

CHAPTER 13: HEALTHSOURCE RI ACCOUNT CREATION & MAINTENANCE

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CHAPTER 13: HEALTHSOURCE RI ACCOUNT CREATION & MAINTENANCE

A. Application Process Overview

Customers must complete and submit a HealthSource RI application in order to be eligible to seek coverage through HealthSource RI.

During Annual Open Enrollment or during a special enrollment period, individuals may apply for coverage through HealthSource RI:

- Online at:
 - www.HealthSourceRI.com
 - www.dhs.ri.gov, or
 - www.eohhs.ri.gov
- By phone: at 1-855-840-4774
- In person at: 401 Wampanoag Trail, East Providence, RI 02915 (Monday through Friday from 8:00 am – 7:00 pm)
- By completing and submitting a paper application to: HealthSource RI HZD Mailroom 74 West Road, Suite 900 Cranston, RI 02920-8413

For more information about the Annual Open Enrollment period and special enrollment periods, see Chapter 3.

1) Completing the Application

Completing the Application is the first step in the process of getting coverage. The application helps HealthSource RI determine program eligibility, including whether the applicant may be eligible for:

- Government-sponsored coverage from Rhode Island Medicaid or Rite Care
- Qualified Health Plans (QHP)
- Tax credits and/or Cost-Sharing Reductions (CSRs) to make QHP coverage more affordable

When applying, individuals should have the following information and documents readily available for all members of their household who need health coverage:

- Social Security numbers (required only if applicant has a SSN)
- Birth dates
- Passport, alien, or other immigration numbers for any legal immigrants
- Previous tax returns, income information for all adults and all minors under age 19 who are required to file a tax return
- Information about health coverage available to your family
- W-2 Forms
- 1099 Forms
- Employer health insurance information, even if applicants are not covered by their employer's insurance plan

Customers may be asked to provide some of this information for members of their household who are not seeking health coverage. Eligibility for certain financial assistance requires information from all people in the household, not just those who are seeking coverage.

B. Enrolling in Health Coverage

The application process is separate from the plan selection and enrollment process. Completing and submitting an application does not automatically allow a customer to select a plan through HealthSource RI. In other words, the application process helps HealthSource RI to determine whether an individual is **eligible** to enroll in qualified health plan with or without financial assistance or Rite Care (Medicaid). For more information about financial assistance, offered in the form of APTCs and CSRs, see Chapter 4.

After the application has been submitted and reviewed by HealthSource RI, and the applicant has been determined eligible to enroll in a QHP through HealthSource RI, the applicant may select, enroll in, and pay for a plan. For more information about eligibility to enroll in plan through HealthSource RI, see Chapter 2. Applicants must select a date for their coverage to start and pay for it by the due date. Generally, payments are due by the 23rd of the month to start coverage on the first of the next month. If the applicant misses the payment deadline, then his or her enrollment will be cancelled and coverage will not start. The applicant must then resubmit his or her application for coverage and select a new start date.

1) Provider Directories

Before choosing a plan, customers should make sure any primary care provider (PCP), specialist(s), and/or behavioral health provider(s) who are important to them or their family members participate in the specific plan network. HSRI strives to ensure that the information made available to customers using the HSRI Provider Directory tool is accurate, however, the only way customers can be certain is if they call their doctors to ask if they are in a specific plan's network. Customers should also call their health insurance company and ask if a desired provider is still in-network before they receive care. HSRI offers its Provider Directory tool as a reference to customers comparing plans, but does not assume liability for any errors or omissions present.

C. Notices

HealthSource RI is obligated to communicate important health coverage information and eligibility determinations to customers by notices. Common reasons for notices include:

- Notification of changes in eligibility for coverage, APTCs and/or CSRs
- Notification that HealthSource RI needs more information to determine eligibility for coverage;
- Notification that HealthSource RI has found a discrepancy in data sources and needs more information from customer regarding current eligibility;
- Notification of eligibility for a special enrollment period;
- Notification of enrollment in a health plan;
- Notification that a customer is late in paying a monthly premium;
- Notification of disenrollment from a health plan;
- Notification regarding the Annual Open Enrollment Period

Any notices required to be sent by HealthSource RI to applicants and customers must include

- Contact information for available customer service resources;
- An explanation of appeal rights, if applicable; and
- A citation to or identification of the specific regulation supporting the action, including the reason for the intended action.¹

During the application process, individuals have the opportunity to decide how they want to receive notices: electronically or by mail. Notices will be sent by the means specified by the user, however there are some notices that must be sent by mail. For this reason, it is essential that customers maintain and up to date mailing address, even if they select e-mail as their preferred communication method. Customers have an obligation to report any change in address to HSRI and should report such a change as soon as possible to avoid any potential disruption to their health coverage.

Applicants who choose to receive notices by mail will receive correspondence at the mailing address provided during the application process. That mailing address can be changed within the user's account at any time in the "Account Info" Tab under "Contact information".

Applicants who choose to receive notices electronically or by paper will find a log of all notices sent in their HealthSource RI account under the "Notices" tab. E-mail customers will also receive an email notification at the email address in their account alerting them that a notice has been added to their account. Users may update the email address within the user's account at any time in the "Account Info" Tab under "Contact information". **Users should ensure e-mail notifications are not filtered into "spam" folders, as these notices are critical communications from HealthSource RI.**

Customers may change their communication preference at any time within their HealthSource RI user account in the "Account Info" Tab under "Contact Information".

For all HealthSource RI customers, "late notices" - i.e., billing statements (invoices) sent to customers after the monthly premium payment deadline informing them that they are late in making a payment - will always be sent by mail, regardless of the customer's preference. For customers in the individual market, billing statements are sent via U.S. postal service. For customers in the SHOP market, billing statements are sent via the customer's communication preference. See Chapter 12 for more information about billing and premium payment deadlines.

D. Selecting an Authorized Representatives

During the application process, users may select to have an "Authorized Representative" assigned to their account. An Authorized Representative is a third-party individual authorized by the account holder to be the primary point of contact on the account. The authorized representative must be 18 or older and can be a friend, relative, or anyone else chosen by the applicant.

The Authorized Representative can access the customer's account, make decisions regarding the account, make premium payments on the account, and will receive all notices and invoices on the customer/enrollee's behalf. **The customer will not receive any notices or invoices if an Authorized**

¹ 45 CFR 155.230(a)

Representative has been selected, though the customer always has access to his or her online account where notices and invoices may be viewed at any time

Selecting an Authorized Representative is optional. Users may consider selecting an Authorized Representative if they need or would like help making sure they are aware of important notices or bills sent by HealthSource RI.

1) Authorized Representative Appointed by Law

An Authorized Representative can also be someone who has been appointed by law to act on a customer's behalf. An authorized representative appointed by law may be a legal guardian, conservator, holder of power of attorney, or health care proxy, or, if the applicant or member has died, the estate's administrator or executor. Prior to engaging with an authorized representative in any substantial way regarding a customer account, an Authorized Representative appointed by law must submit to HSRI a copy of the applicable legal document stating that he or she is lawfully representing the customer in question. A person appointed by law to act on behalf of the estate of an applicant or member who has died can also serve as an authorized representative by following the instructions above. The exact authority of an Authorized Representative may depend upon the wording of the relevant legal document.

E. Change Reporting

During the coverage year, customers may experience life changes that impact eligibility for coverage through HealthSource RI. Customers should inform HealthSource RI immediately if:

- Their household income changes (goes up or down);
- They move;
- There is a citizenship or immigration status changes for any household member;
- Their family size changes--for example because of marriage, divorce, birth, adoption, or death.

It is critical that customers report such changes to HealthSource. Some changes may impact eligibility for coverage and/or financial help. Some changes, if not reported, may impact customers' tax credit reconciliation at the end of the tax year. Please see Chapter 8 for a complete list of changes customers must report to HealthSource RI and/or DHS, and relevant timelines for reporting.

F. Applicant Rights & Responsibilities

HealthSource RI and the Rhode Island Executive Office of Health and Human Services (EOHHS) (the State Medicaid Agency) must:

- Help customers fill out all requested forms
- Provide interpreter or translator services at no cost when a customer is communicating with HealthSource RI or EOHHS.

In accordance with federal and state law and U.S. Department of Health and Human Services (HHS) policy, HealthSource RI is prohibited from discrimination on the basis of race, color, national origin (limited English proficiency persons), age, sex, disability, religion, gender identity or political beliefs.

To file a complaint of discrimination, customers may contact HHS at HHS, Director, Office for Civil Rights, Room 506-F, 200 Independence Avenue, S.W., Washington D.C. 20201 or call (202) 619-0403

(voice) or (202) 619-3257 (TDD). HHS is an equal opportunity provider and employer.

G. Applicant responsibilities for all health coverage programs

During the application process, individuals applying for health coverage, including Rhode Island Medicaid, Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR), must provide the Social Security number (SSN) for everyone in the household who has an SSN, including the applicant.²

If requested by the agency, applicants must provide any information or proof needed to determine eligibility.

H. Important rules for all health coverage programs

There are certain state and federal laws that govern the operation of HealthSource RI and EOHHS, which administers Rite Care (Medicaid), customer rights and responsibilities, and the coverage obtained through HealthSource RI and EOHHS. By filling out the HealthSource RI application, applicants agree to comply with these laws and coverage obtained hereby.

- 1) Customers must provide the Social Security number (SSN) for anyone in their household, including themselves, who applies for health coverage, including Rhode Island Medical Assistance, Advance Premium Tax Credits (APTC) and Cost Sharing Reductions (CSR), under Federal Law (45 CFR 155.305 and 42 CFR 435.910). SSNs are used to check identity, citizenship, alien status and income as well as prevent fraud and verify health care claims. HealthSource RI also uses SSN information with other federal and state agencies, including the Internal Revenue Service, to manage our programs and follow the law.
- 2) If requested by the agency, customers must provide any information or proof needed to determine if they are eligible for coverage or financial help. Customers must report changes in income, family size or other application information as soon as possible.
- 3) Requirement to provide voter registration assistance

The National Voter Registration Act of 1973 requires all states to provide voter registration assistance through their public assistance offices. Applying to register or declining to register to vote will not affect the services or benefits customers may receive from HealthSource RI. Customers can register to vote at: <http://www.elections.ri.gov/voting/registration.php>.

- 4) Right to appeal

Customers may ask for an appeal. If a customer disagrees with a decision that was made by HealthSource RI regarding eligibility, he or she has a right to appeal that decision. Pursuant to EOHHS Rule #0110, "Complaints and Hearings," customers may file an appeal of an eligibility determination and the matter will be heard by a hearing officer. More information about appeals rights and the

² 45 CFR 155.305 & 42 CFR 435.910

appeals process may be found in Chapter 9.

Personal information will be protected as described in the HealthSource RI Privacy Policy, which may be made available to you upon request. Contact HealthSource RI to request a copy. This policy is available on our website (www.healthsourceri.com) to review at any time.

5) HealthSource RI is not responsible for administering commercial health plans

Questions about the terms of a health insurance plan, including benefit eligibility, out of pocket expenses under a plan, and making a benefit claim or appealing a denial of benefits, should be addressed to the health insurance company. Health insurance companies will provide individuals with more information about plan benefits. Assistance with such inquiries and appeals may be obtained through the Rhode Island Office of the Health Insurance Commissioner (OHIC) at 855-747-3224.

If an individual is eligible for COBRA following the termination of any health insurance coverage, the former employer or issuer is responsible for administering COBRA and providing the required COBRA notices and election period.

Individuals should not cancel any current insurance coverage or decline any COBRA benefits until they have received an approval letter and insurance policy, also known as insurance contract or certificate, from the insurance company selected during the enrollment process. Individuals should make sure they understand and agree with the terms of the policy, and pay special attention to the effective date, waiting periods, premium amount, benefits, limitations, exclusions, and riders.

I. Information rules for qualified health plans (QHPs) enrollees only

A. Responsibility to report changes affecting eligibility

Individuals who enroll in a qualified health plan through HealthSource RI and have a change in income must notify HealthSource RI within thirty (30) days of that change. A change in income could change the tax credits or cost-sharing reductions a customer is eligible to receive. The tax credit is based on the estimated income the applicant submits on the application. Generally speaking, if a customer's income goes up, he or she will qualify for less tax credits. If an individual does not report a change in income, HealthSource RI has no way of knowing about this change, and will continue to provide the same tax credit for each month that the income change is not reported, and the individual may have to pay that money back at tax time. Please refer to Chapter 5 for more information regarding tax credit reconciliation.

B. Plan rates and benefits

Premium rates are subject to change based on the health insurance company's underwriting practices and the customer's selection of available optional benefits, if any. Final rates are approved by the Health Insurance Commissioner

Premium rates are for the requested coverage effective date *only*. If the actual effective date of a customer's policy is different from the requested effective date provided on the application, the cost of the policy may differ from the rates quoted on HealthSourceRI.com. This is potentially due to rate increases or policy changes from the insurance company and/or one or more family members having a birthday occur in the interim--rates are calculated based on age. The customer's chosen health

insurance company may not guarantee its rates for any period of time until a contract is signed.

J. HealthSource RI Application Policies

Throughout the course of application and enrollment through HealthSource RI, individuals receive descriptions of HSRI's application policies and are asked for consent regarding the following:

- **User Acceptance agreement** – By agreeing to this User Acceptance Agreement, applicants accept terms and conditions of applying for coverage, including the terms of our Privacy Policy.
- **Sharing of Data** – A consent form signed by the applicant giving permission for HealthSource RI to obtain, use and share confidential information about the applicant for the sole purpose of determining the applicant's eligibility.
- **Consent for Use of Income Data** - In order to determine applicants' eligibility for help paying for their health coverage, HealthSource requires applicants' consent to access their income data, including information from tax returns.
- **E-signature** - By signing the application electronically, applicants certify and attest under penalty of perjury that the information included in their application is correct, including information about citizenship and alien status, and complete to the best of their knowledge.
- **Consent for ID Proofing** - To protect applicants' privacy, applicants will also need to successfully complete Identity Verification before establishing an online account with HealthSource RI.
- **Consent for payment**—Customers who wish to pay by e-check on a one-time, or recurring, interval will be asked to consent to the terms and conditions for doing so.

These policies may be periodically updated and are available at healthsourceri.com/application-policies/ for review at any time.

K. Working with Navigators & Certified Application Counselors

Navigators and Certified Application Counselors are located across the state to help individuals consider their health insurance options, complete an application, and enroll in a plan that best fits their needs. They are also available to assist customers with filing appeals or complaints. They provide in person assistance only for individuals and families.

1) Reach out to a Navigator.

HealthSource RI has over 100 certified and trained Navigators available for in person assistance by appointment. Search the full list (<https://healthyrhode.ri.gov/HIXWebI3/DisplayNavigatorSearch>) by location, hours of service, and language preference. Many of our Navigators are fluent in languages other than English and also offer assistance to customers who are deaf or hard of hearing. Interpreter services can be arranged through our Contact Center for anyone who needs assistance in other languages not offered by existing navigator agencies.

2) Meet with a Certified Application Counselor.

The Certified Application Counselor Program is a volunteer program for agencies interested in providing unpaid, in person application assistance to consumers who want to enroll in health insurance through HealthSource RI. Certified Applications Counselors (CACs) may only provide in-person assistance. CACs should display their certificate at all times and note their certification

number on the enrollment application when working with a customer. Customers should sign a written consent form (available in English or Spanish) and provide every consumer with a handout, which provides information on how to follow up on the appointment and report any concerns. CACs may never, under any circumstances, retain any personal information or account information or access customer accounts while they are not in-person with the counselor. The relationship remains at the discretion of the customer, not the CAC.

CACs have volunteered to be trained and certified by HealthSource RI. They are located in agency settings across the state. Review the full list of Counselors and participating agencies here: (<http://www.rihca.org/about-rihca/outreach-and-enrollment.aspx>).

For agencies interested in training CAC's:

There will be no form of payment from HealthSource RI, or any other entity, to the agency or the Certified Application Counselor for this work. Certified Application Counselor agencies must commit to training a minimum of two individuals in order to be considered as a Certified Application Counselor Agency

Agencies interested in becoming Certified Application Counselor entities should review the application and guidelines available at: <http://www.rihca.org/about-rihca/get-certified.aspx>.

3) All assistance is in-person only.

Navigators and in-person assistors are not authorized to conduct home visits for application assistance or any other purpose. Navigators are able to assist if an individual who needs to follow up after the in-person appointment on a verification or other task with the HSRI Contact Center over the phone.. Both the Navigator and the Customer would need to be on the phone together in order for the contact center to have permission to assist the customer. This option is not available for Certified Application Counselors.

Under no circumstances may a Navigator call the HSRI Contact Center to discuss a particular consumer's account without the consumer in person or, in the case of the exception above, on the phone.

4) Confirm that the Navigator or Counselor is certified.

All Navigators and Counselors must display their certificate when working with a customer. Navigators use this certification number to obtain an account with HealthSource RI where they maintain a "Navigator dashboard" with names and account links for all consumers who agree by written consent as well as online consent to link their individual account with the navigator's dashboard. Navigators and Counselors are also required to ask individuals to sign a consent form.

Under no circumstances should individuals seeking assistance from a Navigator or a CAC be asked for payment. Such services are provided free of charge to all individuals.

Navigators will have access to the individual's account for the duration of the agreed partnership. Linking individual accounts with Navigators is a customer-driven function which allows the individual to end the linkage at any time, change the link to a different Navigator, and/or change the duration of the linkage at any time through their online HSRI account. However, Navigators are instructed to access the individual's account only in the presence of the individual.