their account.

# eSignature

Have the consumer carefully read the Terms and Conditions. Review the terms, and then enter the eSignature to complete the enrollment.

Electronic Signature for Your Enrollment

**Enrollment Terms and Conditions**

To complete the checkout process, read the Exchange Agreement below and type your full name in the space below to sign the agreement. Your full name in the box below constitutes your "eSignature" and it means that (i) you are sure about the plans you selected, (ii) you have read all terms and conditions, and (iii) you are indicating your intention to create a legally binding and enforceable contract.

When you click Enroll, Your Health Idaho sends your information to the insurance company who carries your plan. You may have the option to make your initial payment after selecting Enroll depending on the insurance company for your plan. If the initial payment cannot be made at this time, the insurance company will contact you for payment and to finalize enrollment.

If you have been terminated for delinquent payment by a Carrier on the Exchange, your new enrollment may be denied at the Carrier's discretion.

Important: Please verify your providers and drug benefits directly with your insurance Carrier prior to service as there may be changes throughout the year.

**I. Exchange Agreement** PRINT

I understand that I am required to submit changes that affect my eligibility, including income, dependency changes, address, and incarceration. These changes could affect the plans in which I can be enrolled. I cannot change plans unless I have a life-changing event such as a marriage, birth, or a move to a new zip code or county.

In addition, I understand that, if I select a health plan that uses mandatory binding arbitration to resolve disputes, I am agreeing that any dispute between myself, my heirs, relatives or other associated parties on the one hand and the health plan, any contracted health care providers, administrators, or other associated parties on the other hand, including any claim for medical or hospital malpractice or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration and I agree to give up the right to a jury trial. I understand that the full arbitration provision is in the health plan's coverage document, which is available for my review.

I have read and agreed to the Exchange Agreement

**Application Filer Signature**

To provide your eSignature please enter your full name. \*

Provide eSignature: \_\_\_\_\_ Date: 07/02/2019

BACK SIGN AND ENROLL

# Confirmation & Payment

The system prompts the consumer to pay for health insurance. Click **Pay for Health Insurance** to make the payment. The system redirects to further instructions on how consumers can make their payment. Payment instructions vary by carrier.

**Confirmation**

Congratulations! You have submitted your enrollment information.  
**FURTHER ACTION REQUIRED:** You must pay your first month's premium before your enrollment can be finalized. This health insurance is not yet in force.

**Health Insurance**

Jane Consumer Effective Date: 01/01/2015

 Blue cross of Idaho Bronze H.S.A. Sever	Monthly Price Tax Credit (APTC)	\$349.64 -\$0.00
--	------------------------------------	---------------------

[PAY FOR HEALTH INSURANCE](#)

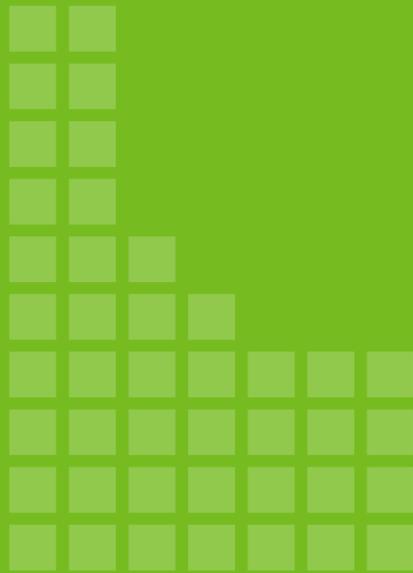
Total Monthly Price	\$349.64
Advanced Payment of Premium Tax Credit	-\$0.00
<b>Your Total Monthly Premium Payment</b>	<b>\$349.64</b>

[PRINT PAGE](#) [GO TO DASHBOARD](#)

You can exit and pay offline. If you decide this, you will receive instructions and next steps directly from your health insurance company. Remember, your health insurance enrollment is not complete -- and your coverage is not in force -- until you pay your first month's premium.

[EXIT & PAY OFFLINE](#)

# Enrollment Verification For Tribal Members



# AMERICAN INDIAN & ALASKA NATIVE ENROLLMENT



Begin by creating an account at Your Health Idaho.  
[YourHealthIdaho.org](http://YourHealthIdaho.org)  
1-855-944-3246



Apply for Health Coverage Assistance at the Idaho Department of Health and Welfare (DHW) to determine Advance Premium Tax Credit (APTC) and Cost-Sharing Reduction (CSR) eligibility.

**IF THE INDIVIDUAL IS THE ONLY PERSON ON THE APPLICATION:**



Select plan as normal.



**For CSR level 1 or 2:**  
Plan selection will show the cost-sharing reduction in the plan details.

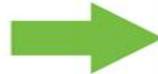


**For CSR level 3:**  
An eligible plan will be available, but you must see an Indian Health Service (IHS) provider for a referral to be eligible for the zero deductible and co-pay.  
Contact IHS facility for details.

**IF THE INDIVIDUAL IS NOT THE ONLY PERSON ON THE APPLICATION:**



Utilize the custom grouping process for plan selection.



**For CSR level 1 or 2:**  
Plan selection will show the cost-sharing reduction in the plan details.



**For CSR level 3:**  
An eligible plan will be available, but you must see an Indian Health Service (IHS) provider for a referral to be eligible for the zero deductible and co-pay.



**CSR levels 4-6:**  
Apply to the other household members (if applicable)

\* **American Indians and Alaska Natives** can buy or change health insurance plans **once a month** through Your Health Idaho and are not subject to open enrollment periods.

# Proof of Tribal Membership

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American Indians and Alaska Natives are eligible to receive specific ACA protections. For example, they can buy or change health insurance plans once a month through Your Health Idaho and are not subject to open enrollment periods.

In order to confirm benefit eligibility, tribal members will be asked to verify membership status in a federally-recognized Tribe during the application process.

Verification documents can include the following:

- Tribal identification card
- Certificate of Indian blood
- Bureau of Indian Affairs form

**Note:** The Native American Service Center can be contacted for those who need assistance to prove American Indian status.

# Federally Recognized Tribes Exemption

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Consumers might be granted an exemption by the marketplace or IRS if anyone in the tax household is a member of an American Indian Tribe or is eligible for health services through the Indian Health Service (IHS), Tribal organizations, or urban Indian organizations.

To get this exemption, consumers must indicate their Tribal membership on their application and submit documentation to prove their membership.

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# Federally Recognized Tribes Exemption

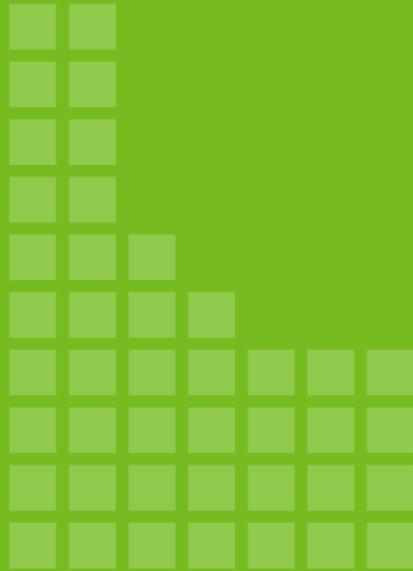
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This exemption is granted on a continuing basis and may be kept for future years without having to submit another application if there are no changes to membership in the Tribe or eligibility for services from an Indian Health Services provider.

Consumers may also claim this exemption when they file their federal income tax returns with the IRS.

To download the form, go to <https://www.irs.gov/uac/about-form-8965>

# Disenrollment



# Disenrollment

To disenroll an enrollee:

**Step 1.** Access the consumer's dashboard (from agent or consumer account)

**Step 2.** Click **View Details** listed under "Your Health Plan" or "Dental Plan."

On the next screen, select **Disenroll From Plan**.

**Note:** You may disenroll from health, dental, or both.

The screenshot displays the SelectHealth plan details page. At the top, the SelectHealth logo is shown with a green checkmark icon. Below the logo, the plan name is "SelectHealth Expanded Bronze 5500 Copay Plan - no deductible for one urgent care and all PCP visits". A blue button labeled "VIEW BENEFIT DETAILS" is positioned below the plan name.

The page is divided into several sections:

- BENEFIT SUMMARY:** A table listing plan details: Plan Type (PPO), Office Visit (\$35 Copay), Generic Medications (\$25 Copay), Deductible (\$11000), and Out-of-Pocket Maximum (\$15800).
- PLAN SUMMARY:** A table listing plan details: Coverage Start Date (01/01/2019), Coverage End Date (12/31/2019), Enrollment Status (Pending), Monthly Premium (\$400.00), Elected APTC (\$400.00), Net Premium (\$0.00), and Premium Effective Date (02/01/2019).
- CONTACT YOUR CARRIER:** A table listing contact information: Customer Service (801-442-5038) and Web (Click Here).
- COVERED FAMILY MEMBERS:** A table listing family members: Self (Jack, 01/01/2019 - 12/31/2019), Spouse (spouse, 01/01/2019 - 12/31/2019), Child (kidone, 01/01/2019 - 12/31/2019), and Child (kidtwo, 01/01/2019 - 12/31/2019).

At the bottom of the page, there are two buttons: "PAY FOR HEALTH PLAN" and "DISENROLL FROM HEALTH PLAN".

# Disenrollment Reason

The consumer is asked to confirm the reason for disenrollment, the termination date, and confirm the disenrollment.

Voluntary Disenrollment Reasons

Why are you dis-enrolling from your plan?

- I cannot afford the premium payment at this time.
- I am not happy with the service I received from my health plan.
- I have been offered insurance from my employer or my spouse's employer.
- I had a **life event**.
- Other

NO YES

Select Termination Date:

- Last day of the current month (July 31, 2019)
- Last day of next month (August 31, 2019)
- Last day of the month after next (September 30, 2019)

If you have questions about termination date selection, please contact 1-855-YH-IDAHO (1-855-944-3246) to disenroll.

CONTINUE

Confirm your coverage end date

You have chosen to disenroll on: September 30, 2019 from SelectHealth Expanded Bronze 5500 Copay Plan - no deductible for one urgent care and all PCP visits



UPDATE TERMINATION DATE CONTINUE

# Plan Disenrollment

The disenrolled policy will show on the consumer's dashboard as Terminated. The consumer can only re-enroll in a new plan during Open Enrollment or if they qualify for a Special Enrollment Period (SEP).

**2019**

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**NEXT STEPS**

You are currently enrolled in health and dental. If you would like to report a change in income, household members, or something else please click the 'REPORT A CHANGE' button below.

[REPORT A CHANGE](#)

**Overview**

**Your Application Status**

2019 Application For 4 members	Complete	<a href="#">View Application</a>
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**Your Household Eligibility**

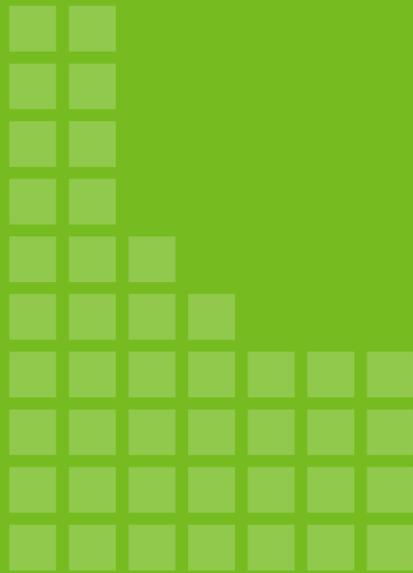
Kidtwo	Not eligible	Advanced Premium Tax Credit \$2000.00 per month	<a href="#">View Details</a>
Kidone	Not eligible		
Spouse	Not eligible		<a href="#">Report a Change</a>
Jack	Not eligible		

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**Your Health Plans**

SelectHealth SelectHealth Expanded Bronze 5500 Copay Plan - no deductible for one urgent care and all PCP visits For 4 members	Terminated	<a href="#">View Details</a>
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# Ethical Standards



# Definition of Ethical Standards

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The following standards are a set of guiding principles for Your Health Idaho consumer assistance:

- Consumer Connectors treat each consumer with respect, acceptance, and dignity
- Consumer Connectors don't knowingly misrepresent applicant eligibility information
- Consumer Connectors don't knowingly misrepresent his/her capability to act as an Agent or Broker, nor fail to comply with certification standards

**Note:** YHI Consumer Connectors are committed by the **Producer Agreement** and the **DOI Code of Ethics**, both of which require the highest degree of ethical behavior and commitment to the best consumer experience.

# Definition of Ethical Standards

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Consumer Connectors protect the consumer's right to privacy and confidentiality of their health and immigration status:

- Protect the integrity, safety, and security of consumer records in compliance with the Centers for Medicare & Medicaid Services (CMS) policies, procedures, and guidelines in the CMS Information Security and Privacy Overview "virtual handbook"
- Provide services without discrimination or preference based on age, ethnicity, culture, race, disability, gender, religion, sexual orientation, or socioeconomic status
- Respect individuals and groups and their cultures and beliefs
- Act with integrity, honesty, genuineness, and objectivity

# Definition of Ethical Standards

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Consumer Connectors protect the consumer's right to privacy and confidentiality of their health and immigration status:

- ❑ **Responsibility** is an essential element in ethics because it is built on understanding and respect of consumers' needs.
- ❑ **Caring** is the principle that enables Consumer Connectors to act in a consumer's best interest.
- ❑ **Integrity** inspires you to do the right thing regardless of the consequences.
- ❑ **Selflessness** empowers you to directly serve consumers with patience and understanding.

# Best Interest of the Consumer

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Always act in the best interest of consumers that you assist. This means that even if you have a relationship with a health insurance company that offers a health plans, you must aid consumers that focuses only on their best interests and not your own.

To act in consumers' best interests, help them choose health coverage that meets all their needs:

- Their ability to afford the health coverage
- Their health care needs, such as obtaining coverage of treatments for any health conditions that they have
- Their desire to keep a certain doctor or see doctors in a certain location
- Their families' health coverage needs, if applicable

# Accurate Description of the Marketplace

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Consumer Connectors Might Be Required to:

Access information online to keep consumers informed while they make their decisions

AND

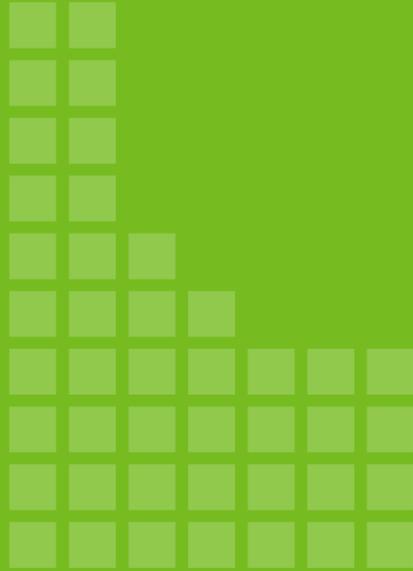
Establish operating procedures for finding information to effectively assist consumers (e.g., create a list of key resources and contacts)

# Accurate Description of the Marketplace

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To act in consumers' best interests, follow these actions:

- Understand and educate them about health plan options
- Tell them about health plan options that best fit their budget and specific needs
- Use language assistance, cultural information, and materials that are accessible to consumers with disabilities
- Comply with all YHI privacy and security standards
- Conduct community outreach to learn more about your community's needs



# Congratulations!

You have completed Module Five

# Questions?

## Contact Us!

### Connectors

Email: [Connectors@yourhealthidaho.org](mailto:Connectors@yourhealthidaho.org)

Phone: 1-855-944-3246

Your Health  
**IDAHO**  
.ORG