

## **Overview:**

In preparation for Open Enrollment, and to improve the member experience, on October 12, 2015,<sup>t</sup> updates were made to the Payment Portal.

## **What has changed in the Payment Portal?**

- Updated look and feel,
- Usability improvements such as removal of some fields,
- Enhanced on-screen messaging,
- Near real-time confirmation emails,
- Improvements to recurring payment functionality, and
- Function to allow consumers to cancel recurring payments on their own

## **What's new in the Payment Portal for Open Enrollment?**


- The Payment Portal will display both plans for members who are enrolling into a plan with a different carrier for 2016
  - Displaying both plans will provide members with visibility to both premiums (2015 & 2016) and any balance due to effectuate enrollment for 2016
- Updated instructional video will be available to assist consumers with making a payment.

## **After reviewing this Job Aid, Assistors should be able to:**

- Educate members on how to submit payments using the Payment Portal
- Educate members on how to cancel recurring EFTs themselves
- Explain the new enhancements

## Making a Payment Functionality Updates

### Making a Payment Functionality:

Feature	Comments
<div> <h3>Pay Your Premium Online</h3> <p>  Not Sure how to make a payment? <a href="#">Click Here</a> to watch a video guide on how to make an online payment.         </p> <p>           This payment option is only available for individual and family Health and Dental plans with a coverage start date of January 1, 2015 or later. If you need to make a payment for your small business health plan, please <a href="#">click here</a>.         </p> <h4>Payment due date</h4> <p>           The payment due date for Health and Dental plans is the <b>23<sup>rd</sup> of the month</b>. If you're paying your first premium for new coverage, you must pay by 7 p.m. on the 23rd of the month before your coverage starts (coverage always begins the 1st of the month).         </p> <h4>Make separate payments for Health and Dental plans</h4> <p>           If you are enrolling or already enrolled in a Health and a Dental plan through the Health Connector, you will need to submit a separate payment for each of your plans. <del>You can only make one online payment per day for each of your plans.</del> </p> <h4>Set up one-time or recurring monthly payments</h4> <p>           You can return to this page at any time and submit a new one-time or recurring payment. If you already have a recurring payment set up and you create a new recurring payment, your prior recurring payment will be cancelled.         </p> <p> <a href="#">Click here</a> to cancel a monthly recurring payment.         </p> <h4>If you need to make changes</h4> <p>           The information provided below cannot be used to make changes to your application. If you need to make a change to your application, please call the Health Connector at 1-877-MA-ENROLL (1-877-623-6765), or TTY 1-877-623-7773 for people who are deaf, hard of hearing, or speech disabled.         </p> <p> <i>Transactions are encrypted for your privacy and protection, and processed by a secure server.</i> </p> <p>           First time making a payment? Wait at least 4 hours between submitting your plan enrollment information online and making your first online payment.         </p> <p> <a href="#">Learn More</a> </p> </div>	<p><b>Introductory Page</b></p> <p><i>New design</i></p> <p><b>New</b> - Added text regarding one payment per account per day</p> <p><b>New</b> - Added link to Cancel Recurring EFT – new functionality for consumer self-service</p>

# Job Aid: EFT Portal Updates

## Step 1 and 2

**Change -**  
Screenshot shown is now dynamic: shows individual insurance plans when enrollment ID selected and Bill image when Billing Account Number is selected.

### STEP 1

\* Required Information

#### Subscriber Information: \*

Choose whether you want to pay for your Health or Dental plan. If you have both a Health and a Dental plan, you will need to make a separate payment for each plan.

Plan Type:

Health ▼

Select ID: \*

Enrollment ID ▼

Enrollment ID:

Log into your account at [www.mahealthconnector.org](http://www.mahealthconnector.org), go to My Enrollments, and enter the numbers in the field called Enrollment ID.

Individual Insurance Plans [View Detail](#)

Enrollment ID RefID: <b>11227335445</b>	Head of Household Name John J Sample	Submitted On 11/18/2014	Effective Date 01/01/2015
<b>Enrollment ID</b>			
Plan selected for John J Sample			
MONTHLY PREMIUM	INSURANCE CARRIER	HEALTH PLAN NAME	POLICY ID
100.00	TECHNICAL	Blue Cross Direct Silver	11227335445
ANNUAL DEDUCTIBLE		EST. OUT-OF-POCKET COSTS	
500.00		750.00 / Person 1,500.00 / Family	

Costs include Advance Premium Tax Credit of 100.00  
Tax credit claimed - 100.00

### STEP 2

Enter your name and date of birth exactly the same as you did on your application

First Name: \*

Middle Name:

Last Name: \*

Suffix:

— Select a Suffix — ▼

Date of Birth: \*

Enter your Date of Birth. Use mm/dd/yyyy format. For example, for May 1, 1955 enter 05/01/1955.

Review your information and make sure it's correct before you continue.

Continue

Never leave your computer or mobile device unattended during your session. Always close your browser - not just the tabs in your web browser - when you are finished, especially if you are using a public computer.

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<p>Plan Type: Health</p> <p>Select ID: * Enrollment ID</p> <p>Enrollment ID: 237701062226</p> <p>Log into your account at <a href="http://www.mahealthconnector.org">www.mahealthconnector.org</a>, go to My Enrollments, and enter the numbers in the field called Enrollment ID.</p> <p><b>STEP 2</b></p> <p>Enter your name and date of birth exactly the same as you entered it in Step 1.</p> <p>First Name: * tomas</p> <p>Middle Name: </p> <p>Last Name: * hicks</p> <p>Suffix: -- Select a Suffix --</p> <p>Date of Birth: * Enter your Date of Birth. Use mm/dd/yyyy format. For example, for May 1, 1955 enter 05/01/1955. 08/24/1978</p> <p><b>Confirm Navigation</b></p> <p>You are about to change information you have entered and will have to enter it again. Are you sure you want to refresh the page?</p> <p>Refresh Stay on page</p>	<p><b>New feature</b></p> <p><b>New</b> - if at any time a consumer changes any data that he/she entered in Steps 1 and 2 fields, a warning message will be displayed allowing member to refresh screen and start over (Refresh) or reject the change and continue (Stay on Page)</p>
<p><b>STEP 3</b></p> <p><b>Contact Information: *</b></p> <p>We will use the contact information you give us below to send you important messages and information about your payment.</p> <p>Email Address: * </p> <p>Phone Number (Cell phone preferred): </p> <p>Confirm Email Address: * </p>	<p><b>Step 3</b></p> <p><b>Change</b> – removed address fields, no longer required</p> <p><b>Change</b> – re-ordered fields to have email address first, then phone number</p>

## STEP 4

Billing Information: \*

	Account Number	Start Date	End Date	Balance	Premium	Due Date
<input checked="" type="checkbox"/>	56418	10/01/2015	12/31/2015	0.00	500.00	09/23/2015
<input checked="" type="checkbox"/>	56430	12/01/2015	No End Date	500.00	500.00	11/23/2015

Amount due for your Health account: \*

☒ Pay Balance Due: \$ 500.00

☐ Pay Other Amount: \$ 500.00

Payment Frequency: \*

One Time Payment ☐

Recurring Payments ☐

Only one account checked

## STEP 4

Billing Information: \*

	Account Number	Start Date	End Date	Balance	Premium	Due Date
<input checked="" type="checkbox"/>	56418	10/01/2015	12/31/2015	0.00	500.00	09/23/2015
<input type="checkbox"/>	56430	12/01/2015	No End Date	500.00	500.00	11/23/2015

Amount due for your Health account: \*

☒ Pay Balance Due: \$ 0.00

☐ Pay Other Amount: \$ 0.00

Account:

Current Premium: \$ 500.00

Payment Due: 09/23/2015

You currently have a zero balance or credit on your account. You do not need to submit another payment at this time.

Payment Frequency: \*

One Time Payment ☐

Recurring Payments ☐

## Step 4

**New** – two accounts displayed if member has different carriers in 2015 and 2016: both accounts will be pre-selected so balance due shown below will be for both accounts


Member can uncheck one of the accounts, and the balance shown will be updated accordingly.

Members should be advised to pay for both if they have a balance on both

# Job Aid: EFT Portal Updates

<p>Amount due for your Health account: *</p> <p> <input checked="" type="radio"/> Pay Balance Due: \$ 500.00  <input type="radio"/> Pay Other Amount: \$ <input type="text" value="500.00"/> </p> <p>Payment Frequency: *</p> <p> <input checked="" type="radio"/> One Time Payment      <input type="radio"/> Recurring Payments     </p> <p>One Time Payment – Allows your bank or financial institution to transfer the amount of money you have specified for your premium in the Am Health or Dental Premium Billing Account will be credited on the next business day after you submit your payment information. Your payment account 2-3 business days after you submit your information.</p> <p>Account Type: *</p> <p>-- Select a Account Type -- ▾</p>	<p><b>Step 4 – one-time selected</b></p> <p><b>No Changes</b> – proceed to enter bank account details</p>
<p>Payment Frequency: *</p> <p> <input type="radio"/> One Time Payment      <input checked="" type="radio"/> Recurring Payments     </p> <p>Recurring Payment - Allows your bank or financial institution to transfer the amount of money you owe the Health Connector for your premium from your account each month. You have the right to get a written notice of the amount and date of the transfer 10 days before your payment is transferred. The Health Connector will send you a bill each month telling you the amount of money that will be withdrawn. There will be a message on your bill telling you when your recurring payment is active.</p> <ul style="list-style-type: none"> <li>Your first payment will be the amount you chose in the Amount field. After you submit your payment, this amount will be credited to your health or dental premium billing account on the next business day and will be withdrawn from your bank account within 2-3 business days.</li> <li>For all upcoming payments, the amount that you owe will be withdrawn from your account on the 22<sup>nd</sup> day of each month. These payments will continue for as long as you are enrolled in your plan through the Health Connector. If you wish to cancel your recurring payment at any time, please return to this page or call the Health Connector at 1-877-MA-ENROLL.</li> </ul> <p>Recurring Payment Start Date: 10/05/2015</p> <p>Account Type: *</p> <p>Checking Account ▾</p> <p>Name on Account: *</p> <p><input type="text"/></p> <p>Checking Account Number: *</p> <p><input type="text"/></p> <div> <p>Joe Smith 1234 Anystreet Court Anycity, AA 12345      1234</p> <p>Pay to the order of _____ Dollars</p> </div>	<p><b>Step 4 - recurring selected</b></p> <p><b>New</b> – consumer does not need to select an end date for recurring EFT, withdrawals will continue for as long as member is enrolled or until member cancels, whichever is sooner</p> <p><b>Change</b> – legal language updated to reflect the above</p> <p>User will proceed to enter bank account details same as before.</p>

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<p><b>STEP 5</b></p> <p>To protect your information and prevent harmful programs from accessing this site, please type the letters or numbers exactly as you see them. If you are having trouble reading the image, click the refresh button to the right of the image to see a different image.</p>  <p>Type the text</p> <p>By submitting this information you are allowing the Health Connector to withdraw money from your bank or financial institution according to the terms specified above.</p> <p>If you make your payment by 7 p.m., your payment will be effective as of today's date. Review and verify all your information before submitting.</p> <p>Submit Payment</p>	<p><b>Step 5</b></p> <p><b>New</b> – added explanation that payment made by 7 pm will be credited to account today</p>
<p>Thank you. We have received your information. Your transaction reference number is: 237701062226-H-21216</p> <p>Your payment of \$500.0 will be withdrawn from your account within 2-3 business days. This payment will be applied to your Premium Billing Account today. You should see this payment reflected in your next bank account statement.</p> <p>If we are unable to withdraw your payment, we will contact you using contact information that you gave us.</p> <p>You have completed your session, please close your browser or click on Payment Portal above to make another payment.</p> <p>Print This Page</p>	<p><b>Confirmation message</b></p> <p><b>New</b> – added transaction reference number</p> <p><b>New</b> – added dynamic messaging: will say 'today' if payment made by 7 pm, and 'tomorrow' if payment made after 7 pm</p> <p><b>New</b> – text suggesting to close the browser unless making another payment</p> <p><b>New</b> – Print button</p>
<p>– Can I make more than one payment in one day?</p> <p>You can make one online payment for each of your plans each day. This means you can make one payment for your health and one for your dental plan if you enrolled in both. The reason why you can't pay more times is because we don't want you to make too many payments in one day by accident. If you want to make a partial payment, please come back the next day and make another payment.</p>	<p><b>FAQ</b></p> <p><b>New</b> question added</p>

<p><b>– When does my monthly recurring payment start?</b></p> <p>Your first payment will be credited to your health or dental premium billing account on the next business day after you submit your payment information. Your bank account will be charged 2-3 business days after you submit your payment information. Business days are Monday through Friday, excluding federal holidays.</p> <p>For all upcoming payments, the amount will be the balance of your Health or Dental Premium Billing Account and will be withdrawn from your account on the 22nd calendar day of each month for as long as you are enrolled in your plan through the Health Connector. At the beginning of each month you will get a bill in the mail. The bill will tell you the amount you owe and that you have active monthly recurring payments. You will get a separate bill for health and dental plans if you enrolled in both.</p> <p>If you want to cancel your monthly recurring payment, please click <a href="#">here</a>. Follow the instructions on the Cancel Recurring Payments page for ending your payment. If you want to end your recurring payment for both a health and a dental plan, you'll need to cancel payments for health and dental plans separately.</p> <p>If your enrollment ends, your Recurring Payment will end too. If you re-enroll in a Health Connector plan, you will need to create a new Recurring Payment.</p>	<p><b>FAQ</b></p> <p><b>Change</b> – multiple changes to text to address for new functionality</p> <p><b>New</b> – link to cancel recurring payment functionality</p>
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## Cancelling Recurring EFT Functionality:

This is completely new functionality available to consumers as of October 12, 2015. Link can be accessed from the Intro Page or from FAQ (see above). Consumers should follow the below steps to cancel their existing recurring EFT:

[Set up one-time or recurring monthly payments](#)

You can return to this page at any time and submit a new one-time or recurring payment. If you submit a new recurring payment, your existing recurring payment will be cancelled.

[Click here](#) to cancel a monthly recurring payment.

[If you need to make changes](#)

**OR**

**– When does my monthly recurring payment start?**

Your first payment will be credited to your health or dental premium billing account on the next business day after you submit your payment information. Your bank account will be charged 2-3 business days after you submit your payment information. Business days are Monday through Friday, excluding federal holidays.

For all upcoming payments, the amount will be the balance of your Health or Dental Premium Billing Account and will be withdrawn from your account on the 22nd calendar day of each month for as long as you are enrolled in your plan through the Health Connector. At the beginning of each month you will get a bill in the mail. The bill will tell you the amount you owe and that you have active monthly recurring payments. You will get a separate bill for health and dental plans if you enrolled in both.

If you want to cancel your monthly recurring payment, please click [here](#). Follow the instructions on the Cancel Recurring Payments page for ending your payment. If you want to end your recurring payment for both a health and a dental plan, you'll need to cancel payments for health and dental plans separately.

If your enrollment ends, your Recurring Payment will end too. If you re-enroll in a Health Connector plan, you will need to create a new Recurring Payment.



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## Cancel Recurring Payment

Transactions are encrypted for your privacy and protection, and processed by a secure server.

### STEP 1

\* Required Information

#### Subscriber Information: \*

First, tell us which type of coverage you want to cancel the monthly recurring payment for. If you're enrolled in both Health and Dental coverage and you want to cancel your monthly payments for both, you'll need to cancel each plan separately.

#### Plan Type:

Health

#### Select ID: \*

Enrollment ID

#### Enrollment ID:

313001066447

Individual Insurance Plans				
Enrollment ID	Head of Household Name	Submitted On	Effective Date	View Detail
313001066447	John J. Sample	11/18/2014	01/01/2015	
Plan selected for John J. Sample				
MONTHLY PREMIUM	INSURANCE CARRIER	HEALTH PLAN NAME	PRODUCT ID	ANNUAL DEDUCTIBLE
100.00	Blue Cross Blue Shield of MA	Tully Health Direct Shield	0.00	1,000.00

Log into your account at [www.mahealthconnector.org](http://www.mahealthconnector.org), go to My Enrollments, and enter the numbers in the field called Enrollment ID.

### STEP 2

Enter your name and date of birth exactly the same as you did on your application

#### First Name: \*

tom

#### Middle Name:

#### Last Name: \*

hicks

#### Suffix:

-- Select a Suffix --

#### Date of Birth: \*

Enter your Date of Birth. Use mm/dd/yyyy format. For example, for May 1, 1955 enter 05/01/1955.

08/24/1978

Review your information and make sure it's correct before you continue.

Continue

Never leave your computer or mobile device unattended during your session. Always close your browser - not just the tabs in your web browser - when you are finished, especially if you are using a public computer.

Select Health/Dental and enter ID, name and DOB, then click 'Continue'

This step is the same as when making a payment.

**NOTE:** If member is enrolled in health AND dental insurance and has recurring EFTs for each, member will need to cancel each separately.

We were not able to find an account using the information you gave us. This may be because the information you entered is incorrect or you do not have monthly recurring payments set up. If you have questions please call 1-877-MA-ENROLL (1-877-623-6765).

Error message if no recurring EFT payment is found. This happens after the consumer has completed steps 1 and 2 and consumer has been found.

# Job Aid: EFT Portal Updates

## STEP 3

Cancel Recurring Payments: \*

	Account Number	Start Date	End Date	Premium	Recurring Start Date	Recurring End Date
<input checked="" type="checkbox"/>	56424	08/01/2015	No End Date	500.00	10/23/2015	No End Date
<input checked="" type="checkbox"/>	56424	08/01/2015	No End Date	500.00	09/23/2015	10/01/2015

Select the recurring payment you would like to cancel.

Monthly premium payment is always due on the 23<sup>rd</sup> of the month. If you cancel monthly recurring payments, you will need to make a payment using another payment method.

Recurring payments will end as of: 10/05/2015.


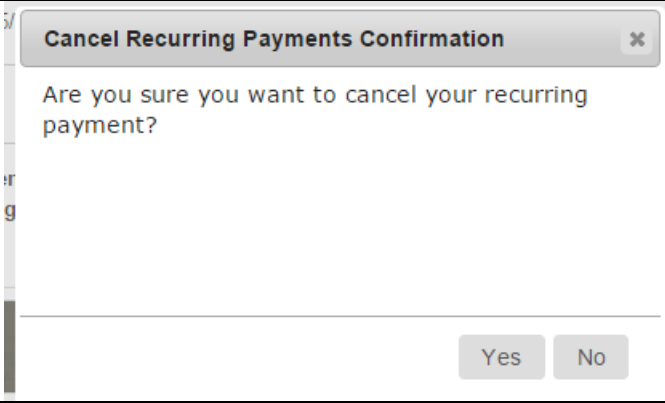
System will proceed to Step 3 (which is not the same as 'Make a Payment' step 3).

If member has two or more recurring EFTs on one account that are not overlapping, both will be displayed. The page will default to having all records selected. For example: one EFT 1/1/15 to 11/30/15 and another one 1/1/16 to EndOfTime.

**NOTE: EFT cancellation date will be determined based on the date member requests cancellation in the portal – consumer does not need to select end date themselves:**

- Cancel immediately if system date is 21<sup>st</sup> or before, means this month's payment will not be withdrawn.
- Cancel end of month if system date is 22<sup>nd</sup> or after, means this month's payment will be withdrawn.

# Job Aid: EFT Portal Updates

<p><b>STEP 4</b></p> <p>To protect your information and prevent harmful programs from accessing this site, please type the letters or numbers exactly as you see them. If you are having trouble reading the image, click the refresh button to the right of the image to see a different image.</p>  <p>2730</p> <p>Review and verify all your information before submitting.</p> <p><a href="#">Cancel Recurring Payments</a></p>	<p>Same functionality as when making a payment</p>
 <p><b>Cancel Recurring Payments Confirmation</b></p> <p>Are you sure you want to cancel your recurring payment?</p> <p>Yes No</p>	<p>After 'Cancel Recurring Payments' button is clicked, warning message will be displayed:</p> <p>YES - Cancels EFT NO – Returns to prior page</p>
<p>Your monthly recurring payments have been canceled. Monthly premium payment is always due on the 23<sup>rd</sup> of the month. Please make a payment using another payment method, if possible.</p> <p>You have completed your session, please close your browser or click on Payment Portal above to make a payment.</p>	<p>Confirmation message after recurring EFT has been cancelled</p>