

# AHCT R40 TRAINING

GO LIVE 10/13/2023

10/12/2023

Tickets	Title	Slide #
PT-16746	Only create Annual Income verification for households that Exceed reasonable compatibility	3
PT-12003	Adjust The Creation of Annual Income VCL To Not Automatically Open If Tax Filing Status For Last Three Years Are Not All The Same	4
PT-16153	Implement National Change of Address (NCOA) address validation in ImpaCT and AHCT	5-6
PT-17409	Automate/Simplify Enrollment into Covered CT - Phase 1	7-13
PT-17406	Update Language on Anonymous Browsing to Include Dental	14-15

What is the monthly income threshold for VCL?  
What about the Annual income threshold?

## ANNUAL INCOME ONLY REQUIRED FOR HOUSEHOLDS THAT EXCEED REASONABLE COMPATIBILITY

### EXISTING SYSTEM BEHAVIOR & CHANGES:

PER THE CURRENT SYSTEM, ANNUAL INCOME VERIFICATION IS CREATED WHEN THE INCOME IS NOT REASONABLY COMPATIBLE (OR) WHEN THE INCOME IS NOT RETURNED BY ANY TRUSTED DATA SOURCES (IRS, DOL, SSA).

**THE CHANGE** IS TO OPEN ANNUAL INCOME VERIFICATION **ONLY** WHEN INCOME IS RETURNED FROM TRUSTED DATA SOURCE AND IS NOT REASONABLY COMPATIBLE WITH THE INCOME ATTESTATION ON THE APPLICATION (I.E., DO NOT OPEN ANNUAL INCOME VCL IF INCOME IS NOT RETURNED (ERROR OR \$0 INCOME OR NO RECORD) BY ANY TRUSTED DATA SOURCES).

IN BOX


# ANNUAL INCOME VCL WILL NOT OPEN FOR HOUSEHOLDS WITH DIFFERENT TAX FILING STATUSES THROUGHOUT THE YEARS

## EXISTING SYSTEM BEHAVIOR & CHANGES:

PER THE CURRENT SYSTEM, AN ANNUAL INCOME VCL IS OPENED WITHOUT CHECKING WITH IRS WHEN A HOUSEHOLD ATTESTS THAT THERE IS A DIFFERENCE IN THE FILING STATUS WITHIN THE LAST YEAR, CURRENT YEAR AND NEXT YEAR TAX RETURNS.

## THE CHANGE IS TO:

1. NOT OPEN AN ANNUAL INCOME VCL WITHOUT CHECKING WITH IRS WHEN THE TAX FILER HAS A DIFFERENT FILING STATUS ATTESTED FOR LAST YEAR, CURRENT YEAR AND NEXT YEAR TAX FILING STATUS ATTESTED WITHIN THE APPLICATION.
2. USE CURRENT YEAR TAX STATUS INSTEAD OF LAST YEAR TAX STATUS ATTESTED IN THE APPLICATION TO DETERMINE ANNUAL INCOME VCL OPENING/CLOSING LOGIC



**IMPLEMENT NATIONAL CHANGE OF  
ADDRESS (NCOA) ADDRESS  
VALIDATION IN IMPACT AND AHCT  
\*HUSKY ONLY\***

**EXISTING SYSTEM BEHAVIOR & CHANGES:**

**PER THE CURRENT SYSTEM,** AHCT APPLICATION IS NOT INTEGRATED WITH NATIONAL CHANGE OF ADDRESS (NCOA) SERVICE TO IDENTIFY AND CONSIDER A FORWARDING MAILING ADDRESS.

**THE CHANGE** IS TO INTEGRATE AHCT SYSTEM WITH NCOA TO RECEIVE AN UPDATED FORWARDING MAILING ADDRESS DURING THE ONLINE HUSKY RENEWAL FLOWS, HUSKY PROJECTION AND HUSKY FINAL BATCHES. SYSTEM WILL ALSO PERFORM MELISSA CHECK ON CONSUMER PORTAL QUICK LINKS UPDATE CONTACT INFORMATION SCREEN.

# IMPLEMENT NATIONAL CHANGE OF ADDRESS (NCOA) ADDRESS VALIDATION IN IMPACT AND AHCT

SCREEN CHANGES:

## CP - NCOA Validation Popup

A recent match with the National Change of Address Service (NCOA) has returned a different mailing address for you.

<b>Mailing Address on File for You</b>		<b>Mailing Address for You from the National Change of Address Service (NCOA)</b>	
<input type="radio"/>	Address Line 1 Line 2, e.g., Apt/Floor # City State ZIP Code	<input checked="" type="radio"/>	Address Line 1 Line 2, e.g., Apt/Floor # City State ZIP Code
	109 Main Street Fairfield CT 06103		110 Main Street Fairfield CT 06103

Please select your current mailing address and click apply; or click edit to return and update both your home and/or mailing address.

## WP-NCOA Validation Popup

A recent match with the National Change of Address Service (NCOA) has returned a different mailing address for you.

<b>Mailing Address on File for You</b>		<b>Mailing Address for You from the National Change of Address Service (NCOA)</b>	
<input type="radio"/>	Address Line 1 Line 2, e.g., Apt/Floor # City State ZIP Code	<input checked="" type="radio"/>	Address Line 1 Line 2, e.g., Apt/Floor # City State ZIP Code
	109 Main Street Fairfield CT 06103		110 Main Street Fairfield CT 06103

Please select your current mailing address and click apply; or click edit to return and update both your home and/or mailing address.

# AUTOMATIC/SIMPLIFIED ENROLLMENT INTO COVERED CT



## EXISTING SYSTEM BEHAVIOR & CHANGES:

PER THE CURRENT SYSTEM, IF A HUSKY ENROLLED INDIVIDUAL IS NEWLY ELIGIBLE FOR COVERED CT THE INDIVIDUAL IS NOT AUTOMATICALLY ENROLLED INTO COVERED CT DURING ONLINE AND BATCH FLOWS.

THE CHANGE IS TO COLLECT CONSUMERS' PREFERENCE TO OPT-IN TO OR DECLINE COVERED CT AUTOENROLLMENT AND COVERED CT PLAN SELECTIONS DURING THE SUBSIDIZED APPLICATION FLOW. IF THE CONSUMER OPTS-IN TO COVERED CT AUTOENROLLMENT THEY WILL BE AUTO-ENROLLED INTO THEIR PRE-SELECTED COVERED CT PLAN IF THEY ARE LOSING HUSKY COVERAGE (EXCEPT FOR LOSING COVERAGE BECAUSE THEY FAILED TO COMPLETE THE MANUAL MEDICAID RENEWAL) AND NEWLY ELIGIBLE FOR COVERED CT. THIS CHANGE WILL BE PERFORMED FOR BOTH ONLINE AND BATCH FLOWS.

# AUTOMATIC/SIMPLIFIED ENROLLMENT INTO COVERED CT

## SCREEN CHANGES:

### WP Application Information Screen

**Apply**

- Applicant and Family
- Application Information**
- Household Members
- Household Relationships
- Contact Information
- Person Information
- Income Information
- Detailed Person Information
- Family Health Coverage
- Special Enrollment Questions
- Confirm Application
- View All

**Applicant and Family > Application Information**  
Fields marked with \* are required.

Application Filing Date \* 09/12/2023  Document ID

Application Type \* Initial Channel \* Online

Applying for Subsidy? \* Yes

**Covered CT Automatic Enrollment Authorization**

If you or anyone in your household is enrolled in a HUSKY/Medicaid program through AHCT and is then determined eligible for the Covered CT Program with a \$0 premium and \$0 out of pocket costs, do you want to be automatically enrolled into the Covered CT Program? \*

Yes

If you are able to be automatically enrolled into the Covered CT Program, please choose from the following available health insurance plans. Click on the plan name for additional plan details. \*

- ConnectiCare Benefits, Inc. Standard Silver Plan
- ConnectiCare Insurance Company, Inc. Standard Silver Plan
- Anthem Blue Cross and Blue Shield Standard Silver Plan

- I understand if I am automatically enrolled in the Covered CT Program, I will be accepting the full amount of the Advanced Premium Tax Credits (APTC) I am eligible to receive from the federal government to help pay for the plan premiums, and I must file a federal tax return for each year I receive those tax credits.
- I understand that I may have to repay some or all of those premium tax credits if my income is higher than what I reported to AHCT in this application or if I gain access to or enroll in other coverage during the year and do not report it to AHCT.

I have read and understood the above \* (Disclaimer)

### Existing Health Plan Details pop up

ConnectiCare Benefits, Inc.  
**Plan Summary**

The member cost share information contained on the following documents does not reflect the benefits of the Covered Connecticut Program. The State of Connecticut will pay the cost-sharing amounts (deductibles, co-pays, co-insurance and maximum out-of-pocket costs) listed on the Schedule of Benefits.

**Choice Silver Standard POS (87% CSR)**

**Plan Overview**

- Est. Maximum Monthly Premium \$ 3.12  
Price after \$ 1036.80 tax credit
- Health Care Provider [Search Providers](#)
- Plan Type POS

coverage. The Advanced Premium Tax Credit (APTC) amount applied to the monthly premiums may vary accordingly as the APTC amount will not exceed the total monthly premium.



# AUTOMATIC/SIMPLIFIED ENROLLMENT INTO COVERED CT

## SCREEN CHANGES:

### WP View All Screen

Application Information

Application Information		Edit
Application Filing Date	07/20/2023	
Application ID	8900660602	
Document ID		
Application Type	Initial	
Channel	Walk-In	
Automatically Enroll into Covered CT Program	Yes	
Covered CT Health Plan	Anthem Silver PPO Standard Pathway	

### WP Disclaimer Model

**Disclaimer**

I understand that because advance payments of the premium tax credit will be paid on my behalf to reduce the cost<sup>1</sup> of health coverage for myself and/or my dependents.<sup>2</sup>

I must file a federal income tax return in 2024 for the tax year 2023 . If I'm married at the end of 2023 , I must file a joint income tax return with my spouse.

I also expect that:

No one else will be able to claim me as a dependent on their 2023 federal income tax return.

I'll claim a personal exemption deduction on my<sup>3</sup> 2023 federal income tax return for any individual listed on this application as a dependent who is enrolled in coverage though this Marketplace and whose premium for coverage is paid in whole or in part by advance payments.

If any of above changes, I understand that it may impact my ability to get an advance premium tax credit.

I also understand that when I file my 2023 federal income tax return, the Internal Revenue Service (IRS) will compare the income on my tax return with the income on my application. I understand that if the income on my tax return is lower than the amount of income on my application, I may be eligible to get an additional tax credit amount. On the other hand, if the income on my tax return is higher than the amount of income on my application, I may owe additional federal income tax.

**Potential Change in Premiums and tax credit amounts applied to the Qualified Health Plan (QHP) premium<sup>4</sup>**

The maximum amount of the tax credit you may apply towards the QHP premium depends on the total monthly premium of the selected OHP. Please be aware that your monthly

# AUTOMATIC/SIMPLIFIED ENROLLMENT INTO COVERED CT

## SCREEN CHANGES:

### CP Help with Health Care Costs Screen

Help with Health Care Costs Fields marked with \* are required.

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

Yes. You'll answer questions about your income to see if you qualify for financial help to lower your health coverage costs.

No. You'll answer fewer questions, but you won't get financial help to lower your health coverage costs.

[Live Chat](#)

**Covered CT Automatic Enrollment Authorization**

If you or anyone in your household is enrolled in a HUSKY Medicaid program through AHCT and is then determined eligible for the Covered CT Program with a \$0 premium and \$0 out of pocket costs, do you want to be automatically enrolled into the Covered CT Program?\*

Yes

No

If you are able to be automatically enrolled into the Covered CT Program, please choose from the following available health insurance plans. Click on the plan name for additional plan details.\*

[Anthem Standard Silver Plan](#)

[ConnectiCare Benefits, Inc. Standard Silver Plan](#)

[ConnectiCare Insurance Company, Inc. Standard Silver Plan](#)

\* I understand that if I am automatically enrolled in the Covered CT Program, I will be accepting Advance Premium Tax Credits (APTC) from the federal government to help pay for that plan, and I must file a federal income tax return for each year I receive those tax credits.


\* I understand that I may have to repay some or all of those premium tax credits if my income is higher than what I reported to AHCT in this application or if I gain access to or enroll in other coverage during the year and do not report it to AHCT.

I have read and understood the above \* ([Disclaimer](#))

[Back](#) [Next](#)

### CP Existing Health Plan Details pop up

Plan Summary 3 of 25 plans [Clear All](#)

 The member cost share information contained on the following documents does not reflect the benefits of the Covered Connecticut Program. The State of Connecticut will pay the cost-sharing amounts (deductibles, co-pays, co-insurance and maximum out-of-pocket costs) listed on the Schedule of Benefits.

[Print](#) [Buy](#)

**ConnectiCare Benefits, Inc.**  
**Choice Silver Standard POS (87% CSR)**

**Plan Overview**

Est. Maximum Monthly Premium	\$2.66
	Price After \$885.35 Tax Credits
Health Care Provider	<a href="#">Search Providers</a>
Plan Type	POS
Plan Level	Silver
Overall Plan Rating	★★★★☆ <a href="#">Show More</a>

Annual Deductible Per Person: \$675  
\$0 (\$1360 \$0 per household)

# AUTOMATIC/SIMPLIFIED ENROLLMENT INTO COVERED CT

SCREEN CHANGES:

## CP My Application Details Screen

### My Application Details

Build Your Household ▼

#### Financial Assistance

Help with Health Care Costs	Yes	Automatically Enroll into Covered CT Program	Yes
Covered CT Health Plan	Anthem Silver PPO Standard Pathway		

#### Household Members

▼ James Wilder

Gender	Male	Date of Birth	05/10/****
SSN	***-**-7432	Requested Coverage	Yes

#### Contact Information

▼ Home Address

# AUTOMATIC/SIMPLIFIED ENROLLMENT INTO COVERED CT



## SCREEN CHANGES:

### WP- Power User Landing Page

### Application Information

- A response is required. Ask applicant if they want to be auto-enrolled into the Covered CT program. Only select “Don’t know” if you do not speak to the applicant.

### WP Coverage Change Screen with Multiple Year Enrollment

Current Enrollment				
Plan	Enrolled Member(s)	Coverage period	Individual Monthly Premium	Est. Maximum Monthly Premium for Household
 Silver PPO Standard Pathway <a href="#">View Plan Summary</a>	vbffhjh vfhdhvh	Effective Date: January 1, 2024	<b>\$478.69</b>	<b>\$0.00<sup>12</sup></b>
	vbffhjhWIFE vfhdhvhWIFE	Effective Date: January 1, 2024	<b>\$478.69</b>	
	Selected Monthly Advanced Premium Tax Credit <sup>12</sup> effective January 1, 2024 to December 31, 2024: \$939.00 Maximum Monthly Advanced Premium Tax Credit: \$939.00			
 Silver PPO Standard Pathway <a href="#">View Plan Summary</a>	vbffhjh vfhdhvh	Effective Date: December 1, 2023	<b>\$468.52</b>	<b>\$0.00<sup>12</sup></b>
	vbffhjhWIFE vfhdhvhWIFE	Effective Date: December 1, 2023	<b>\$468.52</b>	
	Selected Monthly Advanced Premium Tax Credit <sup>12</sup> effective December 1, 2023 to December 31, 2023: \$897.00 Maximum Monthly Advanced Premium Tax Credit: \$897.00			

**Note:**  
 The total household premiums are determined by the number of household members on the Qualified Health Plan (QHP)<sup>12</sup> each month. Please be aware that your monthly premium may change as members begin or end their coverage. The Advanced Premium Tax Credit (APTC) amount applied to the monthly premiums may vary accordingly as the APTC amount will not exceed the total monthly premium.

Previous Enrollment			
Plan	Enrolled Member(s)	Coverage period	Monthly Premium <sup>12</sup> for Household
HUSKY D - Adult <a href="#">View Coverage Summary</a>	vbffhjh vfhdhvh	Effective Date: August 1, 2023 End Date: November 30, 2023	<b>\$0.00</b>
	vbffhjhWIFE vfhdhvhWIFE	Effective Date: August 1, 2023 End Date: November 30, 2023	


# AUTOMATIC/SIMPLIFIED ENROLLMENT INTO COVERED CT

SCREEN CHANGES:

## CP Coverage Change Screen with Multiple Year Enrollment

Your Current Enrollment


**Health**

Anthem  100 Leigis Road, Wallingford, CT 06492, Phone 855-738-6644, <http://www.anthem.com>

Silver PPO Standard Pathway [View Coverage Summary](#) **Plan year 2024**

Monthly Premium For Household **\$0.00**  
(After APIC of \$194.00 and Covered Connecticut benefit Selected Monthly Advanced Premium Tax Credit effective January 1, 2024 to December 31, 2024)

Enrolled Member:	haze haze
Individual Monthly Premium (without tax credit)	\$552.59
Coverage Effective Date:	Coverage End Date:
January 1, 2024	December 31, 2024

Anthem  100 Leigis Road, Wallingford, CT 06492, Phone 855-738-6644, <http://www.anthem.com>

Silver PPO Standard Pathway [View Coverage Summary](#) **Plan year 2023**

Monthly Premium For Household **\$0.00**  
(After APIC of \$193.00 and Covered Connecticut benefit Selected Monthly Advanced Premium Tax Credit effective December 1, 2023 to December 31, 2023)

Enrolled Member:	haze haze
Individual Monthly Premium (without tax credit)	\$540.85
Coverage Effective Date:	Coverage End Date:
December 1, 2023	December 31, 2023

Note: The total household premiums are determined by the number of household members on the Qualified Health Plan (QHP) each month. Please be aware that your monthly premium may change as members begin or end their coverage.

Your Previous Enrollment

**Health**

HUSKY D - Adult [View Coverage Summary](#)

Monthly Premium For Household **\$0.00**

Enrolled Member:	haze haze
Coverage Effective Date:	Coverage End Date:
August 1, 2023	November 30, 2023

Please click "Next" to review your detailed eligibility results.

**Next >**

# UPDATE LANGUAGE ON ANONYMOUS BROWSING TO INCLUDE DENTAL

## EXISTING SYSTEM BEHAVIOR & CHANGES:

PER THE CURRENT SYSTEM, THE 'INDIVIDUAL AND FAMILY INFORMATION' SCREEN IN ANONYMOUS BROWSING ONLY MENTIONS HEALTH (NOT DENTAL) WHEN ASKING USERS IF THE INDIVIDUAL NEEDS COVERAGE.

THE CHANGE IS TO UPDATE THE LANGUAGE ON THE 'INDIVIDUAL AND FAMILY INFORMATION' SCREEN DURING ANONYMOUS BROWSING TO MENTION HEALTH AND/OR DENTAL COVERAGE, AS APPLICABLE.

DENTAL INSURANCE

# UPDATE LANGUAGE ON ANONYMOUS BROWSING TO INCLUDE DENTAL

## SCREEN CHANGES:

### CP Anonymous Browsing page

#### Tell us about yourself

Fields marked with \* are required.

Does this person need **health and/or dental coverage**?  Yes  No

County of the applicant?\*

Select

What is the **age** of the applicant?\*

**Additional Information**

For detailed pricing, please provide the optional information below.

Is the applicant **pregnant**?  Yes  No

#### Tell us about each additional household member

Add additional household member

#### Tell us about your total household income

**Optional Information**

To view subsidies available for you, please enter your income information below.

What is the **total household income**?

Depending on your income, you may qualify for reduced cost plans.





# QUESTIONS

THANK YOU!