Eligibility and Enrollment Status Types in the Shopping and Enrollment Platform

Overview

In this guide, “a user” refers to the consumer using their online account, or a MNsure-certified assister (broker, certified application counselor or navigator) acting on behalf of the consumer using the assister portal.

The following status types will appear next to a household or the name of a household member listed on the application.

Statuses that will Appear on the Member Dashboard

1) Your Application Status

The Complete status will be displayed for all accounts that are in the shopping and enrollment platform. This status means the application is complete and one or more members of the household received eligibility to enroll in a qualified health plan.

2) Your Household Eligibility Status

This Household Eligibility status type will show types of financial assistance that the household is eligible for.

A) If a household is eligible for advanced premium tax credit, the status type will show "Advanced Premium Tax Credit" with the monthly APTC amount.

B) If a household is eligible for advanced premium tax credit and cost-sharing reductions, the status type will show "Advanced Premium Tax Credit" with the monthly APTC amount and the language "Eligible for cost-sharing reductions."
C) If a household completed an unassisted application (Application WITHOUT Financial Assistance) they will not be eligible for advanced premium tax credit or cost-sharing reductions. The status type will show "You are not eligible for advanced premium tax credits or cost-sharing reductions."

D) Household members that are not eligible to enroll in a QHP will have a status type of "Not Eligible" next to their name. These are typically household members who are eligible for MA or MinnesotaCare. This could also be a household member that is not eligible for a QHP due to not being a Minnesota resident, etc.

- This status will not appear unless there is also at least one member of the household that IS QHP-eligible. The entire household shows in the Member Portal, but household members not eligible for a qualified health plan will show as "not eligible."
- If a household completed an initial application (METS) and no one in the household was eligible for a qualified health plan, there will not be an account in the shopping and enrollment platform for the household. If a change occurs where a household now has at least one QHP-eligible member (such as an income change resulting in new QHP eligibility) the entire household will show in the Member portal with eligibility statuses displayed.
- If the household member that was not eligible to enroll in a qualified health plan later becomes eligible, the "not eligible" status will be updated to their QHP eligibility status, and the user will be able to enroll using the same functions as household members that are also eligible for a qualified health plan.

E) Household members that are a member of a federally recognized tribe will have the status "Member of a federally recognized tribe" next to their name.
F) Household members that were listed on the application but not seeking coverage will have the status "Not seeking coverage" next to their name.

Medical/Dental Plan Enrollment Statuses on the Member Dashboard

1) Pending Status

This status means the consumer has enrolled in a plan but has not paid their first month’s premium to the insurance company or MNsure has not yet received confirmation of the payment.

If a consumer sent a payment and still sees a pending status, they would need to call their insurance company to verify payment was received in that case.

Note: Consumers that were passively renewed during the renewals process will not see a "Pending" status. Their enrollment status will be ‘Enrolled’.

2) Enrolled Status

This status means the QHP/dental plan enrollment is completed, no further action needed. MNsure has received the premium payment confirmation from the insurance company.
Enrollment History

The Enrollment History page displays the household's current enrollment(s) and any changes to their enrollment(s) that occurred throughout the plan year. This may include enrollment cancellations, changes or terminations. For more information on how a consumer changes and cancels plans, see the Changing and Cancelling Plans guide on the Helping Consumers section of Assister Central.

1) Canceled Status:

If a consumer canceled their plan enrollment before coverage started, (the plan was in "Pending" status on the Member Dashboard) the Enrollment History section will show the plan with a Cancelled status. This occurs when a consumer initially enrolls but later cancels their enrollment during open enrollment or the special enrollment period prior to the coverage start date of their enrollment.

- For example, a consumer enrolls during OE on November 5 but decides to cancel their enrollment on December 1, which is prior to the coverage start date of January 1. Doing so results in a cancellation of their enrollment.

During open enrollment, plan enrollment groups must either cancel their current plan or utilize the change plans functionality before they can enroll in a new plan. A canceled plan will not appear on the Member Dashboard; it will disappear from the Member Dashboard and move to Enrollment History as a canceled plan.

2) Terminated Status:

If a consumer terms a plan (disenrolled from coverage after they have active coverage ("Enrolled" status) on the Member Dashboard), the Enrollment History will show the plan with a Terminated status.
• For example, a consumer enrolled on November 5 for coverage beginning January 1, 2020, and paid for their January coverage. It is now January 5, 2020, and the coverage is active but the consumer no longer wants this plan. The consumer will log in and "disenroll" from their plan, which will terminate their coverage. The enrollment status changes from "Enrolled" to "Terminated".

A terminated plan does not appear on the Member Dashboard; it will disappear from the Member Dashboard and move to Enrollment History as a terminated plan.