



Navigator Webinar- Updates to the Online Case Association Form

April 20, 2023, 12:00 p.m.

The webinar is not being recorded, but PowerPoint presentations will be available later on Navigator One Stop in the “Meetings and Webinars” section.

During the webinar, please use the “chat” feature to submit questions.



Agenda

- MNsure case association process for payment
- Overview of the online case association form for navigators
 - When to use the form
 - When not to use the form
- Updates to the form
- Common mistakes and errors
- Schedule of updates; future improvements

Case Association for Navigators for Payment

There are four ways a navigator can associate with an application or enrollment for payment purposes

- Navigator information is entered on the signature page of the online application.
- The consumer completes the assister portion of Appendix C of the Application for Health Coverage and Help Paying Costs (DHS-6696) or Application for Health Coverage (DHS-6741)
- The consumer associates with a navigator through the assister portal
- The navigator completes, signs and submits an online Navigator Case Association Form.

In an Online Application

The screenshot shows the Minnesota online application interface. At the top left is the 'm MINNESOTA' logo. A teal bar at the top right contains a 'SIGN OUT' button. Below this are three buttons: 'Manage Assister', 'Get Help', and 'Learn More'. The main content area is titled 'Signature' and includes a 'Print' link. A left-hand navigation menu lists: 'Getting Started' (checked), 'Applicant Details' (checked), 'Household Information' (checked), and 'Household Income' (checked). The 'MNsured Assister' section contains the question 'Did a MNsure Assister help you with this application?*' with a dropdown menu set to 'Yes'. Below are input fields for 'Assister ID*' and 'Organization Name*', both highlighted in yellow. A 'Renewing Coverage' section follows with a paragraph of text: 'Each year, MNsure matches data to verify and renew eligibility for help paying for health coverage. MNsure needs consent to use information from tax returns to verify and renew your financial assistance for coverage. If you do not give consent to use this data, your financial assistance cannot'.

1. In the "MNsured Assister" section of the "Signature" page of the online application, select "Yes" to the question: "Did a MNsure Assister help you with this application?"
2. Additional fields will pop open. Enter the assister's nine-digit alpha-numerical Assister ID in the "Assister ID" field and the full name of organization into the "Organization Name" field.
3. The association information is stored in METS as case evidence. Information is viewable to caseworkers (including ARC, MNsure Contact Center, DHS and counties).
4. Information is pulled in report used for processing navigator payments

When Submitting a Paper Application

APPENDIX C

Assistance with Completing this Application

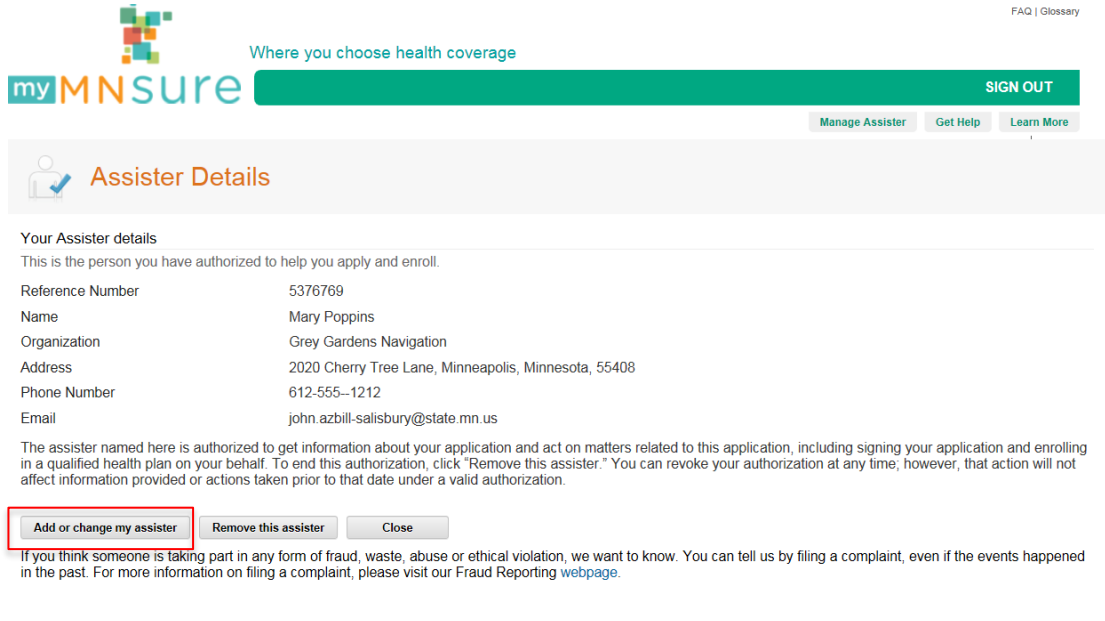
For certified application counselors, navigators, in-person assisters, agents, and brokers only.

Complete this section if you are a certified application counselor, navigator, in-person assister, agent or broker filling out this application for somebody else.

1. APPLICATION START DATE (MM/DD/YYYY)		2. APPLICANT FIRST NAME		MIDDLE NAME	LAST NAME		SUFFIX
3. ASSISTER FIRST NAME		MIDDLE NAME		LAST NAME		SUFFIX	4. ASSISTER PHONE NUMBER
5. ORGANIZATION NAME						6. ASSISTER ID NUMBER	

1. Complete the assister information on Appendix C of the Application for Health Coverage and Help Paying Costs (DHS-6696) or Application for Health Coverage (DHS-6741).
2. When the paper application is entered into METS, the assister information is entered as case evidence:
3. Information is viewable to caseworkers (including ARC, MNsure Contact Center, DHS and counties).
4. Information is pulled in report used for processing navigator payments.

Through the Assister Portal



The screenshot shows the 'Assister Details' page in the MNsure portal. At the top left is the MNsure logo with the tagline 'Where you choose health coverage'. To the right are links for 'FAQ | Glossary' and a 'SIGN OUT' button. Below these are three buttons: 'Manage Assister', 'Get Help', and 'Learn More'. The main heading is 'Assister Details' with a person icon. Underneath, it says 'Your Assister details' and 'This is the person you have authorized to help you apply and enroll.' A table lists the assister's information: Reference Number (5376769), Name (Mary Poppins), Organization (Grey Gardens Navigation), Address (2020 Cherry Tree Lane, Minneapolis, Minnesota, 55408), Phone Number (612-555-1212), and Email (john.azbill-salisbury@state.mn.us). A paragraph explains the assister's authorization. At the bottom, there are three buttons: 'Add or change my assister' (highlighted with a red box), 'Remove this assister', and 'Close'. A footer note mentions reporting fraud.

Reference Number	5376769
Name	Mary Poppins
Organization	Grey Gardens Navigation
Address	2020 Cherry Tree Lane, Minneapolis, Minnesota, 55408
Phone Number	612-555-1212
Email	john.azbill-salisbury@state.mn.us

1. The consumer clicks on "Manage Assister" on their MNsure.org account's tool bar.
 2. On the Assister Details page, the consumer clicks "Add or change my assister."
 3. On the "Select the Assister Helping You" page, the consumer enters the assister's Reference Number
 4. The association information is pulled in reports used for processing navigator payments.
 5. The association information is not viewable to caseworkers (including ARC, MNsure Contact Center, DHS and counties).
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Online Case Association Form

MNsure Navigator Case Association Form- Updated October 2022

For more information on the policies and procedures around case association, and when to use this form, please review [MNsure's Assister Case Association Policy](#) and [Navigator Case Association Form Policy](#).

This form should not be submitted if a navigator has already used another method of associating with the consumer's application or enrollment.

In order for complete information to be submitted, this form should be completed in one sitting. If you leave and come back, data will not be saved.

Navigator Information

* 1. Navigator ID # (xxxNAVxxx)

* 2. Navigator Organization

1. Should not be submitted if a navigator has already used another method of associating with the consumer's application or enrollment.
2. Must be completed in one sitting.
3. Used for payments only

General Consent/Authorization for Release of Information (DHS-3549)

Clear Form



Minnesota Department of **Human Services**



DHS-3549-ENG

1-13

General Consent/Authorization for Release of Information

Office Use Only

CASE NUMBER

To be completed by the person giving consent/authorization (*please print*): This information is being requested solely to verify the identity of the person giving consent/authorization.

1. Assister submits the General Consent/Authorization for Release of Information (DHS-3549) to DHS-HCEO or a county or tribal agency.
2. Used for information sharing only, not for payments.
3. Do not submit to the ARC

Online Case Association Form: Navigator Process

- Navigator works with a consumer and performs an action which would result in eligibility for payment
- Navigator is not associated with the consumer at the time of the action
- Navigator fills and submits an online case association form. The navigator can
 - Fill out the form with the consumer present and with the consumer's signature
 - Fill out the form without the consumer present and the assister signs on behalf of the consumer with an attestation that they assisted the consumer

Online Case Association Form: MNsure Process

- MNsure pulls the list of case associations weekly
- Each case association form submitted is checked for completeness
- ARC staff researches each submission to find
 1. If the information submitted is sufficient to match a case
 - ARC checks multiple databases to find a match
 - For cases where there might be a delay between when this case association form is submitted and when the case is entered into the system, the ARC will continue to search for the case.
 2. If the action performed on behalf of the consumer is eligible for payment
- If/when an eligible case can be found with the data submitted, MNsure includes that case in the next month's payment file

When to Use the Online Case Association form

The online case association should be used when methods 1, 2, and 3 are not sufficient for payment purposes.

1. Navigator information is entered on the signature page of the online application.
2. The consumer completes the assister portion of Appendix C of the Application for Health Coverage and Help Paying Costs (DHS-6696) or Application for Health Coverage (DHS-6741)
3. The consumer associates with a navigator through the assister portal
4. The navigator completes, signs and submits an online Navigator Case Association Form

When to Use the Online Case Association form

Use the Navigator Case Association Form when you have

- Assisted with submitting a Renewal Form for a consumer in “Need to Renew” status (Consumers in “Auto Renew” status in METS and MAXIS are not eligible for payment)
- Assisted a consumer with an application for coverage that is not processed through METS :
 - Minnesota Health Care Programs Application for Certain Populations (DHS-3876)
 - DACA Application (Deferred Action for Childhood Arrivals)
 - Medicare Savings Program

When to Use the Online Case Association form

- Use the Navigator Case Association Form when you have
 - Assisted a consumer who submitted an application and the navigator and consumer were not associated at the time the application was submitted.
 - Assisted with reporting a life event that resulted in newly added coverage for a household member. This does not include changes in existing coverage.
 - Assisted a renewing consumer with actively selecting a qualified health plan during open enrollment or a special enrollment period and the navigator and consumer were not associated through the assister portal at the time the enrollment was completed.

When Not to Use the Online Case Association form

Do not use the Navigator Case Association Form when you

- Are already associated with the consumer on the application
- Submit a non-eligible life event
 - Change results in a previous coverage level changing to a different coverage level
- Submit a renewal for a consumer in “Auto Renew” status

Common Mistakes

- Entering the application date or the submission date in the date of birth field
- Not enough data about the applicant(s) for the ARC to find a match in the system
- Entering a case where navigator information is already entered on to the online or paper application
- Submitting a form for an LEC where a consumer's coverage changes, but they do not gain new coverage
 - A consumer reports an income change which moves them from MinnesotaCare to Medical Assistance

Updates to the form

- Improved instructions to avoid common errors
- More questions about the type of assistance rendered to streamline the ARC's ability to find the case
- More fields to enter information about the consumer, leading to a higher likelihood of the ARC finding a match for the submission
- Screening of information entered and immediate rejection of submissions that do not meet the criteria for payment

Walk-through



MNsure Navigator Case Association Form- Updated Spring 2023

For more information on the policies and procedures around case association, and when to use this form, please review [MNsure's Assister Case Association Policy](#) and [Navigator Case Association Form Policy](#).

This form should not be submitted if a navigator has already used another method of associating with the consumer's application or enrollment.

In order for complete information to be submitted, this form should be completed in one sitting. If you leave and come back, data will not be saved.

Walk-through

Assistance Details

* 1. On what date did you meet with this consumer and/or submit information on their behalf?

Please enter the approximate date, if exact date is unknown

Date

MM/DD/YYYY	
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* 2. Please select the reason for using this form (only one reason can be selected):

- Completing a new application for coverage
- Submitting a renewal form for a consumer in "Need to Renew" status
- Reporting a life event that results in new coverage for a household member
- Helping a consumer to select a qualified health plan during open enrollment or a special enrollment period.
- Assisting a consumer with a pending MA application for which you did not submit the original application

Walk-through

* 2. Please select the reason for using this form (only one reason can be selected):

- Completing a new application for coverage
- Submitting a renewal form for a consumer in "Need to Renew" status
- Reporting a life event that results in new coverage for a household member
- Helping a consumer to select a qualified health plan during open enrollment or a special enrollment period.
- Assisting a consumer with a pending MA application for which you did not submit the original application

Application Details

3. Which application did you assist this consumer to complete?

- MNsure (METS) Online
- DHS-6696 MNsure Application for Health Coverage and Help Paying Costs (paper)
- DHS-3876 MHCP Application for Certain Populations (paper)
- DHS-3531 MHCP Application for Payment of Long-Term-Care Services (paper)
- Emergency Medical Assistance (paper)
- Emergency Medical Assistance (online)
- Medicare Savings Program (paper)

Walk-through

*** 2. Please select the reason for using this form (only one reason can be selected):**

- Completing a new application for coverage
- Submitting a renewal form for a consumer in "Need to Renew" status
- Reporting a life event that results in new coverage for a household member
- Helping a consumer to select a qualified health plan during open enrollment or a special enrollment period.
- Assisting a consumer with a pending MA application for which you did not submit the original application

Did you report any of the following life changes on behalf of the consumer?

3. Did you submit any of the life events below on behalf of this consumer, please check all that apply?

- Address or state residency change
- Citizenship or immigration status
- Death
- Incarceration status
- Pregnancy
- Add a household member (assisted application)
- Add a household member (unassisted application)
- Changing non-applicant to applicant
- The life event(s) I submitted for this is not on this list

Walk-through

Did you report any of the following life changes on behalf of the consumer?

3. Did you submit any of the life events below on behalf of this consumer, please check all that apply?

- Address or state residency change
- Citizenship or immigration status
- Death
- Incarceration status
- Pregnancy
- Add a household member (assisted application)
- Add a household member (unassisted application)
- Changing non-applicant to applicant
- The life event(s) I submitted for this is not on this list

Disqualification Page

Based on the information you entered, it appears that the life event you submitted on behalf of the consumer does not qualify for a per-enrollee payment and does not require a case association form.

More information can be found at [Navigator Case Association Form Policy](#)

Walk-through

Primary Applicant Information

Information entered below should be for the primary enrollee on the application

*** 4. Primary Applicant First Name (As it appears on the application)**

*** 5. Primary Applicant Last Name (As it appears on the application)**

6. Middle Name, if known

*** 7. Date of Birth (mm/dd/yyyy)**

Please enter date of birth of the applicant above, not application date

Date

Walk-through

10. Additional Applicant Contact information: please enter the contact information for the consumer as it appears on the application

Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>

11. Phone Number(s). Enter any phone numbers that might appear on the application for this household

12. Email address(es). Enter any email addresses that might appear on the application for this household

13. If known, please enter the last four digits of the consumer's social security number

*** 14. Are there any additional household members who are applying for or enrolling in health care coverage?**

Yes

No

Walk-through

List all additional household members who are applying for or enrolling in health care coverage:

15. First Name

16. Last Name

17. Date of Birth

Date

Date

MM/DD/YYYY	
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Walk-through

Applicant's Signature

I attest that the that the navigator signing this form has assisted me in the MNsure application and/or enrollment process.

Providing false information to MNsure is a violation of law and may subject you to criminal and/or civil penalties.

* 34. Applicant Signature (type in full name)

Navigator may enter consumer's name as an attestation that they assisted the consumer with the MNsure application and/or enrollment process.

35. Attestation of verbal consent

I am signing this form on behalf of the consumer and attest that I assisted the consumer with the application/enrollment actions as selected on this form

* 36. Applicant Signature Date (mm/dd/yyyy)

Date

Date

MM/DD/YYYY	
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Walk-through

Navigator Information

* 37. Navigator ID # (xxxNAVxxx)

* 38. Navigator Organization

Navigator's Signature

* 39. Navigator Signature (type in full name)

* 40. Navigator Signature Date (mm/dd/yyyy)

Date

Date

With the submission of this form, the identified navigator is associated with the case for the purposes of payment. A separate Authorization for Release of Information, DHS-3549, will be requested by DHS or the county.

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Next

Walk-through



Thank you. Once you hit "next" your Case Association Request will be sent to the ARC for processing. If there are any questions about the information entered on this form, the ARC will contact the navigator.

Prev

Next

Thank you for taking the survey

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Learn more

Schedule of updates and future improvements

- The new form will launch May 1, 2023
 - MNsure will update any links on assister central
 - The old form will be disabled and replaced with a link to the new form
 - Look for a communication from MNsure next week with a link to the new form
- Immediate improvements
 - Faster, more accurate processing of forms
 - Opportunity for MNsure to analyze data as it comes in and give feedback to assisters on patterns of incorrect submissions
- Future improvements
 - Possible move to a web-based platform, like the online account request form

Resources

Policies and Procedures on Assister Central to review

- [Navigator Payment Policy](#)
- [Assister Case Association Policy](#)
- [Navigator Case Association Form Policy](#)



Thank You for Attending!

Please submit any questions via chat.

