

# idalink AGENT CONSOLE SETUP



## ► idalink Agent Console Setup

When an agent is already registered with YHI and attempts to register on idalink, they will see this pop up.

Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account.  
If you are unable to register, please [send a report](#) for help with registering.

**You are already registered**


According to our records you have already registered with Your Health Idaho or idalink. Please use that account information to sign-in.  
[Log in >](#)


License:

Email Address:

Confirm Email Address:

Security Check





Type the text:

[Privacy & Terms](#)

Type the characters you see in the box above, separated by a space.



## ► idalink Agent Console Setup



### REGISTRATION

Registering for idalink will enable you to view your benefits, apply for Health Coverage Assistance and complete your Food Stamps re-evaluation online. If you have already registered for Your Health Idaho, you do not need to register again here, but will need to provide some additional information to [sign in](#).

New to idalink? **Register below:**

☐ **Check this box, if you are an Agent Authorized Representative.**

Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account.

If you are unable to register, please [send a report](#) for help with registering.

If an agent is not able to register, the agent clicks Send a Report.



## ► idalink Agent Console Setup

The agent completes the Report an Issue form, adding a contact phone number in the comments section, and clicks Submit.

The agent will be contacted by DHW to resolve the registration issue.

### Help

#### Report An Issue

If you are experiencing issues registering for idalink as an Agent Authorized Representative, please complete the form below and submit.

**AGENT NAME**

**LICENSE NUMBER**

**EMAIL**

**CONTACT PHONE NUMBER**


Please indicate the type of issue you are experiencing:

☐ Unable to create Agent account in idalink

☐ Other

**ADDITIONAL INFORMATION**

☐ I'm not a robot

  
reCAPTCHA  
[Privacy](#) - [Terms](#)



# idalink AGENT CONSOLE



## ► idalink Agent Console



Agents use Your Health Idaho to view all clients for which they are the agent/broker on record.

Agents use YHI to manage insurance which includes... obtaining payments, managing clients and making plan selections.

Agent information in YHI is not related to information in idalink. The information does not transfer from one system to another.



Agents are only able to view clients who have designated the agent as an Agent Authorized Representative.

Agents use idalink as a special tool to act on the behalf of the client who have given permission to DHW to discuss APTC eligibility with the agent.



## ► idalink Agent Console



The idalink Console is personal portal for Agents to view a list of clients who are receiving APTC –AND- have designated the agent as an Agent Authorized Representative.

In the idalink Agent Console, Agents are able to represent their clients and ...

- View current eligibility status of Health Coverage Assistance and Advanced Payment of Premium Tax Credit (APTC).
- Apply for Health Coverage Assistance and APTC.
- View Department of Health and Welfare (DHW) notices.
- Report changes in the client's situation.



## ► idalink Agent Console

Before an agent can use the Agent Console in Idalink...

- ❑ The client must designate the Agent as their Agent Authorized Representative in idalink.
- ❑ The agent must create an agent account in idalink.

Then the agent will be able to...

- ❑ Submit applications and represent their clients in Idalink.





idalink  
AGENT CONSOLE  
AUTHORIZED REPRESENTATIVE



## ► idalink Agent Console Authorized Representative

Suzanne Agent is an agent, her clients will be able to select Suzanne as an Agent Authorized Representative in idalink ...



Before an agent can use the Agent Console in Idalink...

- ❑ The client must designate the Agent as their Agent Authorized Representative in idalink.
- ❑ The agent must create an agent account in idalink.

Then the agent will be able to...

- ❑ Submit applications and represent their clients in Idalink.



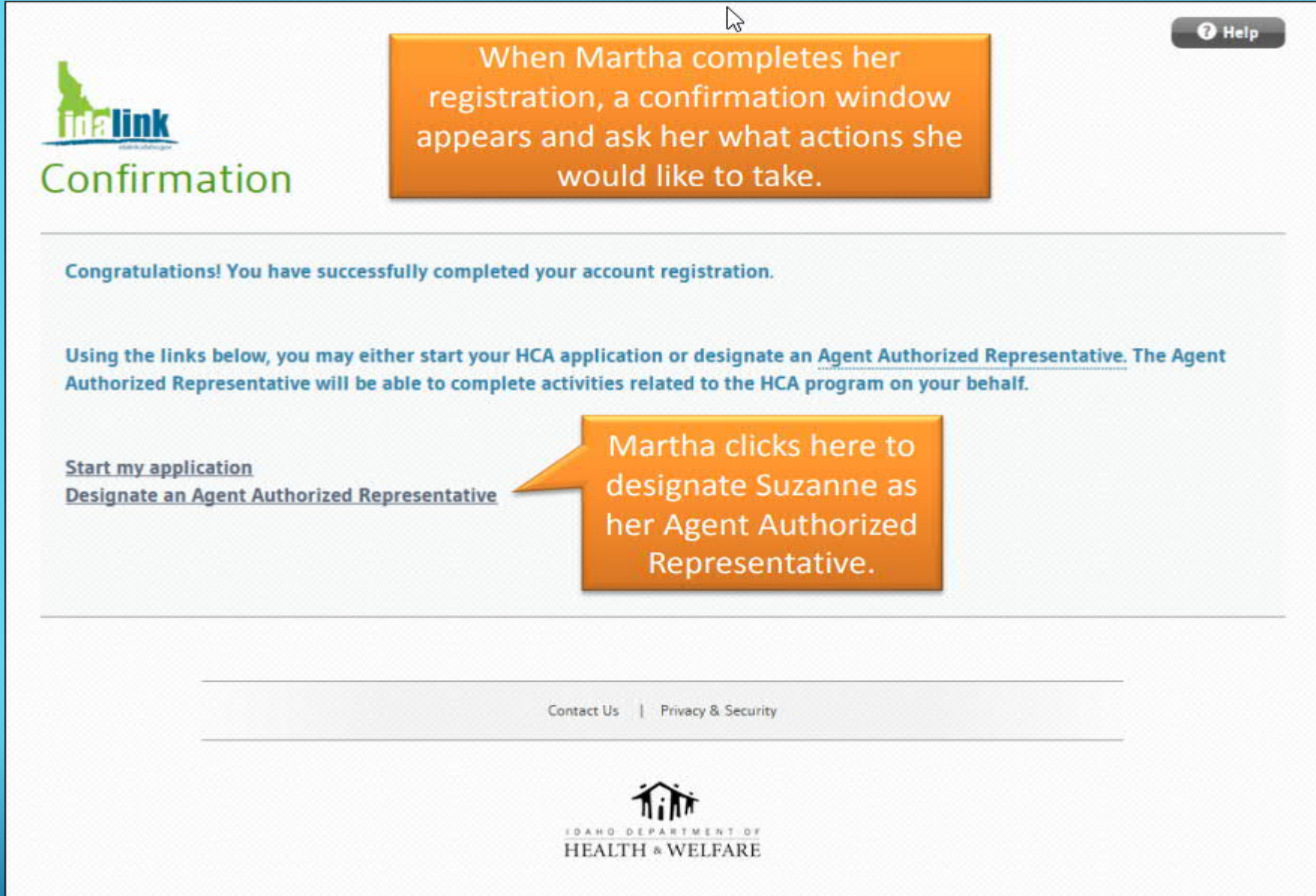
## ► idalink Agent Console Authorized Representative

Client Martha Taylor, DOES NOT have an idalink account.

Martha needs to create an idalink account to designate Suzanne Agent as her Agent Authorized Representative.



## ► idalink Agent Console Authorized Representative



The screenshot shows the 'Confirmation' page of the idalink Agent Console. At the top left is the idalink logo with the tagline 'idaho's online health care marketplace'. To its right is an orange callout box stating: 'When Martha completes her registration, a confirmation window appears and ask her what actions she would like to take.' In the top right corner is a 'Help' button. Below the logo, the word 'Confirmation' is displayed in a large green font. A horizontal line separates this header from the main content area. The main content begins with a blue message: 'Congratulations! You have successfully completed your account registration.' This is followed by another blue message: 'Using the links below, you may either start your HCA application or designate an Agent Authorized Representative. The Agent Authorized Representative will be able to complete activities related to the HCA program on your behalf.' Below this, there are two underlined links: 'Start my application' and 'Designate an Agent Authorized Representative'. An orange callout box points to the second link, stating: 'Martha clicks here to designate Suzanne as her Agent Authorized Representative.' Another horizontal line is below the links. At the bottom of the page, there is a footer section with links for 'Contact Us' and 'Privacy & Security'. Below the footer is the Idaho Department of Health & Welfare logo, which features a stylized family icon and the text 'IDAHO DEPARTMENT OF HEALTH & WELFARE'. In the bottom right corner, outside the main screenshot area, is a smaller version of the idalink logo with the URL 'idalink.idahogov'.

**Confirmation**

When Martha completes her registration, a confirmation window appears and ask her what actions she would like to take.

**Help**

Congratulations! You have successfully completed your account registration.

Using the links below, you may either start your HCA application or designate an Agent Authorized Representative. The Agent Authorized Representative will be able to complete activities related to the HCA program on your behalf.

[Start my application](#)  
[Designate an Agent Authorized Representative](#)

Martha clicks here to designate Suzanne as her Agent Authorized Representative.

[Contact Us](#) | [Privacy & Security](#)

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HEALTH & WELFARE

**idalink**  
idalink.idahogov

## ► idalink Agent Console Authorized Representative

The screenshot shows the 'Designate an Agent Authorized Representative' page in the idalink system. The user, Martha Taylor, is logged in. The page has a sidebar with 'Authorized Representative' and 'Review & Submit' buttons. The main content area has a heading 'Designate an Agent Authorized Representative' and instructions. Below this is a form with 'Agent Name:' and a dropdown menu. The dropdown shows 'SUZ' typed in and 'SUZANNE AGENT (99902)' as a suggestion. A 'Next' button is at the bottom right of the form. The footer includes 'Contact Us | Privacy & Security' and the Idaho Department of Health & Welfare logo.

Welcome, **Martha Taylor**

[My Account](#) | [Logout](#) | [Help](#)

### Designate an Agent Authorized Representative

Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.

Agent Name:  Select from list or type name

[SUZANNE AGENT \(99902\)](#)

[Next >](#)

[Contact Us](#) | [Privacy & Security](#)

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HEALTH & WELFARE

Suzanne Agent is an approved agent, Martha can search for her by typing Suzanne's name





## ► idalink Agent Console Authorized Representative

The screenshot shows the 'Designate an Agent Authorized Representative' page in the idalink system. The user is Martha Taylor. The page has a sidebar with 'Authorized Representative' and 'Review & Submit' buttons. The main content area has a heading and instructions. A form field for 'Agent Name' has a dropdown menu open, showing a list of agents. A 'Next' button is to the right of the dropdown. The footer includes 'Contact Us', 'Privacy & Security', and the Idaho Department of Health & Welfare logo.

Welcome, **Martha Taylor**

**Authorized Representative**

**Review & Submit**

### Designate an Agent Authorized Representative

Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.

Agent Name:

Select from list or type name

- MARK AGENT (99912)
- MARY AGENT (99913)
- RAINBY AGENT (99903)
- SUSAN AGENT (99915)
- SUZANNE AGENT (99902)
- WILLIAM AGENT (99914)
- JOHN ALANIS (503409)
- JOSIAH ALLIS (324279)
- JEFF ALLIS (021)

Next >

Contact Us | Privacy & Security


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HEALTH & WELFARE


OR by clicking the drop  
down and scrolling.





## ► idalink Agent Console Authorized Representative

Welcome,  
**Martha Taylor**




Authorized Representative 

Review & Submit 


My Account | Logout |  Help 

### Designate an Agent Authorized Representative


Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.


Agent Name:    

Martha clicks NEXT to continue



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HEALTH & WELFARE

  
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idalink.idahogov

## ► idalink Agent Console

Welcome, **Martha Taylor**

[My Account](#) | [Logout](#) | [? Help](#)

### Designate an Agent Authorized Representative

Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.

Agent Name:

- MARK AGENT (99912)
- MARY AGENT (99913)
- RAINBY AGENT (99903)
- SUSAN AGENT (99915)
- SUZANNE AGENT (99902)
- WILLIAM AGENT (99914)
- JOHN ALANIS (503409)
- JOSIAH ALLIS (324279)

[Next >](#)

[Contact Us](#) | [Privacy & Security](#)

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HEALTH & WELFARE

When an agent is not listed, the client clicks the Help link to submit an email request.





## ► idalink Agent Console Authorized Representative

### Help

FAQsReport An Issue

#### Report An Issue

If you are experiencing technical problems with the website or unable to log in, please contact us at 1-877-456-1233 or 208-334-6700 between the hours of 8 a.m. and 6 p.m., Monday thru Friday, except holidays or complete the feedback form below and submit.

NAME

Shawn

Smith

EMAIL

ssmith@testing.com

Please indicate the type of issue you are experiencing:

☐ Could not log in

☐ Forgot my password

☐ Forgot my email

☐ Do not see the benefit programs or people I expect to see

☐ The benefit amounts do not match what I expect to see

☐ Website appears to be broken

☐ Unable to find agent authorized representative

Submit

### The Client . . .

- Completes the form.
- Clicks the check box next Unable to find agent authorized representative.
- Submits the form by clicking SUBMIT.



## ► idalink Agent Console Authorized Representative

Client Jason Anderson, has an EXISTING  
idalink account.

Jason will log in to designate Suzanne Agent as  
an his Agent Authorized Representative.



## ► idalink Agent Console Authorized Representative

The screenshot shows the idalink Agent Console interface. At the top, a dark blue header contains the IDAHO logo, a welcome message for Jason Anderson, and links for My Account, Logout, and Help. Below the header, a green banner displays "Health Coverage Assistance" with a sub-header and a "Start My Application" button. An orange callout bubble points to the "My Account" link, stating "Jason clicks My Account." Below the banner, the "My Benefits" section features a table for Jason Anderson's coverage. The table has columns for months (July, August) and a status column. Jason Anderson's Medicaid status is "Not Covered" for both months, with a "Discontinued" status and a date of 05/31/15. At the bottom, a banner promotes finding a healthcare plan with a "Start Shopping" button.

Welcome, **Jason Anderson**

[My Account](#) | [Logout](#) | [Help](#)

### Health Coverage Assistance


If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

**If you need to report a change** for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Start My Application](#)

### My Benefits

| Health Coverage Assistance         |             |             |                                |
|------------------------------------|-------------|-------------|--------------------------------|
|                                    | July        | August      |                                |
| <b>Jason Anderson</b> (12/13/1995) |             |             |                                |
| Medicaid                           | Not Covered | Not Covered | Discontinued<br>Date: 05/31/15 |

 **Your Health IDAHO**

### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[Start Shopping](#)

Jason clicks  
My Account.



## ► idalink Agent Console Authorized Representative



**ACCOUNT SETTINGS**

**ACCOUNT ACTIVITY**

**AGENT AUTHORIZED REPRESENTATIVE**

### Agent Authorized Representative

We currently do not have an Agent Authorized Representative on file for you. Using idalink, your Agent Authorized Representative activities related to your Health Coverage Assistance on your behalf. This includes being able to view notices and report changes. To designate an Agent Authorized Representative, please use the [Designate an Agent Authorized Representative](#) link.

Jason selects the Agent Authorized Representative tab, then clicks Designate an Agent Authorized Representative link.

## ► idalink Agent Console Authorized Representative

Welcome,  
**Jason Anderson**

Authorized Representative

Review & Submit

My Benefits | My Account | Logout | ? Help

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### Designate an Agent Authorized Representative

Use this section to designate someone as an Agent Authorized Representative. Your Agent Authorized Representative will then be able to receive information related to your family's situation and view notices from DHW related to the Health Coverage Assistance program. If you do not find your agent's name in the list, please use the help link and submit an email request indicating that your agent is not available.

If you wish to designate a new Authorized Representative that is not an agent or remove an existing one, please use the [Report a Change](#) link.

Agent Name:


No Agent Authorized Representative

suza

SUZANNE AGENT (99902)

Next >

Contact Us | Privacy & Security

  
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Jason selects  
Suzanne as his  
agent.



## ► idalink Agent Console Authorized Representative

Client Shawn Smith, has an EXISTING idalink account.

Shawn will designate Suzanne Agent as his Agent Authorized Representative during the application process.





## ► idalink Agent Console Authorized Representative

Welcome, **Shawn Smith**

Last saved Jul 10, 2015 10:22 AM

My Account | Logout | ? Help

Time Remaining: 72h

### About You

If you are seeking health coverage for yourself or others in your household, please enter your information below.

#### Designate Agent Authorized Representative

Your Agent Authorized Representative is able to receive information related to your family's situation and view notices related to the Health Coverage Assistance program.

Would you like to designate an Agent Authorized Representative?

☒ Yes ☐ No

To designate an Agent Authorized Representative, select an agent from the list.

Agent Name:

- No Agent Authorized Representative
- CHELSEY AGENT (99906)
- SUSAN AGENT (99915)
- SUZANNE AGENT (99902)**
- JOHN ALANIS (503409)
- JOSHUA ALLIS (324279)
- JEFF ALLTUS (83)
- LASASHA ALVARADO (508122)
- HASANI ANDERSON (387584)
- JEFFREY ANDERSON (101653)

#### Designate Authorized Representative

If you are helping someone apply for health coverage, you may designate a trusted friend, family, or third party to act on your behalf, for all matters relating to the application process.

Would you like to designate an Authorized Representative on your behalf?

☐ Yes ☐ No

#### Basic Info

Name: Shawn Middle Name Smith Suffix

Former Name(s):

Shawn will answer  
YES and select

Suzanne as his agent.

## ► idalink Agent Console Authorized Representative

Welcome,  
**Shawn Smith**

Personal Info

Income

Additional Questions

Review & Submit

Last saved Jul 10, 2015 10:27 AM

My Account | Logout | Help

Time Remaining: 72h

## Rights & Responsibilities

### Review and Sign

**I understand that...**

My signature certifies that the information on this application is true and accurate. I could be sanctioned and required to return any benefit I receive if my information is not true. Sanctions may include administrative, civil or criminal actions against me, including prosecution.

I consent to the gathering, use and disclosure of my information by the Idaho Department of Health and Welfare or its designees. I understand the information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services, and for normal business operations of the Department.

I consent to the gathering and use of income data, including information from tax returns for determining eligibility for help paying for health coverage in future years (up to 5 years). I will receive notice when this occurs, be able to make changes, and may opt out at any time.

I have the right to revoke this consent, in writing, at any time.

☒ Under penalty of perjury, I swear or affirm the information provided is true and accurate. My signature confirms that I have read and understood the information on this page.

**PRIMARY APPLICANT**

Shawn Smith

**PRIMARY APPLICANT'S E-SIGNATURE**

Shawn Smith

**TODAY'S DATE**

07/10/2015

[Back](#) [Submit your Application](#)

Shawn MUST submit his application or Suzanne will not be designated as his Agent Authorized Representative.



idalink

AGENT CONSOLE

AGENT CREATES AN IDALINK ACCOUNT



## ► idalink Agent Console Agent Creates an idalink Account

Now that the Suzanne Agent's clients have designated her as an Agent Authorized Representative in idalink, Suzanne need's to register on idalink as an Agent to gain access to her Agent Console . . .



Before an agent can use the Agent Console in idalink...

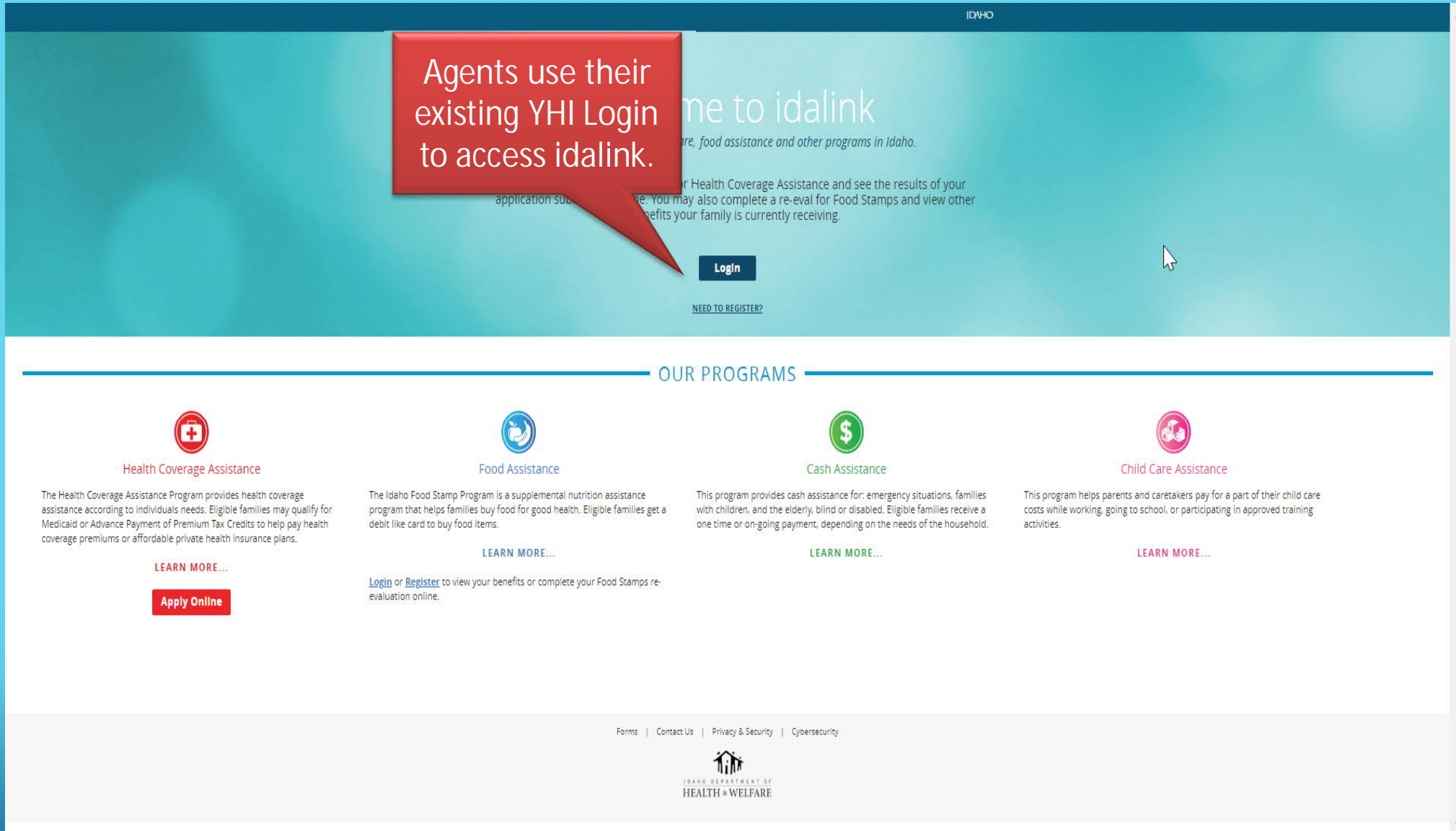
- ✓ The client must designate the Agent as their Agent Authorized Representative in idalink.
- The agent must create an agent account in idalink.

Then the agent will be able to...

- Submit applications and represent their clients in Idalink.



## ► idalink Agent Console Agent Creates an idalink Account



The screenshot shows the idalink website interface. A red callout box with a white border and a pointer to the 'Login' button contains the text: "Agents use their existing YHI Login to access idalink." The website header is dark blue with the IDAHO logo. The main content area has a teal background with the text "Welcome to idalink" and "Health Coverage Assistance, food assistance and other programs in Idaho." Below this, there is a "Login" button and a link "NEED TO REGISTER?". The "OUR PROGRAMS" section features four columns: Health Coverage Assistance (with a red cross icon), Food Assistance (with a blue apple icon), Cash Assistance (with a green dollar sign icon), and Child Care Assistance (with a pink family icon). Each column includes a description, a "LEARN MORE..." link, and a button ("Apply Online" for Health Coverage Assistance, and "Login or Register" for Food Assistance). The footer contains links for Forms, Contact Us, Privacy & Security, and Cybersecurity, along with the Idaho Department of Health & Welfare logo.

IDAHO


Welcome to idalink  
Health Coverage Assistance, food assistance and other programs in Idaho.

Agents use their existing YHI Login to access idalink.

Login

[NEED TO REGISTER?](#)

### OUR PROGRAMS




#### Health Coverage Assistance

The Health Coverage Assistance Program provides health coverage assistance according to individuals needs. Eligible families may qualify for Medicaid or Advance Payment of Premium Tax Credits to help pay health coverage premiums or affordable private health insurance plans.

[LEARN MORE...](#)

[Apply Online](#)




#### Food Assistance

The Idaho Food Stamp Program is a supplemental nutrition assistance program that helps families buy food for good health. Eligible families get a debit like card to buy food items.

[LEARN MORE...](#)


[Login or Register](#) to view your benefits or complete your Food Stamps re-evaluation online.



#### Cash Assistance

This program provides cash assistance for: emergency situations, families with children, and the elderly, blind or disabled. Eligible families receive a one time or on-going payment, depending on the needs of the household.

[LEARN MORE...](#)



#### Child Care Assistance

This program helps parents and caretakers pay for a part of their child care costs while working, going to school, or participating in approved training activities.

[LEARN MORE...](#)

[Forms](#) | [Contact Us](#) | [Privacy & Security](#) | [Cybersecurity](#)

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HEALTH & WELFARE



## ► idalink Agent Console Agent Creates an idalink Account

Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account.

If you are unable to register, please [send a report](#) for help with registering.

**You are already registered**

According to our records you have already registered with Your Health Idaho or idalink. Please use that account information to sign-in.



Log in >

License: \_\_\_\_\_

Email Address:

Confirm Email Address:

Security Check



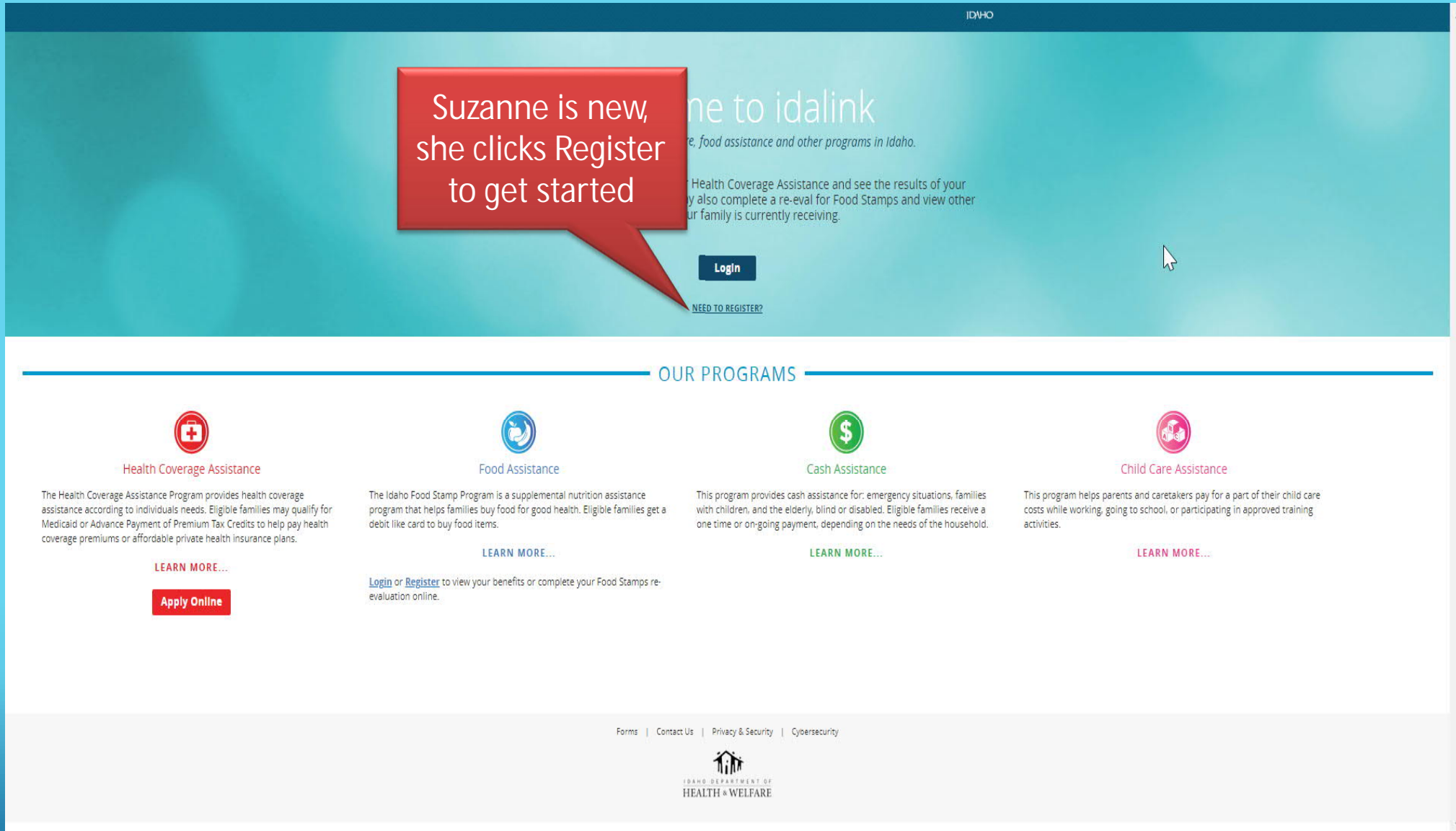
[Privacy & Terms](#)

Type the characters you see in the box above, separated by a space.

When an agent who has already registered with YHI attempts to register on idalink, they will see this pop up.



## ► idalink Agent Console Agent Creates an idalink Account



The screenshot shows the idalink website interface. A red callout bubble with white text says: "Suzanne is new, she clicks Register to get started". The bubble points to a link that says "NEED TO REGISTER?". Above this link is a "Login" button. The website header includes the word "IDAHO" in the top right corner. The main content area is titled "OUR PROGRAMS" and features four columns, each with an icon, a program name, a description, and a "LEARN MORE..." link.

**Health Coverage Assistance**  
The Health Coverage Assistance Program provides health coverage assistance according to individuals' needs. Eligible families may qualify for Medicaid or Advance Payment of Premium Tax Credits to help pay health coverage premiums or affordable private health insurance plans.  
[LEARN MORE...](#)  
[Apply Online](#)

**Food Assistance**  
The Idaho Food Stamp Program is a supplemental nutrition assistance program that helps families buy food for good health. Eligible families get a debit like card to buy food items.  
[LEARN MORE...](#)  
[Login or Register](#) to view your benefits or complete your Food Stamps re-evaluation online.

**Cash Assistance**  
This program provides cash assistance for: emergency situations, families with children, and the elderly, blind or disabled. Eligible families receive a one time or on-going payment, depending on the needs of the household.  
[LEARN MORE...](#)

**Child Care Assistance**  
This program helps parents and caretakers pay for a part of their child care costs while working, going to school, or participating in approved training activities.  
[LEARN MORE...](#)

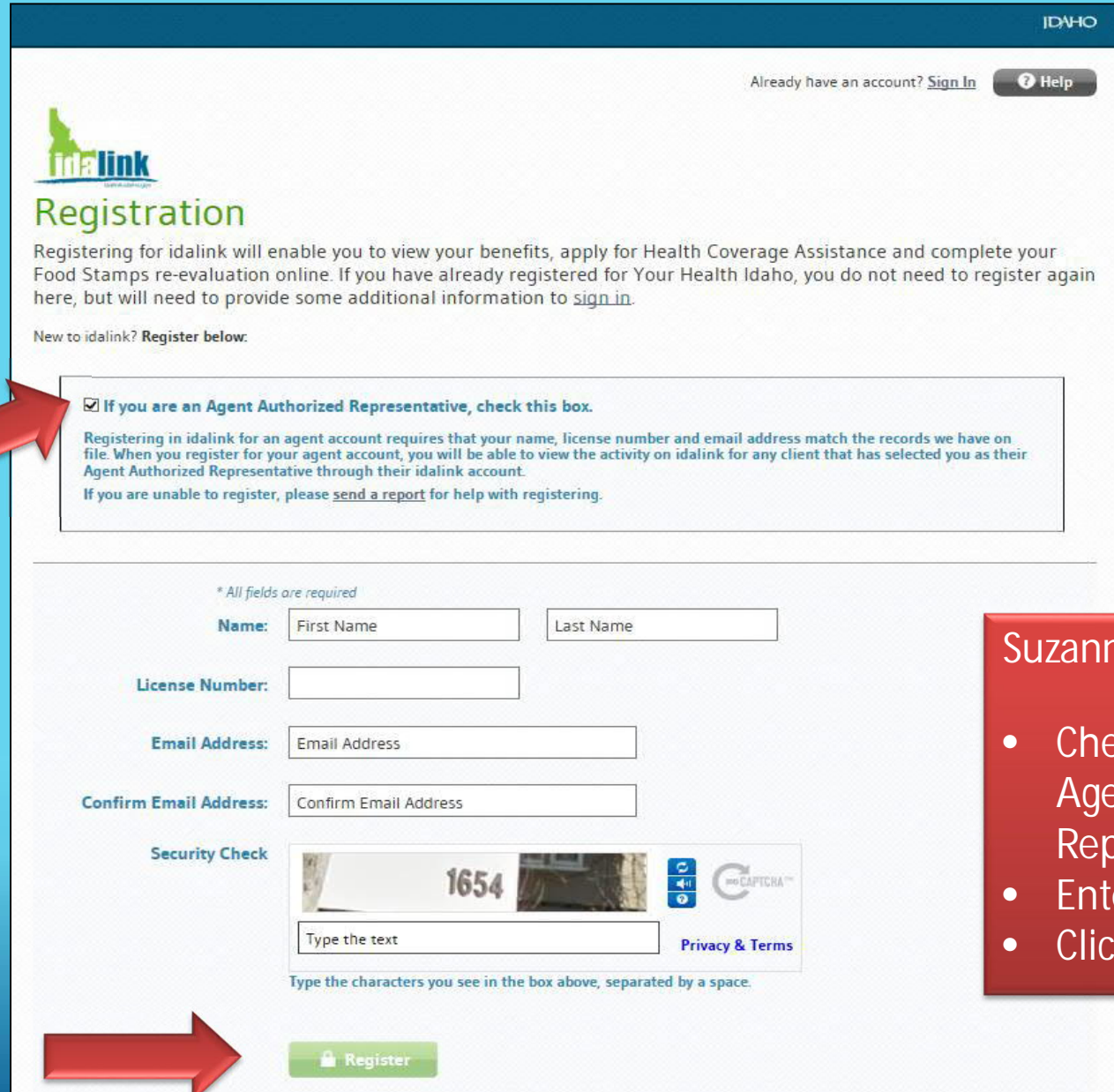
Forms | Contact Us | Privacy & Security | Cybersecurity

IDAHO DEPARTMENT OF HEALTH & WELFARE






## ► idalink Agent Console Agent Creates an idalink Account



IDAHO

Already have an account? [Sign In](#) [Help](#)

  
**Registration**

Registering for idalink will enable you to view your benefits, apply for Health Coverage Assistance and complete your Food Stamps re-evaluation online. If you have already registered for Your Health Idaho, you do not need to register again here, but will need to provide some additional information to [sign in](#).

New to idalink? **Register below.**

☒ **If you are an Agent Authorized Representative, check this box.**  
Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account.  
If you are unable to register, please [send a report](#) for help with registering.

\* All fields are required



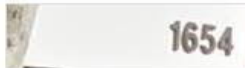
**Name:**  First Name  Last Name


**License Number:**

**Email Address:**

**Confirm Email Address:**

**Security Check**

  
 Type the text [Privacy & Terms](#)  
Type the characters you see in the box above, separated by a space.



Suzanne must:


- Check that she is an Agent Authorized Representative.
- Enter her information.
- Click Register.



## ► idalink Agent Console Agent Creates an idalink Account

IDAHO

Already have an account? [Sign In](#) [Help](#)

  
**Confirmation**


Thank you for creating an account. Your password has been sent to [diane-02@portlandwebworks.com](mailto:diane-02@portlandwebworks.com). Please check your inbox and spam folders.

*\* All fields are required*

|                 |  |
|-----------------|--|
| First Name      | <input type="text" value="Suzanne"/>                       |
| Last Name       | <input type="text" value="Agent"/>                         |
| License Number: | <input type="text" value="99902"/>                         |
| Email Address   | <input type="text" value="diane-02@portlandwebworks.com"/> |

Submit Query

[Contact Us](#) | [Privacy & Security](#)

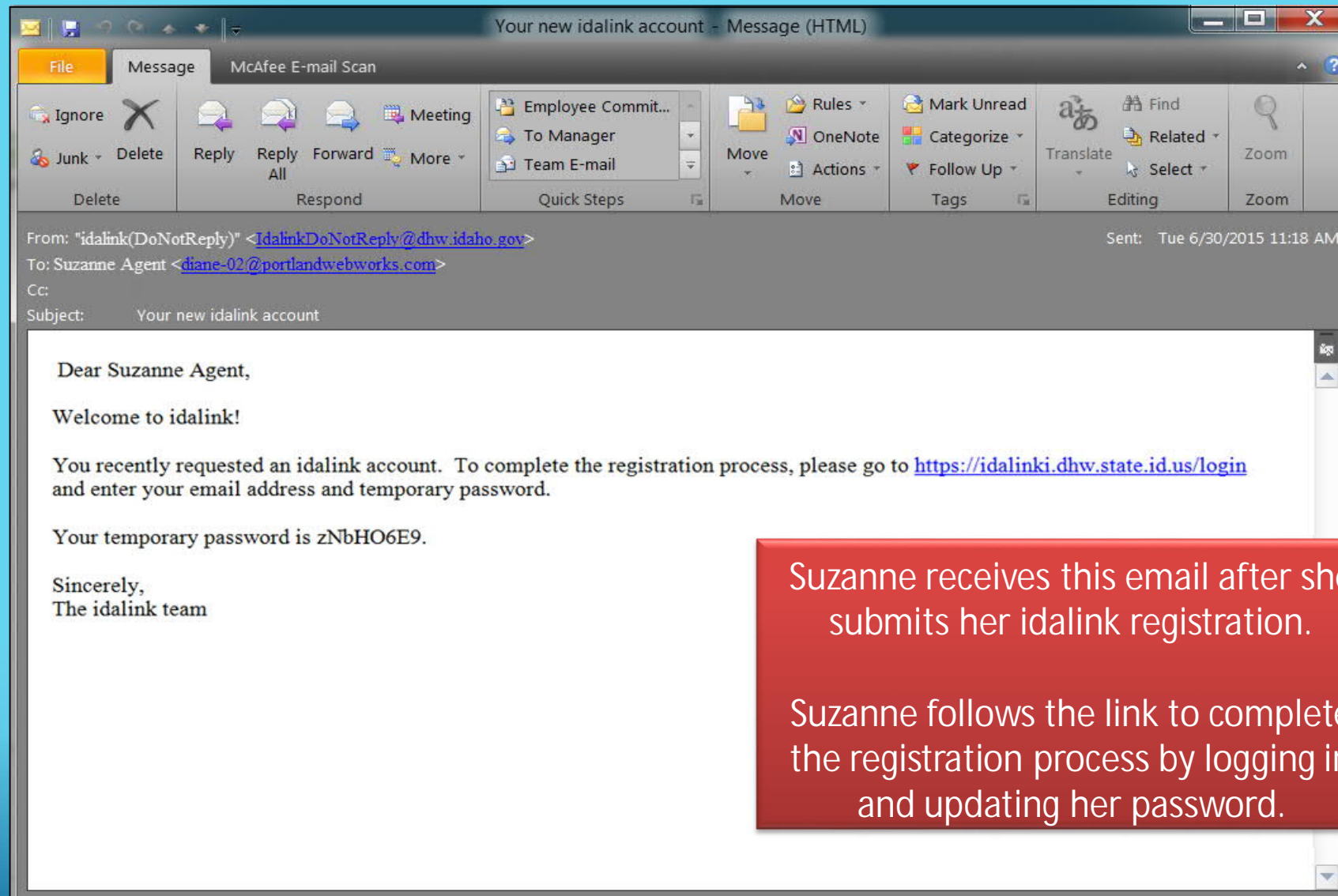
  
IDAHO DEPARTMENT OF  
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Suzanne receives  
confirmation that her  
registration is complete.

She checks her email for  
her password.

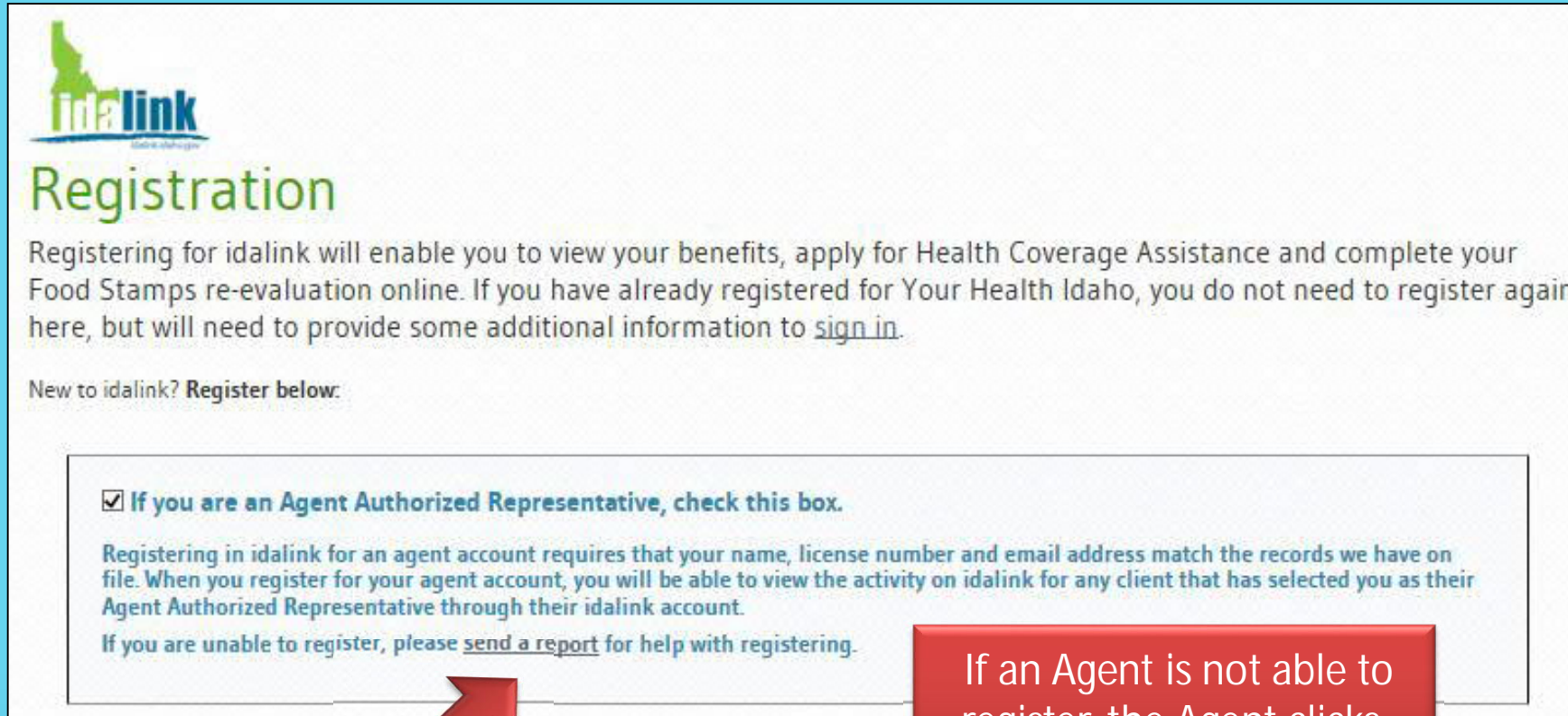


## ► idalink Agent Console Agent Creates an idalink Account






## ► idalink Agent Console Agent Creates an idalink Account



The screenshot shows the idalink Registration page. At the top left is the idalink logo with the URL idalink.idaho.gov. Below the logo is the heading "Registration". A paragraph explains that registering enables users to view benefits, apply for Health Coverage Assistance, and complete Food Stamps re-evaluation. It notes that users who have already registered for "Your Health Idaho" do not need to register again but must provide additional information to [sign in](#). Below this is a section titled "New to idalink? Register below:". Inside this section is a box containing a checked checkbox with the text "If you are an Agent Authorized Representative, check this box." followed by instructions: "Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account." and "If you are unable to register, please [send a report](#) for help with registering." A large red arrow points from the "send a report" link to a red callout box on the right.

 idalink.idaho.gov

## Registration

Registering for idalink will enable you to view your benefits, apply for Health Coverage Assistance and complete your Food Stamps re-evaluation online. If you have already registered for Your Health Idaho, you do not need to register again here, but will need to provide some additional information to [sign in](#).

New to idalink? Register below:

☒ If you are an Agent Authorized Representative, check this box.

Registering in idalink for an agent account requires that your name, license number and email address match the records we have on file. When you register for your agent account, you will be able to view the activity on idalink for any client that has selected you as their Agent Authorized Representative through their idalink account.

If you are unable to register, please [send a report](#) for help with registering.

If an Agent is not able to register, the Agent clicks the hyperlink Send a Report.



## ► idalink Agent Console Agent Creates an idalink Account

### Report an Issue

If you are experiencing issues registering for idalink as an Agent Authorized Representative, please complete the form below and submit.

**AGENT NAME**

First Name  Last Name

**LICENSE NUMBER**  **EMAIL**

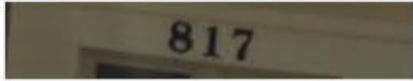
**PLEASE INDICATE THE TYPE OF ISSUE YOU ARE EXPERIENCING:**


☒ UNABLE TO CREATE AGENT ACCOUNT IN IDALINK

☐ OTHER

**ADDITIONAL INFORMATION**

Please enter any additional information regarding the issue that you are experiencing



[Privacy & Terms](#)

The Agent completes the Report an Issue form, adds a contact phone number in the comments section and clicks Submit.

The agent will be contacted to resolve the registration issue.



# idalink AGENT CONSOLE APPLICATION PROCESS



## ► idalink Agent Console Application Process

Suzanne Agent was able to complete her log in.

She can log into idalink to view the Agent Console. There she will be able to see any clients who have designated her as an Agent Authorized Representative.

Before an agent can use the Agent Console in idalink . . .

- ✓ The client must designate the Agent as their Agent Authorized Representative in idalink.
- ✓ The agent must create an agent account in idalink.

Then the agent will be able to . . .

- ❑ Submit applications and represent their clients in idalink.



## ► idalink Agent Console Application Process

WELCOME

idaho

Welcome, **Suzanne Agent**

LogoutHelpidalink

Select Client

To access your client's idalink account, select the client using one of the options below:

Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Search By

View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

View Client List

Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

First Name

Last Name

within last month

Select a Status

Search

Reset

| Start Date           | Submitted Date       | Submitted By  | Applicant     | DOB        | IBES CIN/Clientid             |  | Type        | Status    |
|----------------------|----------------------|---------------|---------------|------------|-------------------------------|--|-------------|-----------|
| 06/26/2015<br>8:38AM |                      |               | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Timed Out |
| 06/26/2015<br>8:20AM | 06/26/2015<br>8:37AM | Suzanne Agent | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Submitted |
| 06/25/2015<br>2:45PM | 06/25/2015<br>2:45PM | Martha Taylor | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | HCA Agent   | Submitted |

Displaying 1-3 of 3 results

This is the  
Agent Console Home  
Screen in idalink.





## ► idalink Agent Console Application Process

WELCOME, Suzanne Agent

Logout Help

idalink

### Select Client

To access your client's idalink account, select the client using one of the options below:

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Search By

#### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

View Client List

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

First Name

Last Name

within last month

Select a Status

Search

Reset

| Start Date        | Submitted Date    | Submitted By  | Applicant     | DOB        | IBES CIN/Clientid             |  | Type        | Status    |
|-------------------|-------------------|---------------|---------------|------------|-------------------------------|--|-------------|-----------|
| 06/26/2015 8:38AM |                   |               | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Timed Out |
| 06/26/2015 8:20AM | 06/26/2015 8:37AM | Suzanne Agent | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Submitted |
| 06/25/2015 2:45PM | 06/25/2015 2:45PM | Martha Taylor | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | HCA Agent   | Submitted |

Displaying 1-3 of 3 results

This is the Agent Console Home Screen in idalink.

## ► idalink Agent Console Application Process

WELCOME, Suzanne Agent

Logout Help

idalink

Select Client

To access your client's idalink account, select the client using one of the options below:

Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Search By

View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

View Client List

Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

First Name

Last Name

within last month

Select a Status

Search

Reset

| Start Date        | Submitted Date    | Submitted By  | Applicant     | DOB        | IBES CIN/Clientid             |  | Type        | Status    |
|-------------------|-------------------|---------------|---------------|------------|-------------------------------|--|-------------|-----------|
| 06/26/2015 8:38AM |                   |               | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Timed Out |
| 06/26/2015 8:20AM | 06/26/2015 8:37AM | Suzanne Agent | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Submitted |
| 06/25/2015 2:45PM | 06/25/2015 2:45PM | Martha Taylor | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | HCA Agent   | Submitted |

Displaying 1-3 of 3 results

Suzanne can also review the activity completed by the client or the agent in the Submission Log.

The Submission Log will show Suzanne what client took actions and the status of each action.



## ► idalink Agent Console Application Process

First Name

Last Name

within last month

Select a Status

Search

Reset

| Start Date           | Submitted Date       | Submitted By  | Applicant     | DOB        | IBES CIN/Clientid |  | Type        | Status    |
|----------------------|----------------------|---------------|---------------|------------|-------------------|--|-------------|-----------|
| 06/26/2015<br>8:38AM |                      |               | Martha Taylor | 10/14/1982 | 1435268330756     |  | Application | Timed Out |
| 06/26/2015<br>8:20AM | 06/26/2015<br>8:37AM | Suzanne Agent | Martha Taylor | 10/14/1982 | 1435268330756     |  | Application | Submitted |
| 06/25/2015<br>2:45PM | 06/25/2015<br>2:45PM | Martha Taylor | Martha Taylor | 10/14/1982 | 1435268330756     |  | HCA Agent   | Submitted |

Displaying 1 3 of 3 results

| Status Field | What it means?  | What Suzanne can do  |
|--------------|---|--|
| Draft        | An application has been started.                                | Suzanne can view, edit, complete, and submit the application for her client.                         |
| Timed Out    | An application that was started, passed the 72 hour time limit. | This is informational only for Suzanne. Suzanne or the client can start a new application.           |
| Submitted    | An application has been submitted and will be processed by DHW. | Once the application is processed, Suzanne will be able to view the Notice in the View Notices link. |






## ► idalink Agent Console Application Process

Suzanne can submit an application for Health Coverage Assistance for any client that has designated her as an Agent Authorized Representative.

Suzanne searches for her client Martha Taylor by using the Search By or Client List.



## ► idalink Agent Console Agent Application

Welcome, **Suzanne Agent** Logout ? Help 

### Select Client

To access your client's idalink account, select the client using one of the options below:

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Search By

Jason Anderson

Martha Taylor

#### View Client List

Click the View Client List button for clients who have selected you to be Representative for their HCA program.

View Client List

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields. Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking the paperclip image, or you may download the submitted forms by clicking the paperclip image. Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the link.

First Name

Last Name

within last month

Select a Status

Search

Reset

| Start Date        | Submitted Date | Submitted By | Applicant      | DOB        | IBES CIN/ClientId          | Type        | Status |
|-------------------|----------------|--------------|----------------|------------|----------------------------|-------------|--------|
| 07/01/2015 1:52PM |                |              | Jason Anderson | 12/12/1995 | <a href="#">0000607319</a> | Application | Draft  |

To search using Search By . . .

Suzanne clicks the drop down to display all the clients that have designated Suzanne as their Agent Authorized Representative and selects Martha's name  
OR

By typing Martha's name and pressing the Enter key to search.

## ► idalink Agent Console Application Process

The screenshot displays the idalink Agent Console interface. At the top, there is a search bar with the text "Enter CIN #" and a "Search" button. To the right of the search bar, the text "Agent Home" and the "IDAHO" logo are visible. Below the search bar, a dark blue banner contains the text "Representing Martha Taylor" and "Client ID: 1435268330756", which is circled in red. To the right of this banner, the text "Last saved Jun 30, 2015 12:45 PM" is displayed. Further right, there are links for "Logout" and "Help", and a "Time Remaining: 72h" indicator. The main content area has a green background with the text "Applying for Health Coverage Assistance Online". Below this, there are three columns of information. The first column, titled "Enter Your Information", includes a house icon and text about eligibility questions. The second column, titled "Review & Submit", includes a document icon and text about reviewing the form. The third column, titled "Eligibility", includes text about the determination process. The bottom right corner of the screenshot shows the idalink logo and the website address "idalink.idaho.gov".

Enter CIN # Search

Agent Home IDAHO

Last saved Jun 30, 2015 12:45 PM

Logout Help

Time Remaining: 72h

Representing  
**Martha Taylor**  
Client ID: 1435268330756

Personal Info

Income

Review & Submit

Applying for Health Coverage Assistance Online

**Enter Your Information**

You will be asked a series of questions to determine whether you or other members of your household are eligible to receive Health Coverage Assistance.

**Review & Submit**

You will have an opportunity to review your completed form before submitting it to us.

**Eligibility**

You will receive an eligibility determination after your application has been submitted. If you are not eligible for Medicaid, your information will be used to determine eligibility for tax credits to help pay health coverage premiums or affordable private health insurance plans.


By clicking Martha's name, idalink brings Suzanne directly to Martha's home page.

Suzanne is now representing Martha.



## ► idalink Agent Console Application Process

IDAHO

Welcome, **Suzanne Agent** Logout ? Help 

### Select Client

To access your client's idalink account, select the client using one of the options below:

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Search By ▼

#### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

View Client List

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by clicking on the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

First Name




Last Name

within last month ▼

Select a Status ▼

Search

Reset

| Start Date           | Submitted Date       | Submitted By  | Applicant     | DOB        | IBES CIN/Clientid             |   | Type        | Status    |
|----------------------|----------------------|---------------|---------------|------------|-------------------------------|---|-------------|-----------|
| 06/26/2015<br>8:38AM |                      |               | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |   | Application | Timed Out |
| 06/26/2015<br>8:20AM | 06/26/2015<br>8:37AM | Suzanne Agent | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Submitted |
| 06/25/2015<br>2:45PM | 06/25/2015<br>2:45PM | Martha Taylor | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | HCA Agent   | Submitted |

Displaying 1-3 of 3 results

To search by View Client List . . .

Suzanne clicks View Client List to display all the clients who have designated her as an Agent Authorized Representative.






## ► idalink Agent Console Application Process

IDAHO

Welcome, **Suzanne Agent**

Logout

Help



### Client List

Back


All clients who have designated you as their Agent Authorized Representative for their HCA program via their idalink account are listed below. (Clients who have only contacted DHW to designate you as their Agent Authorized Representative are not included in this list.)

To begin or continue an HCA application or report a change, click on the client's name.

| Client Name                         | Date of Birth |
|-------------------------------------|---------------|
| <a href="#">Christina Henderson</a> | 01-03-1975    |
| <a href="#">Connor Robertson</a>    | 12-16-1987    |
| <a href="#">Martha Taylor</a>       | 10-14-1982    |
| <a href="#">Chris Smith</a>         | 05-15-1968    |
| <a href="#">Samantha Wright</a>     | 06-06-1956    |
| <a href="#">Jarrod Zinn</a>         | 11-07-1953    |

By clicking Martha's name hyperlink, Suzanne can begin representing Martha and submit an application.

Contact Us | Privacy & Security

  
IDAHO DEPARTMENT OF  
HEALTH & WELFARE





## ► idalink Agent Console Application Process

The screenshot shows the idalink Agent Console interface. At the top, there is a search bar with the text "Enter CIN #" and a "Search" button. To the right of the search bar are links for "Agent Home" and "IDAHO". Below the search bar, on the left, is a sidebar with a red circle around the text "Representing Martha Taylor" and "Client ID: 1435268330756". Below this are links for "Personal Info", "Income", and "Review & Submit". In the top right corner, there are links for "Logout" and "Help", and a "Time Remaining: 72h" timer. The main content area has a green header with the text "Applying for Health Coverage Assistance Online". Below this, there are three columns with icons and text: "Enter Your Information" (house icon), "Review & Submit" (document icon), and "Eligibility Determination" (document icon).

Enter CIN # Search Agent Home IDAHO

Representing  
**Martha Taylor**  
Client ID: 1435268330756

Personal Info

Income

Review & Submit

Last saved Jun 30, 2015 12:45 PM

Logout Help

Time Remaining: 72h

### Applying for Health Coverage Assistance Online

#### Enter Your Information

You will be asked a series of questions to determine whether you or other members of your household are eligible to receive Health Coverage Assistance.

#### Review & Submit

You will have an opportunity to review your completed form before submitting it to us.

#### Eligibility Determination

You will receive an eligibility determination after your application has been submitted. If you are not eligible for Medicaid, your information will be used to determine eligibility for tax credits to help pay health coverage premiums or affordable private health insurance plans.

Suzanne can verify that she is representing Martha Taylor by looking at the client name in the top left.



## ► idalink Agent Console Application Process

Enter CIN #

Agent Home IDAHO

Representing **Martha Taylor**  
Client ID: 1435268330756

Last saved Jun 30, 2015 12:45 PM

Logout ? Help

Time Remaining: 72h

**Personal Info**

- About You
- Your Household
- Tax Status

Income

Review & Submit

Suzanne completes all sections of the application and reviews the information at the Application Summary.

Enter CIN #

Agent Home IDAHO

Representing **Martha Taylor**  
Client ID: 1435268330756

Last saved Jun 30, 2015 1:00 PM

Logout ? Help

Time Remaining: 72h

### Application Summary

Carefully review the information you are about to submit to ensure its accuracy. You can access previously visited sections to make edits to your application for Health Coverage Assistance, as long as there is still time remaining as indicated at the top of each page. Simply click on the section header and this will take you to the relevant section where you can begin editing. Once your application has been submitted, no further edits are allowed.

PDF Print

**About You**

| AUTHORIZED REPRESENTATIVES               | CITIZENSHIP                    |
|--|--------------------------------|
| There are no authorized representatives. | Citizenship Status: US Citizen |

| BASIC INFO                      | HEALTH COVERAGE                              |
|---------------------------------|--|
| Name: Martha Taylor             | Applying for Health Coverage Assistance: Yes |
| Date of Birth: 10/15/1982       |  |
| Social Security No: 617-56-1234 |  |
| Gender: Female                  |  |

| RACE & ETHNICITY       |
|------------------------|
| Hispanic or Latino: No |





## ► idalink Agent Console Application Process

Representing  
**Martha Taylor**  
Client ID: 1435268330756

Personal Info

Income

Additional Questions

Review & Submit

Last saved Jun 30, 2015 1:00 PM

Logout Help

Time Remaining: 72h

## Rights & Responsibilities

### Review and Sign

**I understand that...**

My signature certifies that the information on this application is true and accurate. I could be sanctioned and required to return any benefit I receive if my information is not true. Sanctions may include administrative, civil or criminal actions against me, including prosecution.

I consent to the gathering, use and disclosure of my information by the Idaho Department of Health and Welfare or its designees. I understand the information is needed for the purpose of providing benefits or services, obtaining payment for my benefits or services, and for normal business operations of the Department.

I consent to the gathering and use of income data, including information used for determining eligibility for help paying for health coverage in future years. I will be notified by notice when this occurs, be able to make changes, and may opt out at any time.

I have the right to revoke this consent, in writing, at any time except as otherwise provided.

☒ Under penalty of perjury, I swear or affirm the information I have provided is true and accurate. My signature confirms that I have read and understand the Rights & Responsibilities on this page.

**PRIMARY APPLICANT**

Martha Taylor

**AGENT AUTHORIZED REPRESENTATIVE'S E-SIGNATURE** **TODAY'S DATE**

Suzanne Agent 06/30/2015

Suzanne Agent signs the application as an Agent Authorized Representative



## ► idalink Agent Console Application Process

Representing  
**Martha Taylor**  
Client ID: 1435268330756


Personal Info ✓

Income ✓

Additional Questions ✓

Review & Submit


Last saved Jun 30, 2015 1:00 PM



Logout Help 

Time Remaining: 72h

## Thank You For Applying

Based on the information you have provided on your application today, here are the preliminary eligibility results:

 If you would like a copy of your preliminary eligibility determination using the links below. After submission, it will no longer be available.

 PDF  Print

### Your Preliminary Eligibility Determination

|                                       |              |
|---------------------------------------|--------------|
| Martha Taylor (10/15/1982)            |              |
| Advance Payment of Premium Tax Credit | Eligible     |
| Medicaid                              | Not Eligible |

Please note that the information shown above is not a final determination of eligibility. Once the information you have provided has been verified, you will receive an official notice of your eligibility for Health Coverage Assistance. You can expect to receive this notice within three to five business days.

If you are found eligible to receive an Advance Payment of Premium Tax Credits (APTC) to help pay for insurance premiums, you will be able to select a Qualified Health Plan that meets your household needs. You may visit Idaho's Marketplace to shop for and compare Qualified Health Plans at any time, but if you want financial assistance to

Suzanne receives a Preliminary Eligibility Determination.






## ► idalink Agent Console Application Process

IDAHO

Welcome, **Suzanne Agent**

Logout ? Help 

### Select Client

To access your client's idalink account, select the client using one of the options below:

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Search By ▼

#### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

View Client List

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name**, **Date**, and/or **Status** fields, and then click Search.

Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submitted activity by clicking on the IBES CIN/ClientID hyperlink, or you may download the submitted forms by clicking the paperclip image.

Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

First Name





Last Name

within last month ▼


Select a Status ▼

Search

Reset

| Start Date            | Submitted Date       | Submitted By  | Applicant     | DOB        | IBES CIN/Clientid             |   | Type        | Status    |
|-----------------------|----------------------|---------------|---------------|------------|-------------------------------|---|-------------|-----------|
| 06/30/2015<br>12:45PM | 06/30/2015<br>1:06PM | Suzanne Agent | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Submitted |
| 06/26/2015<br>8:38AM  |                      |               | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |   | Application | Timed Out |
| 06/26/2015<br>8:20AM  | 06/26/2015<br>8:37AM | Suzanne Agent | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | Application | Submitted |
| 06/25/2015<br>2:45PM  | 06/25/2015<br>2:45PM | Martha Taylor | Martha Taylor | 10/14/1982 | <a href="#">1435268330756</a> |  | HCA Agent   | Submitted |

Suzanne can now see the Application submitted for Martha Taylor.





## ► idalink Agent Console Application Process

WELCOME

Logout ? Help

idalink

Welcome, **Suzanne Agent**

### Select Client

To access your client's idalink account, select the client using one of the options below:

#### Search By

Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Search By

#### View Client List

Click the View Client List button for a complete list of clients who have selected you to be an Authorized Representative for their HCA program.

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the **Name, Date,** or **Status** filter. Activity in a Submitted Status has been completed. You may view the submitted forms associated with each Submission by clicking the hyperlink, or you may download the submitted forms by clicking the paperclip image. Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking the IBES CIN/ ClientID hyperlink.

First Name

Last Name

within last month

| Start Date         | Submitted Date    | Submitted By  | Applicant     | File Name   | Size | Status    |
|--------------------|-------------------|---------------|---------------|---|------|-----------|
| 06/30/2015 12:45PM | 06/30/2015 1:06PM | Suzanne Agent | Martha Taylor | <a href="#">MC-Application.1435268330756.2015-06-30.pdf</a> | 32KB | Submitted |

Hovering over the paperclip icon displays the link for PDF that was submitted.

# idalink AGENT CONSOLE APPLICATION STATUS




## ► idalink Agent Console Application Status

Suzanne can log into her Agent Console to review the Application Status of Jason Anderson's Application.

Suzanne reviews the Submission Log for the status and details of Jason's application.



## ► idalink Agent Console Application Status

Welcome, **Suzanne Agent** Logout Help 

### Select Client

To access your client's idalink account, select the client using one of the options below:

**Search By**


Type the client's name in the Search By drop down. As you type the name, all possible matches for clients with existing YHI accounts display in the dropdown. Select your client from the list.

Click the View clients who Represent

### Submission Log

Recent activity completed by your clients is displayed below. Filter the results by completing the Name, Activity in a Submitted Status has been completed. You may view the submitted forms associated with hyperlink, or you may download the submitted forms by clicking the paperclip image. Activity in a Draft Status has been started, but has not been completed. You may view and continue the activity by clicking on the IBES CIN/ ClientID hyperlink.

Search Reset

| Start Date           | Submitted Date       | Submitted By   | Applicant      | DOB        | IBES CIN/ClientID          |   | Type        | Status    |
|----------------------|----------------------|----------------|----------------|------------|----------------------------|---|-------------|-----------|
| 07/01/2015<br>1:52PM |                      |                | Jason Anderson | 12/12/1995 | <a href="#">0000607319</a> |   | Application | Draft     |
| 07/01/2015<br>1:35PM | 07/01/2015<br>1:35PM | Jason Anderson | Jason Anderson | 12/12/1995 | <a href="#">0000607319</a> |  | HCA Agent   | Submitted |

Suzanne reviews the Submission Log to see the Jason Anderson's Application is in Draft Status. She needs to complete the application on his behalf.


She clicks the IBES CIN/Client ID hyperlink to be taken to the Application.





Agent HomeIDaho

Representing  
**Jason Anderson**  
CIN #: 0000607319

My BenefitsLogoutHelp

Time Remaining: 72h


Applying for Health Coverage Assistance Online

Personal Info


Income

Additional Questions


Review & Submit

**Enter Your Information**

You will be asked a series of questions to determine whether you or other members of your household are eligible to receive Health Coverage Assistance.

**Review & Submit**

You will have an opportunity to review your completed form before submitting it to us.

**Eligibility Determination**

You will receive an eligibility determination after your application has been submitted. If you are not eligible for Medicaid, your information will be used to determine eligibility for tax credit to help pay health coverage premiums or affordable private health insurance plans.

Take me to where I left off

Next >

Suzanne can continue the Application representing Jason Anderson just as she did with Martha Taylor.



Agent HomeIDAHO

Representing  
**Jason Anderson**  
CIN #: 0000607319


Personal Info

Income

Additional Questions

Review & Submit

Last saved Jun 30, 2015 1:00 PM

LogoutHelp

## Submission Confirmation

Your application for Health Coverage Assistance was successfully submitted. An email confirmation has been sent to **dlane-02@portlandwebworks.com**. The Department will review the information you have submitted and notify you if we need additional information to process your application. Once we process your application, you will receive an eligibility determination.

Go to [Agent Home](#)

When Suzanne completes the application she will receive an email confirmation.

Suzanne clicks the hyperlink or clicks Agent Home at the top of the screen to return to the Agent Home.

idalink

AGENT CONSOLE

CUSTOMERS ELIGIBILITY INFORMATION



## ► idalink Application Process

Suzanne's clients have questions on about their status and APTC premiums.

Suzanne searches for her clients by using the Search By or Client List and clicks his or her name to view My Benefits home page.



## Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

**If you need to report a change** for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Start My Application >](#)

- [Report a Change](#)
- [View Notices](#)

### My Benefits

#### Health Coverage Assistance

#### Advance Payment of Premium Tax Credit (APTC)

#### Benefit Members

#### 2015 Monthly Amount

Christopher  
Melissa  
Cutter  
Frederick  
Pierce

\$282.00

Click [here](#) to see if your 2016 APTC has been calculated



#### Find a Healthcare Provider

If you are not eligible for Medicaid, we have over 1,000 Healthcare Providers



Suzanne can see that Christopher and the members of his household are approved for APTC.

## Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

**If you need to report a change** for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Start My Application >](#)

- [Report a Change](#)
- [View Notices](#)

### My Benefits

#### Health Coverage Assistance

#### Advance Payment of Premium Tax Credit (APTC)

#### Benefit Members

#### 2015 Monthly Amount

Christopher  
Melissa  
Cutter  
Frederick  
Pierce

\$282.00

Click [here](#) to see if your 2016 APTC has been calculated



#### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[Start Shopping](#)

Suzanne can also click here to review the notices to verify if the 2016 APTC has been calculated.



## Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Application >](#)

Suzanne clicks VIEW NOTICES to view the DHW APTC notices sent to the client.

- Report a Change
- View Notices

### Health Coverage Assistance

#### Advance Payment of Premium Tax Credit (APTC)

#### Benefit Members

#### 2015 Monthly Amount

Christopher  
Melissa  
Cutter  
Frederick  
Pierce

\$282.00

Click [here](#) to see if your 2016 APTC has been calculated



### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[Start Shopping](#)

VIEW NOTICES

ACCOUNT SETTINGS

ACCOUNT ACTIVITY

AGENT AUTHORIZED REPRESENTATIVE

View Notices

FROM

04/15/2015

TO

07/16/2015

Search

You can view the notices we sent you in the last three months for any active program by clicking on the hyperlinks below. To access notifications sent for active programs more than three months ago, change the Search Date criteria above and click Search.

| Notice  | Date       |                             |
|---|------------|-----------------------------|
| NOA - Health Coverage Assistance - Benefit Change | 04/21/2015 | <a href="#">View Notice</a> |
| NOA - Health Coverage Assistance - Benefit Change | 04/21/2015 | <a href="#">View Notice</a> |

Suzanne clicks View notice to see the PDF version of the DHW sent to the client.


1DV-HO

Welcome, Sierra

My Account

Logout

Help



# Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!


If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

Continue My Application

View Notices

## My Benefits

| Health Coverage Assistance                   | July         | August       |  |
|--|--------------|--------------|--|
| Sierra                                       |              |              |  |
| Advance Payment of Premium Tax Credit (APTC) | Not Eligible | Not Eligible |  |

Your Health IDAHO

### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 healthcare plans available for you to purchase.

Start Shopping

Contact Us

Privacy & Security

Customer Sierra is not eligible for APTC.

## Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Start My Application >](#)

### My Benefits

[View Notices](#)

| Health Coverage Assistance                   |          |          |  |
|--|----------|----------|--|
|  | July     | August   |  |
| <b>Griffin</b>                               |          |          |  |
| Medicaid (Basic)                             | Covered  | Covered  |  |
| <b>Lillyan</b>                               |          |          |  |
| Medicaid (Basic)                             | Covered  | Covered  |  |
| <b>Christina</b>                             |          |          |  |
| Advance Payment of Premium Tax Credit (APTC) | Eligible | Eligible |  |

For this family, the kids Lillyan and Griffin are covered through Medicaid but the mom Christina is APTC eligible.



### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[Start Shopping](#)



# Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

[Start My Application >](#)

• [View Notices](#)

## My Benefits

### Health Coverage Assistance

|  | July     |          |  |
|--|----------|----------|--|
| <b>Peggy</b>                                 |          |          |  |
| Advance Payment of Premium Tax Credit (APTC) | Eligible | Eligible |  |
| <b>Reed</b>                                  |          |          |  |
| Advance Payment of Premium Tax Credit (APTC) | Eligible | Eligible |  |

Suzanne can see that Peggy and her spouse Reed are both approved for APTC.



### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

[Start Shopping](#)



The client who applied for services and signed the application is considered the Primary Applicant. This person may or may not be the primary tax filer.

The primary applicant client OR his or her Agent Authorized Representative can report changes in idalink.

**Health Coverage Assistance**

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

**My Benefits**

- Report a Change
- View Notices

**Health Coverage Assistance**

**Advance Payment of Premium**

**Benefit Members**

If the client is a primary applicant, the client or his Agent Authorized Representative will have the option to click REPORT A CHANGE.

If the client is not the primary applicant, the agent and the client will NOT have the option to report the change.

Suzanne's client Christopher has a change in his household's situation.

Suzanne searches for Christopher by using the Search By or Client List and clicks his name to view his My Benefits home page.

## Health Coverage Assistance

If you wish to apply for Medicaid or Advance Payment of Premium Tax Credit (APTC), you are now able to do so online!

If you need to report a change for benefits you are currently receiving, do not complete a new application. [Learn more here.](#)

Suzanne clicks  
**REPORT A CHANGE** to  
report the change in  
the client's situation.

- Report a Change
- View Notices

### Health Coverage Assistance

#### Advance Payment of Premium Tax Credit (APTC)

#### Benefit Members

#### 2015 Monthly Amount

Christopher  
Melissa  
Cutter  
Frederick  
Pierce

\$282.00

Click [here](#) to see if your  
2016 APTC has been  
calculated



### Find a Healthcare Plan

If you are not eligible for Medicaid, we have over 1,000 Healthcare plans available for you to purchase.

Start Shopping







JDVHO


Welcome,  
New Member


Last saved Aug 6, 2015 3:24 PM


My Benefits | My Account | Logout | Help



Overview 

Select Change Type 

Review & Submit 



Time Remaining: 72h

You have 72 hrs to complete and submit your Report Change form.

## Report a Change

In this section, you will be able to provide information on changes about your household's situation. You will have the opportunity to review your changes before submitting them to us.

You can also report changes in one of the following ways:

- Complete a [change report form](#) and mail or email that to us according to the information that is listed on the form,
- Call the Department at 1-877-456-1233, or
- Visit a local Health and Welfare office.

Suzanne clicks next to complete and submit a change.

Next >

Contact Us | Privacy & Security

WELCOME  
New Member

Last saved Aug 6, 2015 3:30 PM

My Benefits | My Account | Logout | Help

Time Remaining: 72h

Overview

Select Change Type

Personal Info

Income

Assets

Expenses

Additional Questions

Review & Submit

## Select Change Type

Would you like to add a new household member?

☒ Yes ☐ No

Which programs will the new member be eligible for?

☐ Food Stamps

☐ Health Coverage Assistance

☐ Child Care Assistance (ICCP)

☐ Cash Assistance for Families (TAFI)

☐ AABD Cash

[Back](#)

Contact Us | Privacy & Security

IDAHO DEPARTMENT OF  
HEALTH & WELFARE

When the change type is to add a new household member, additional sections populate to capture information about the new household member(s) as well as information about existing members of the household.

IDVHO

Welcome, [Name]  
[Address]

Last saved Aug 6, 2015 3:36 PM

My Benefits | My Account | Logout | Help

Time Remaining: 72h

Overview ✓

Select Change Type

Review & Submit

## Select Change Type

Would you like to add a new household member?

☐ Yes ☒ No

To submit a change to your household, choose an option below.

- ☐ Report a death
- ☐ Report someone has left the household
- ☐ Update contact information
- ☐ Designate or remove an authorized representative
- ☐ Report a new Social Security Number
- ☐ Report a pregnancy
- ☐ Report an income change
- ☐ Report a change in expenses
- ☐ Update tax filing status or tax household
- ☐ Report health insurance coverage changes
- ☐ Close a Benefit program
- ☐ Update child care providers (for Child Care programs only)
- ☐ Report changes in activity hours (for Child Care programs only)

Back

Next

When the change type is not related to a new household member, the list of reportable changes becomes available to choose from.

The change type list will display change types for multiple programs, not just APTC.

Welcome,  
Suzanne Martinez

Last saved Aug 6, 2015 3:36 PM

My Benefits | My Account | Logout | Help

Time Remaining: 72h

Overview ✓

Select Change Type

Review & Submit

## Select Change Type

Would you like to add a new household member?

☐ Yes ☒ No

To submit a change to your household, choose an option below.

Expense changes may be applied if you have a Health Coverage Assistance program with Aid to the Aged, Blind, or Disabled (AABD) Medicaid services or a Child Care Assistance program. Child Care Expense changes are only required for children receiving Child Care Assistance. For all other benefit programs, report expense changes at your next re-evaluation.

☐ Report a death

☐ Report a change in expenses

☐ Update tax filing status or tax household

☐ Report health insurance coverage changes

☐ Close a Benefit program

☐ Update child care providers (for Child Care programs only)

☐ Report changes in activity hours (for Child Care programs only)

Back

Next

Suzanne can hover over a change type for additional information on the change type.



IDWHO

Welcome,  
Suzanne Peterson

Last saved Aug 6, 2015 3:42 PM

My Benefits | My Account | Logout | Help

Time Remaining: 72h

Overview

Select Change Type

Update Contact Info

Report a Pregnancy

Health Insurance Coverage

Review & Submit

## Select Change Type

Would you like to add a new household member?

☐ Yes ☒ No

To submit a change to your household, choose an option below.

- ☐ Report a death
- ☐ Report someone has left the household
- ☒ Update contact information
- ☐ Designate or remove an authorized representative
- ☐ Report a new Social Security Number
- ☒ Report a pregnancy
- ☐ Report an income change
- ☐ Report a change in expenses
- ☐ Update tax filing status or tax household
- ☒ Report health insurance coverage changes
- ☐ Close a Benefit program
- ☐ Update child care providers (for Child Care programs only)
- ☐ Report changes in activity hours (for Child Care programs only)

Back

Next

Suzanne is able to report multiple changes at one time.

## Change Details

For the household member who is pregnant, please provide the information below.

☐ Report a Pregnancy Remove

Name:  First Name  Middle Name  Last Name  Suffix

Date of Birth:  mm/dd/yyyy

Social Security Number:  XXX  XX  XXXX

\* Either Date of Birth or Social Security Number is required.

Pregnancy Due Date:  mm/dd/yyyy

Is the household member pregnant with more than one baby? ☐ Yes ☒ No

[Report Another Pregnancy](#)

Suzanne will enter customer information based on what type of change she selected.

Welcome,  
Household Member

- Overview ☒
- Select Change Type ☒
- Benefit Programs ☐
- Your Household ☐
- Tax Status ☐
- Income ☐
- Review & Submit ☐


If Suzanne selected an income change, idalink will gather the income information as well as the tax status information.

IDH-10

Welcome,  
Suzanne Hoffman

Last saved Aug 6, 2015 3:53 PM

My Benefits | My Account | Logout | Help



Time Remaining: 72h

Overview ✓



Select Change Type ✓

Close Program ✓

Review & Submit

## Review & Submit

Carefully review the information you are about to submit to ensure its accuracy. You can access previously visited sections to make edits by clicking on the section header below. Once your change(s) have been submitted, no further edits are allowed.

 PDF  Print


### Close a Benefit Program

Request to Close: Health Coverage Assistance

Back

Next

Contact Us | Privacy & Security

  
IDAHO DEPARTMENT OF  
HEALTH & WELFARE

Suzanne can review and print the change before she submits the change.

IDH-O

Welcome,  
Susan Martinez

Last saved Aug 6, 2015 3:53 PM

My Benefits | My Account | Logout | Help

Time Remaining: 71h

Overview ✓

Select Change Type ✓

Close Program ✓

Review & Submit

## Verification Documents

Verification will likely be required when a part of your household situation has changed (even if the change is small). For example, a common required verification is proof of your current income. Please review the list of possible verification documents below to identify which verifications may apply to your change in situation.

To assist us in updating your household change as quickly as possible, please submit your verification documents. The quickest way to get us your verification is to upload the files now.

### Upload Files

Drag & Drop files here to upload.

Browse Files

Acceptable file formats are pdf, jpeg, gif, tiff, .tif, BMP and .png. File size must be less than 5MB.

You may also mail, fax, or email the documents to us:

**Mail:** Self Reliance Programs  
P.O. Box 83720  
Boise, ID 83720-0026

**Fax:** 1-866-434-8278

**Email:** [mybenefits@dhw.idaho.gov](mailto:mybenefits@dhw.idaho.gov)

If you have any questions, you can contact us at 1877-456-1233.

### Types of Documents

#### Income

- Copies of paychecks for the most recent 30 days
- Work Verification form\*, signed by employer
- Proof of income not earned from employment
- Most recent tax forms for self-employment income
- Award letters from Dept of Labor for unemployment insurance income
- Printout or signed statement from payee for Child Support income

#### Medical Expenses

- Proof of unpaid bills or agreements to pay a hospital, doctor, provider, etc.

Suzanne is also able to upload verification provided by the client.

Suzanne can review a list of possible verifications.



IDH&H

Welcome,  
Katie (katie@idaho.gov)


Last saved Aug 6, 2015 3:58 PM

My Benefits

My Account

Logout

Help

 Link

Time Remaining: 71h

Overview

Select Change Type

Authorized Representative

Close Program

Review & Submit

## E-Signature

Use the form below to certify that the information is accurate and to provide your signature. Once your changes have been submitted, no further edits are allowed.

☐ Under penalty of perjury, I swear or affirm the information I provide is true and complete.

PRIMARY APPLICANT

PRIMARY APPLICANT'S E-SIGNATURE


TODAY'S DATE

08/06/2015

Back

Submit your Changes

Contact Us | Privacy & Security

  
ID&H DEPARTMENT OF  
HEALTH & WELFARE

Suzanne will complete the change report with an E-Signature on behalf of the customer.


Suzanne must click **SUBMIT YOUR CHANGES** for DHW to receive the change.

IDH&W

Welcome,  
Susan Hoffman

Last saved Aug 6, 2015 3:58 PM

[My Benefits](#) | [My Account](#) | [Logout](#) | [Help](#)



Time Remaining: 71h

Overview

Select Change Type

Authorized Representative

Close Program

Review & Submit

✓

✓

✓

✓


✓

## Thank you for submitting your change

The Idaho Department of Health and Welfare (IDHW) will review your changes to determine the appropriate action to take. You can expect to receive a notice within three to five business days to confirm the changes were applied to your programs or to request additional information required to process your request. If you have any questions, please contact IDHW.

Go to [Benefits Home](#).

Contact Us | [Privacy & Security](#)

  
IDH&W DEPARTMENT OF  
HEALTH & WELFARE

Suzanne will receive confirmation that the change has been submitted to DHW.



**PDAP**

PARTNER DATA  
ACCESS PORTAL

# An Overview



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

# What is PDAP?

The Partner Data Access Portal, or PDAP, was created by the Department of Health and Welfare (DHW) so that DHW's partners across the state can view specific information in order to help their customers.

Currently, partners must email or call DHW for information.

This portal was created so that you can quickly and easily see exactly what information you need, saving you time and communicating clearly only the details that you need.

PDAP should significantly reduce the need to call or email DHW.

# How do I get access – or remove someone's access if they leave?

## To get access:

Insurance Organizations complete the PDAP MOU for their organization and then supervisors send a complete and signed user agreement for each agent by email to:

[PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov)

Supervisors may request a user agreement by emailing [PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov).

Once the individual is given access to PDAP, they will receive an email with the URL and login instructions.

**To remove access:** When a staff member who has PDAP access leaves your organization, your supervisor will email [PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov) to notify DHW. DHW will remove that person's access to PDAP.



# PDAP MOU between DHW and Insurance Organizations



## IDAHO DEPARTMENT OF HEALTH & WELFARE

CL. BUDHOFF OTTER - Governor  
RICHARD M. JAMES - Director

IDAHO DEPT. OF HEALTH & WELFARE  
STATEWIDE RELIANCE PROGRAMS  
400 West State Street, 27th Floor  
P.O. Box 60720  
Boise, Idaho 83720-0720  
PHONE: 208-334-5046  
FAX: 208-334-5817

### Memorandum of Understanding between the Idaho Department of Health and Welfare, Division of Welfare, and Partner Data Access Portal Users

#### I. PURPOSE

The purpose of this Memorandum of Understanding is to document the binding roles, responsibilities, and other terms of agreement for all parties included in the agreement, as listed below. This document outlines the scope of agreement between parties for providing and accessing the Department of Health and Welfare's Partner Data Access Portal (PDAP).

The parties included in this Memorandum of Understanding are:

- The **Idaho Department of Health and Welfare**, the organization providing system access
- The \_\_\_\_\_, the organization being granted access to PDAP (hereafter referred to as the PDAP Organizational User).

#### II. IDAHO DEPARTMENT OF HEALTH AND WELFARE RESPONSIBILITIES

The responsibilities of the Idaho Department of Health and Welfare (IDHW) as it pertains to this agreement are as follows:

- Provide need-to-know information only to the extent necessary to assist parties included in this agreement with conducting business.
- Provide pre-defined access to PDAP to approved employees of the organization.
- Provide initial one-time PDAP training as requested to employees identified and approved by the organization.
- Provide contact information for PDAP training and troubleshooting.
- Conduct user access audits of PDAP users to support compliance with this memorandum.
- Revoke access for the organization and/or organization's employees if it is determined misuse has occurred.

Memorandum of Understanding between the IDHW, Division of Welfare, and Partner Data Access Portal Users  
Page 1 of 4

#### V. COMMUNICATION

To report a breach of confidentiality or for questions regarding this Memorandum of Understanding, please contact:

**Shane Leach**  
(208) 869-1033  
[Shane.Leach@dhw.idaho.gov](mailto:Shane.Leach@dhw.idaho.gov)

**Heldi Tom**  
(208) 334-5758  
[Heldi.Tom@dhw.idaho.gov](mailto:Heldi.Tom@dhw.idaho.gov)

For training, adding or deleting users, or other general information, please contact:  
[PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov)

#### VI. INFORMATION EXCHANGE/SHARING

Information will be shared between the Division of Welfare and the PDAP Organizational User. It is understood that the staff of all parties will adhere to the confidentiality rules and guidelines of the Department, IDAPA 16, Title 5, Chapter 1, "Rules Governing the Protection and Disclosure of Department Records," and all applicable state and federal laws, rules and regulations pertaining to the confidentiality of the disclosure of information, and records, as it relates to the activities of any party, and the provisions of this Memorandum. Citations relevant to the use and disclosure of IDHW records are included (but not limited to) below:

**16.05.01.075 Use and Disclosure of Confidential Information.** Without consent or an authorization, no one may use or disclose health or other confidential information except as provided in Section 100 of the chapter. With consent or an authorization, confidential information will be used or disclosed only on a need-to-know basis and to the extent minimally necessary for the conduct of the Department's business and the provision of benefits or services, subject to law and the exceptions listed in these rules. Recipients of information must protect against unauthorized disclosure or use of the information for purposes that are not specified in consent or an authorization. Access to an individual's own records is governed by Section 125 of this chapter.

**16.5.1.10.10 Minimally Necessary.** The information that is essential to provide benefits or services, and to perform normal business processes of the Department. (3-20-04)

**16.5.1.10.11 Need-to-Know.** Confidential information that is necessary to provide benefits or services, and to perform normal business processes of the Department. (3-20-04)

Each party acknowledges that it may have an obligation, independent of this Memorandum, to comply with the Health Insurance Portability and Accountability Act (HIPAA), Sections 262 and 264 of Public Law 104-191, 42 USC Section 1320d, and federal regulations at 45 CFR Parts 160, 162 and 164. If applicable, parties shall comply with all amendments to the law and federal regulations made prior to or during the term of this Memorandum.

Memorandum of Understanding between the IDHW, Division of Welfare, and Partner Data Access Portal Users  
Page 3 of 4

#### III. PARTNER DATA ACCESS PORTAL USER RESPONSIBILITIES

The responsibilities of the PDAP Organizational User as it pertains to this agreement are as follows:

- Access PDAP only as necessary for the purpose of determining Benefit Program eligibility status.
- Provide IDHW with a list of employees who will access PDAP on behalf of the organization.
- Provide PDAP orientation and training to new employees.
- Install and use antivirus, anti-spyware, and anti-malware software on the organization's computers and all other electronic devices used by the employees authorized to access PDAP.
- Notify IDHW within **5 business days** when an employee with authorized PDAP access has a change in employment status or position that no longer requires PDAP access.
- Notify IDHW within **one business day** if there is a known or suspected breach of confidentiality related to PDAP.
- Obtain signed User Agreements for each employee authorized for PDAP access.
- Obtain releases of information from each client **prior to accessing personal information in PDAP**.
- Keep records of signed User Agreements and releases of information on file for IDHW audit purposes.
- Allow IDHW access to the releases of information, and signed user agreements for annual audit purposes.

#### IV. EFFECTIVE DATE AND LIFE OF AGREEMENT

This Memorandum of Understanding shall be in effect as of \_\_\_\_\_ between the Department of Health and Welfare and the above named PDAP Organizational User. This agreement shall remain in effect until one or both parties agree to terminate the agreement. **This Memorandum may be terminated by the Department of Health and Welfare for any reason, at any time.** The terms of this Memorandum are not intended to alter, amend, or rescind any provisions of Federal law. Any provision of this Memorandum, which conflicts with Federal law, will be null and void.

Memorandum of Understanding between the IDHW, Division of Welfare, and Partner Data Access Portal Users  
Page 2 of 4


|  |            |
|--|------------|
| Shane Leach<br>Bureau Chief, Compliance & Support<br>Division of Welfare | Date _____ |
| Signature of Executive Director/CEO                                      | Date _____ |
| Printed Name _____   |            |
| Title _____  |            |
| Business/Organization Name _____   |            |
| Address _____  |            |
| Phone _____  |            |
| Email _____  |            |

Memorandum of Understanding between the IDHW, Division of Welfare, and Partner Data Access Portal Users  
Page 4 of 4

To request a copy of the PDAP MOU email [PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov).

<https://pdap.dhw.idaho.gov>

# PDAP User Agreement



**IDHW Partner Access Data Portal (PDAP) User Agreement**

**How to use this form:**

- 1) Read, sign, and date the Confidentiality and Non-Disclosure Policy
- 2) Provide user information on page two
- 3) Submit the signed Confidentiality and Non-Disclosure Policy document and Add a New User Form by email to [PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov)

**CONFIDENTIALITY AND NON-DISCLOSURE POLICY**

- My login information (user ID and password) is equivalent to my legal signature and I will not disclose my login information to anyone or allow anyone to access the PDAP system using my login information.
- I will not attempt to learn or use another user's login information.
- I will not leave an active PDAP session unattended while signed in.
- If I have reason to believe the confidentiality of my login information has been compromised, I will immediately change my password and notify the **IDHW IT Help Desk** at 208-334-5673.
- I am responsible and accountable for all retrievals accessed with my login, even if such action was made by another due to my unintentional or negligent act or omission.
- I will not access or request any information for which I have no business need.
- I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract.
- I will not print PDAP screens containing Personally Identifiable Information (PII).
- I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship.
- I understand that my use of the PDAP system may be periodically monitored to ensure compliance.
- I further understand that if I violate the above terms, I am subject to criminal prosecution and termination of my PDAP access.

**ACKNOWLEDGEMENT & ACCEPTANCE OF CONFIDENTIALITY NON-DISCLOSURE POLICY**

My signature confirms that I have read and understand the terms of the *Confidentiality and Non-Disclosure Policy*.

|                      |           |
|----------------------|-----------|
| Printed Name         | Signature |
| Name of Organization | Date      |

PAGE 1 OF 2

IDHW PDAP User AGREEMENT

LAST UPDATED 1/6/2017

**NEW USER INFORMATION**

|                            |                |       |     |
|----------------------------|----------------|-------|-----|
| Business Name/Organization | Business Phone | Email |     |
| Mailing Address            | City           | State | Zip |
| First Name                 | Last Name      |       |     |

PAGE 2 OF 2

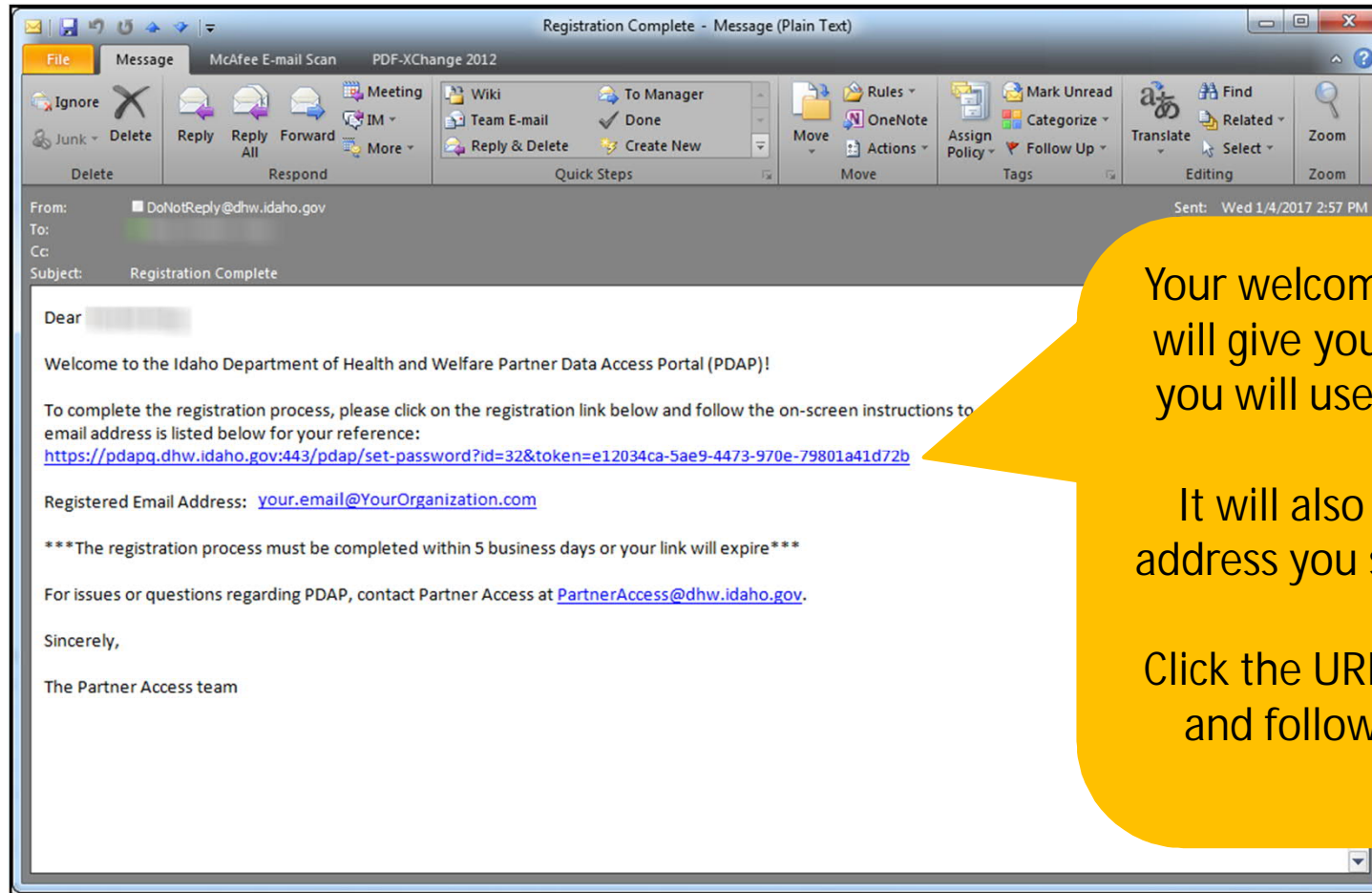
IDHW PDAP User AGREEMENT

LAST UPDATED 1/6/2017

To request a copy of the PDAP User Agreement email  
[PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov).

<https://pdap.dhw.idaho.gov>

You received the email saying you have access to PDAP. Now what???



Your welcome email from PDAP will give you a URL (link) which you will use to set a password.

It will also tell you the email address you should use to log in.

Click the URL (link) in the email, and follow the instructions.

You must log in within 5 business days or your link will expire. In that case, send an email to [PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov) to have the link resent.

<https://pdap.dhw.idaho.gov>

PDAP / PARTNER DATA ACCESS PORTAL IDAHO Logout

**1** RESET PASSWORD

Please set a new password below:

Password:

Re-enter Password:

SAVE

IDAHO DEPARTMENT OF HEALTH & WELFARE

You will be required to create a password the first time you log in...

...and follow the steps to protect your Idaho PDAP Account.

The next few slides will walk you through the steps to set up additional authentication in order to protect the customer data.

PDAP / PARTNER DATA ACCESS PORTAL

Welcome to the Partner Data Access Portal!  
Please log into your account in order to view information for your organization.

Settings

Protect Your Idaho PDAP Account

Two-factor authentication enhances the security of your account by using a secondary device to verify your identity. This prevents anyone but you from accessing your account, even if they know your password.

This process will help you set up your account with this added layer of security.

Start setup

**2**

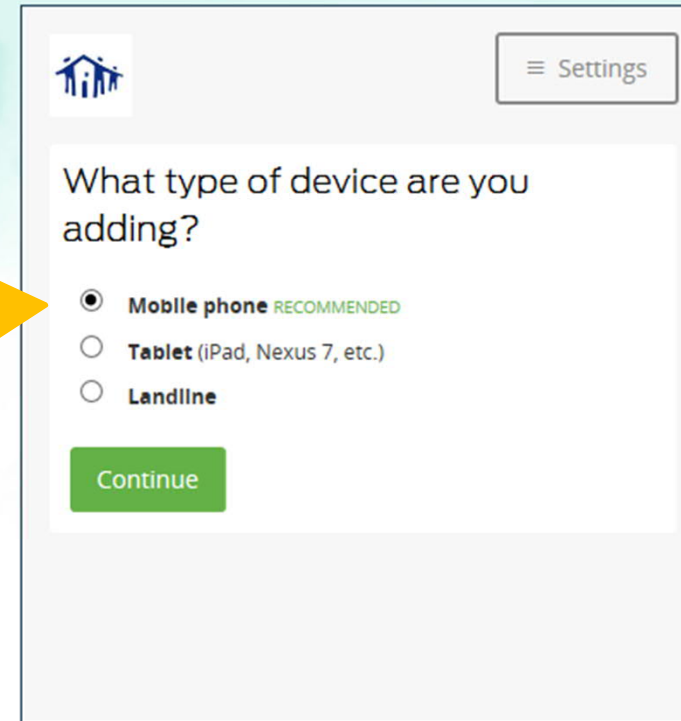
IDAHO DEPARTMENT OF HEALTH & WELFARE

In addition to your username and password, PDAP requires that you have a second authentication (like a second login). This is for added security to protect customer data. The second authentication will come through a mobile phone, a tablet, or a landline.

You can select whichever you prefer. It is recommended that you set up a Mobile phone if at all possible.

No matter which device you add, the phone number must be a number that is exclusive to you, and is not a phone line you share with someone else.

Once you have this set up, the system will send a message to the device you select, and you accept it in order to access PDAP the first time.



The screenshot shows a mobile application interface. At the top left is a blue icon of a house with three people. At the top right is a 'Settings' button with a hamburger menu icon. The main heading is 'What type of device are you adding?'. Below this are three radio button options: 'Mobile phone' (which is selected and has 'RECOMMENDED' in green text next to it), 'Tablet (iPad, Nexus 7, etc.)', and 'Landline'. At the bottom is a green 'Continue' button.

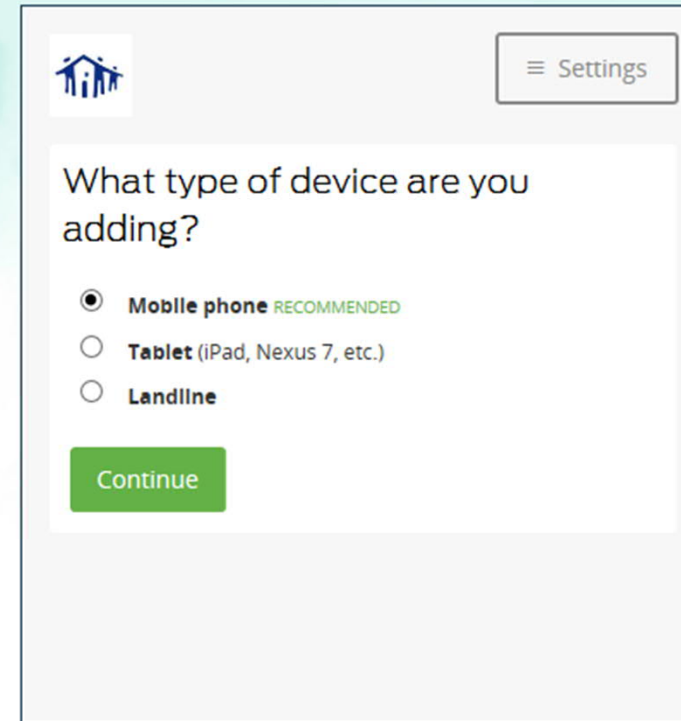


The next few slides show the steps to complete the setup on a Mobile phone.

Regardless of which device you add the steps will be similar:

1. You will provide some information about your device.
2. The setup on your screen will walk you through the steps required so that the system can communicate with your device and confirm the second authentication.

The most important part is to simply follow the instructions on your computer screen as you complete this setup.

A screenshot of a mobile application setup screen. At the top left is a blue icon of a house with three people. At the top right is a 'Settings' button with a hamburger menu icon. The main text asks 'What type of device are you adding?'. There are three radio button options: 'Mobile phone' (selected and marked 'RECOMMENDED' in green), 'Tablet (iPad, Nexus 7, etc.)', and 'Landline'. At the bottom is a green 'Continue' button.

Settings

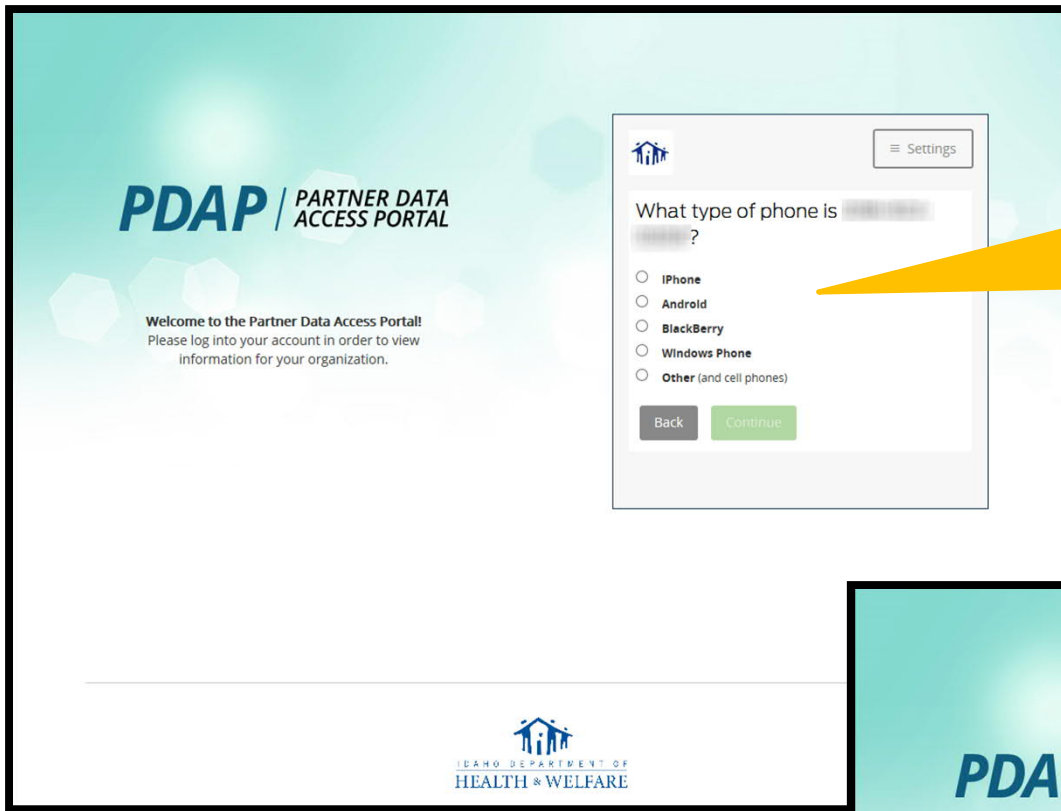
What type of device are you adding?

☒ **Mobile phone** RECOMMENDED

☐ **Tablet** (iPad, Nexus 7, etc.)

☐ **Landline**

Continue

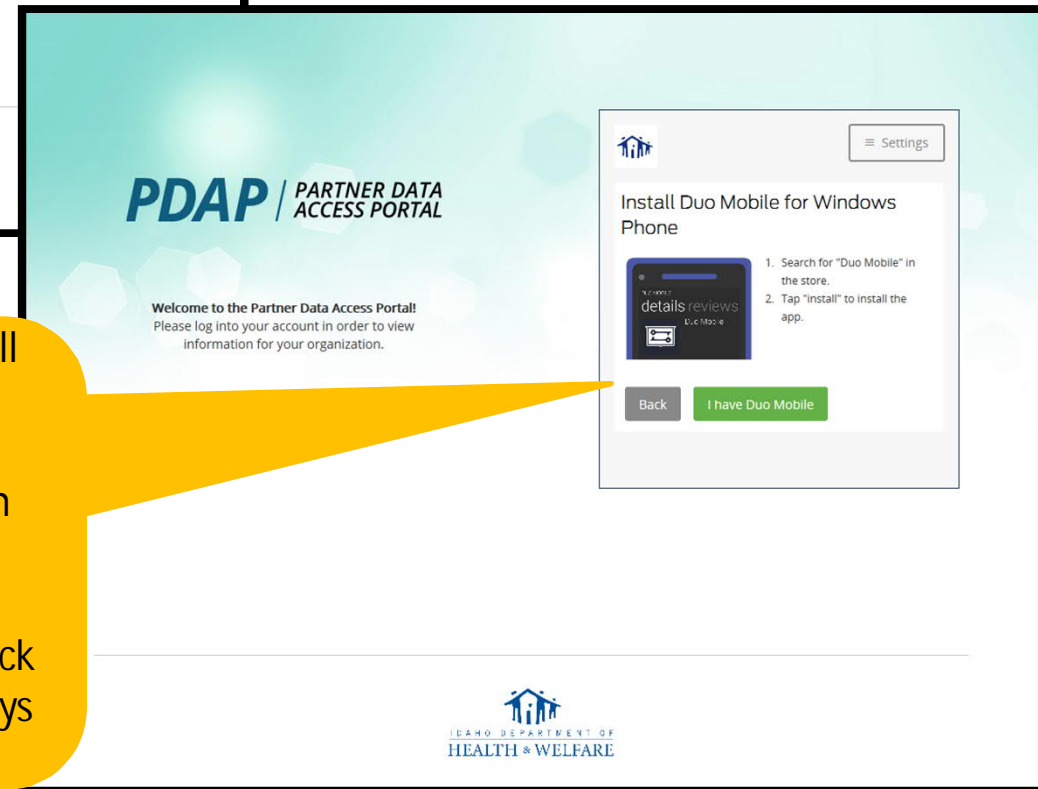


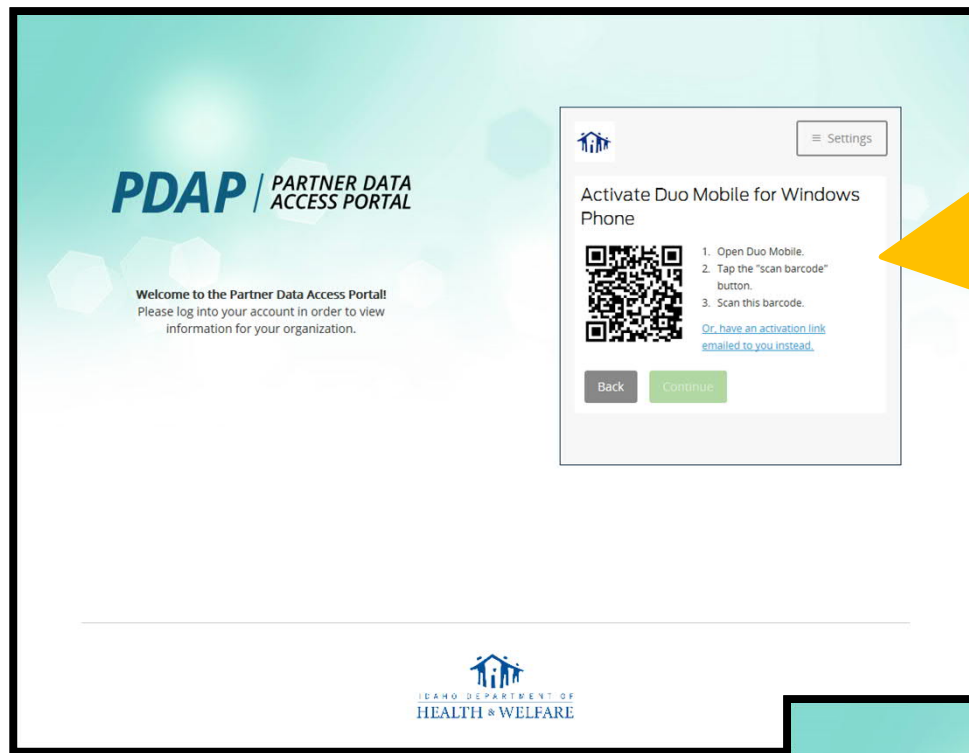
When you select Mobile, the setup will walk you through entering your phone number and selecting what type of phone you have (iPhone, Android, etc.).

Next, it will tell you to download and install the app for your phone.

You must accept the use of a camera with this app.

Once the app is installed on your phone, click the green button on your computer that says I have Duo Mobile installed.

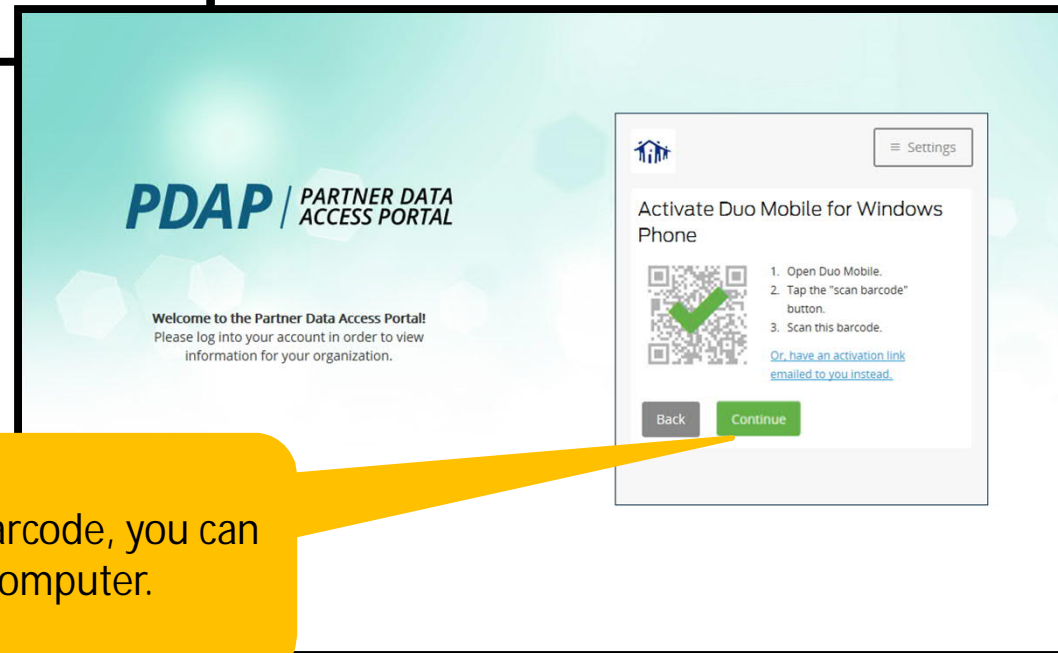




You will now activate it by scanning a barcode.

The barcode will appear on your computer monitor, like the image here, and you will scan it with your phone.

To successfully scan, follow the instructions on your computer screen. The steps will be slightly different depending on which type of phone you have.



After you have scanned the barcode, you can click Continue on your computer.

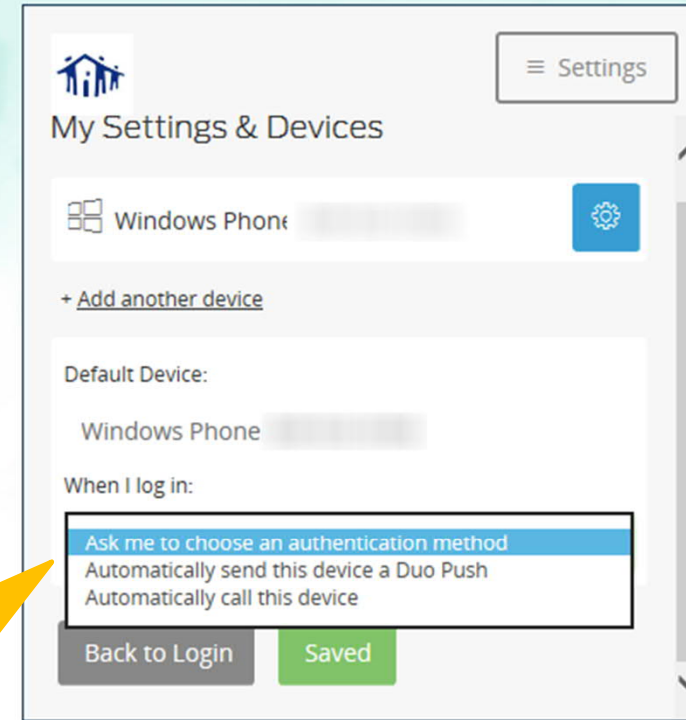
# PDAP / PARTNER DATA ACCESS PORTAL

**Welcome to the Partner Data Access Portal!**  
Please log into your account in order to view  
information for your organization.

You can choose to receive what's called a Duo Push to your mobile, or to receive a phone call upon login.

Regardless of which one you select, you must accept the request or you will not be able to log on to PDAP.

Now that the setup is out of the way, let's take a look at what you will see once you successfully login.



My Settings & Devices

Windows Phone [REDACTED]

+ [Add another device](#)

Default Device:

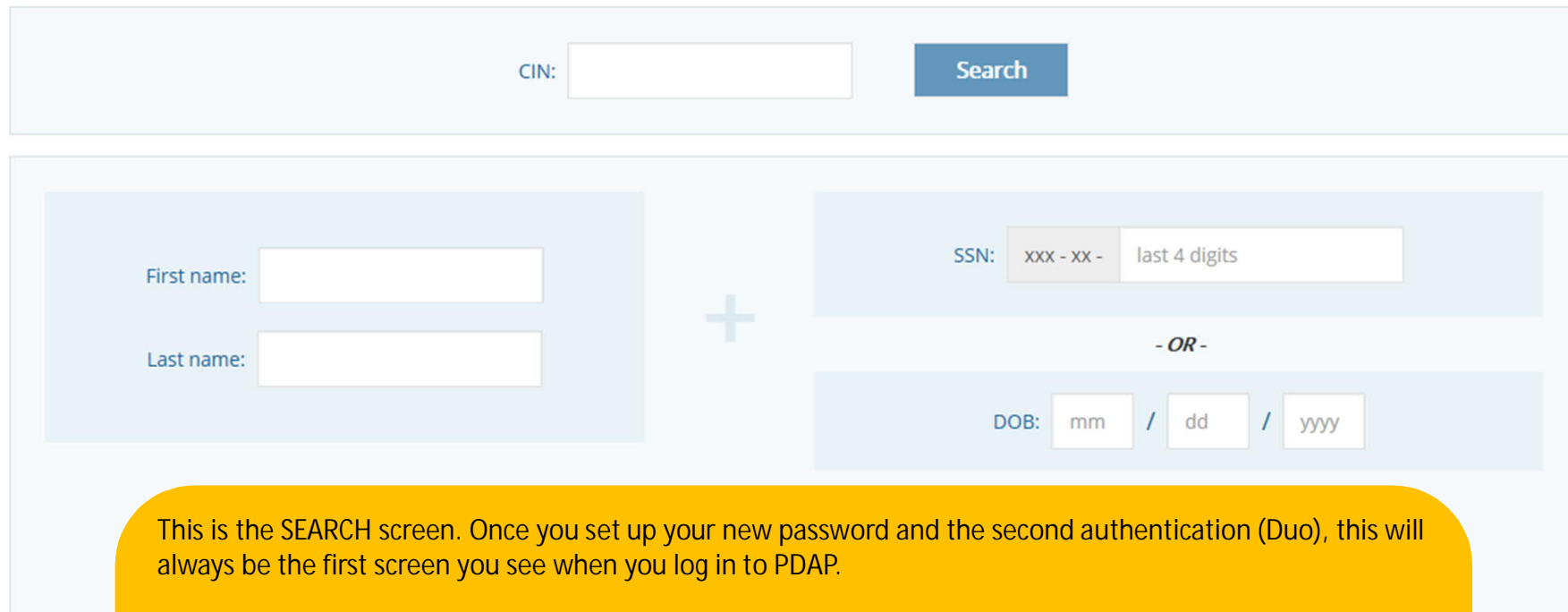
Windows Phone [REDACTED]

When I log in:

- Ask me to choose an authentication method
- Automatically send this device a Duo Push
- Automatically call this device

Back to Login Saved

## User Search



The form is titled "User Search" and is divided into several sections. At the top, there is a light blue bar containing a "CIN:" label followed by a text input field and a blue "Search" button. Below this, the form is split into two main columns. The left column contains two stacked text input fields labeled "First name:" and "Last name:". The right column contains two stacked text input fields labeled "SSN:" and "DOB:". The "SSN:" field is pre-filled with "xxx - xx -" followed by a text input for "last 4 digits". The "DOB:" field is pre-filled with "mm / dd / yyyy". A plus sign (+) is positioned between the "First name:" and "Last name:" fields, and a minus sign (-) is positioned between the "SSN:" and "DOB:" fields. The entire form is enclosed in a light blue border.

This is the SEARCH screen. Once you set up your new password and the second authentication (Duo), this will always be the first screen you see when you log in to PDAP.

What do you need to know before you start searching??

- ✓ All of this information is confidential. Never search for anyone other than your current customer.
- ✓ You need multiple data points to search by (detailed on the next slide). In other words, you can't just search a customer's first name and browse through the results.
- ✓ A successful search will provide information about one customer. If you need to look at information about multiple people in the same household, you will need to do multiple searches.



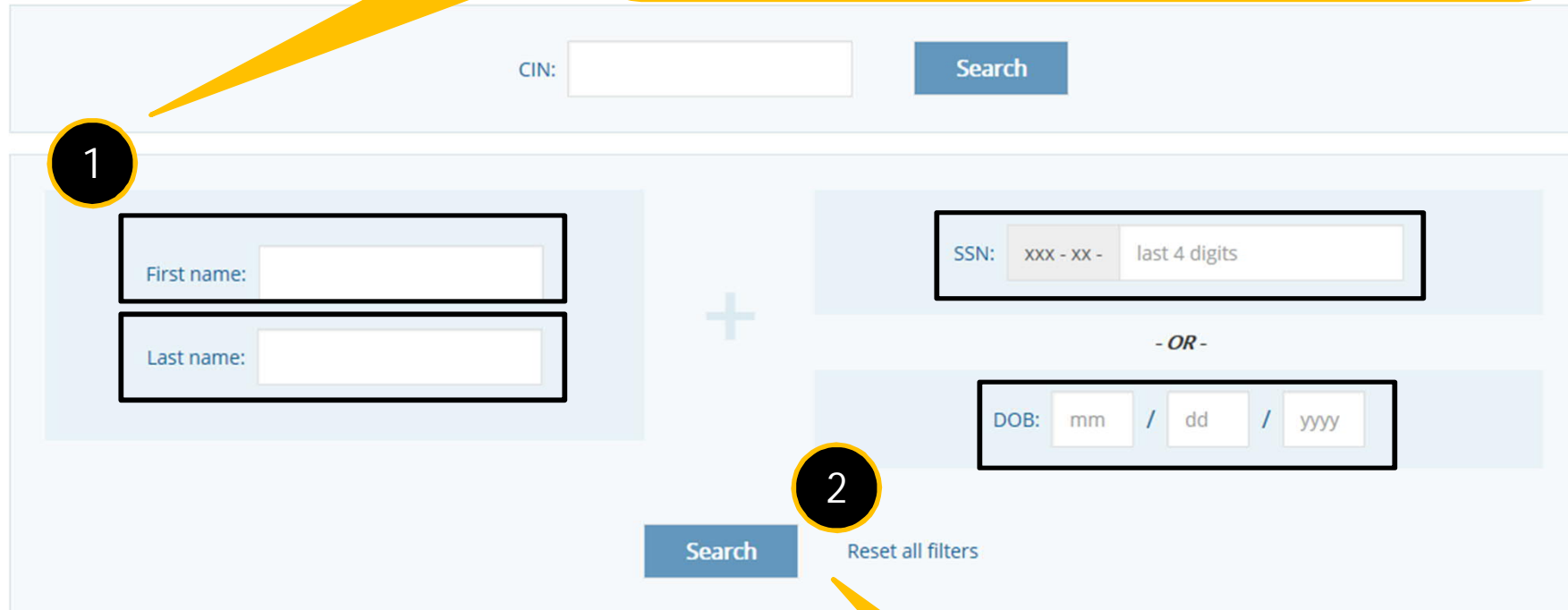
You must have a minimum of the following customer info to run a search:

First Name, Last Name and Date of Birth

OR

First Name, Last Name and the last 4 of the SSN

## User Search



The form is titled "User Search" and is divided into two main sections. The top section contains a "CIN:" label followed by a text input field and a blue "Search" button. A yellow callout bubble labeled "1" points to this top section. The bottom section is a larger area containing two search options. On the left, there are two stacked text input fields labeled "First name:" and "Last name:". To the right of these is a plus sign "+". Further right is a search option for SSN, consisting of a label "SSN:", a text input field with a placeholder "xxx - xx -", and another text input field with a placeholder "last 4 digits". Below the SSN option is a "- OR -" separator. To the right of the separator is a search option for Date of Birth (DOB), consisting of a label "DOB:", three text input fields with placeholders "mm", "dd", and "yyyy" separated by slashes. At the bottom of this section are a blue "Search" button and a link "Reset all filters". A yellow callout bubble labeled "2" points to the "Reset all filters" link.

CIN:

1

First name:

Last name:

+

SSN:

- OR -

DOB:  /  /

[Reset all filters](#)

2

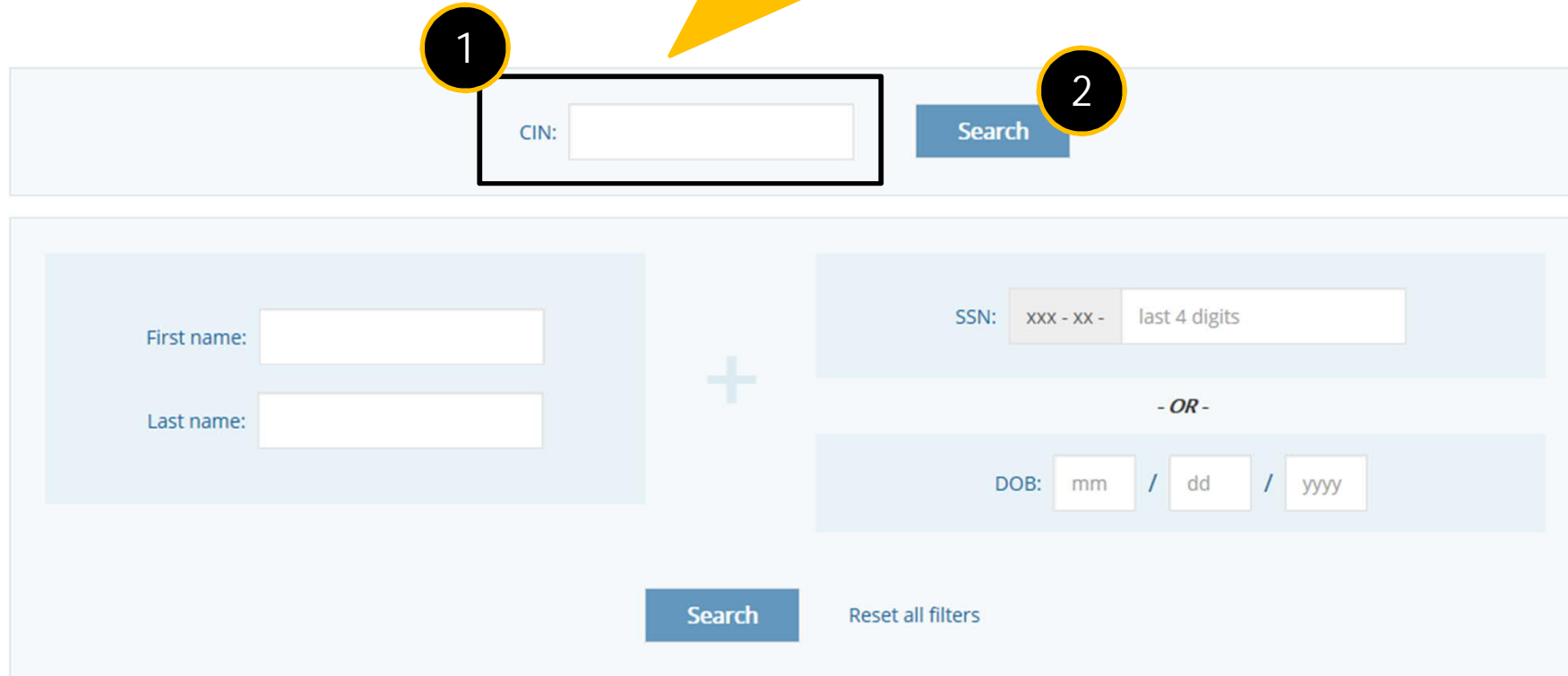
Type your search criteria, and either click Search, or press Enter on your keyboard.

Reset all filters will clear your fields to start a new search.

You can also use just the CIN – Client Identification Number - which is a DHW-generated number - for a Search.

If you use the CIN, you don't have to use any other search criteria.

## User Search



1

CIN:

2

Search

First name:

Last name:

+

SSN:  last 4 digits

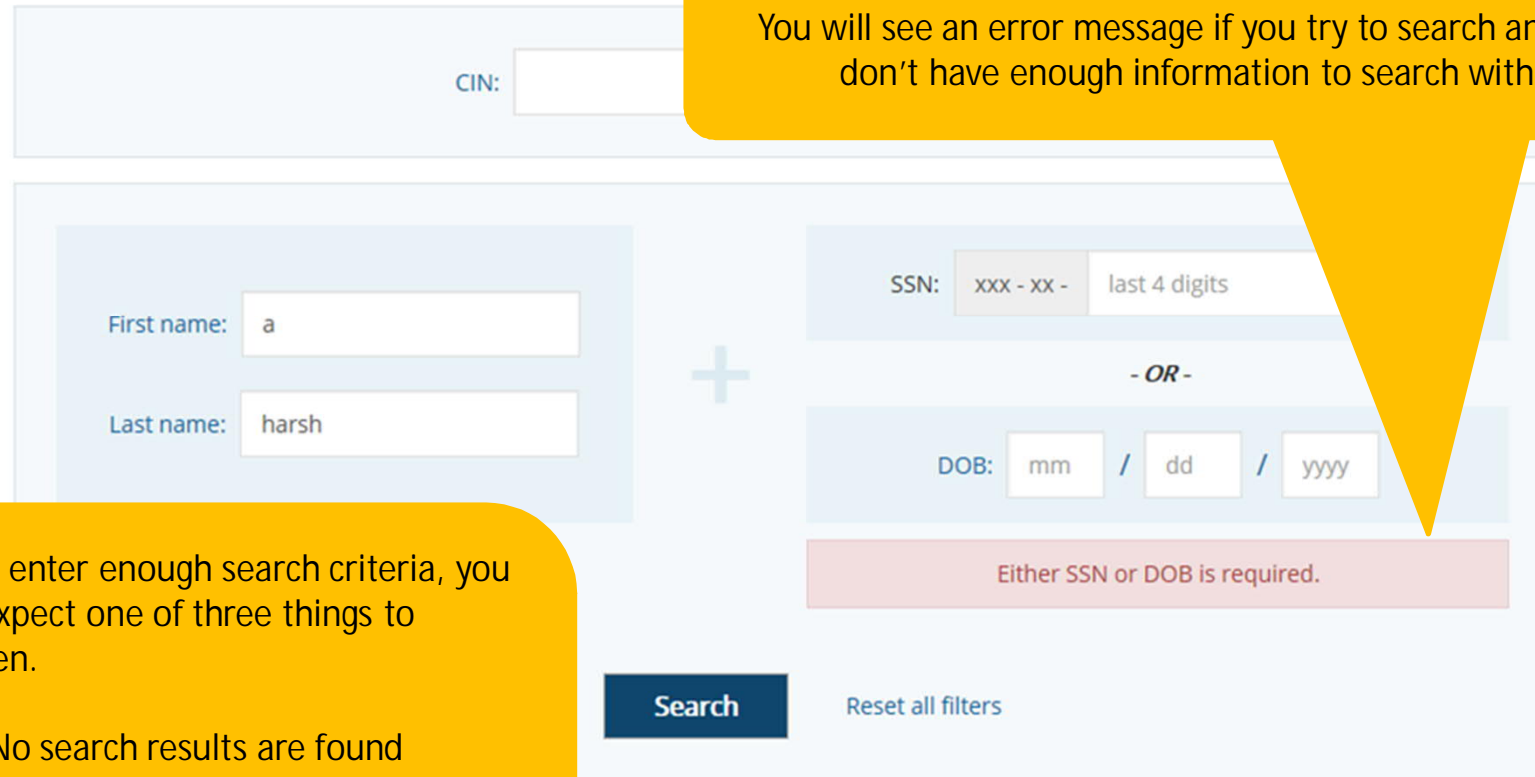
- OR -

DOB:  /  /

Search

Reset all filters

## User Search



The form is titled "User Search" and is divided into several sections. At the top, there is a "CIN:" label followed by an empty input field. Below this, the form is split into two main columns. The left column contains "First name:" with the value "a" and "Last name:" with the value "harsh". The right column contains "SSN:" with a masked input "xxx - xx - last 4 digits" and "DOB:" with three input fields for "mm", "dd", and "yyyy". A plus sign (+) is positioned between the two columns. Below the SSN and DOB fields, there is a red error message box that says "Either SSN or DOB is required." At the bottom of the form, there is a dark blue "Search" button and a "Reset all filters" link.

You will see an error message if you try to search and you don't have enough information to search with.

If you enter enough search criteria, you can expect one of three things to happen.

1. No search results are found
2. Multiple search results are found
3. An exact match is found

You will see an example of each on the next three slides.



## User Search

CIN:

Search

First name:

Last name:

+

SSN:

- OR -

DOB:  /  /

Search

Reset all filters

1

No matches found.

No search results: If PDAP doesn't find a match, you will see this message.

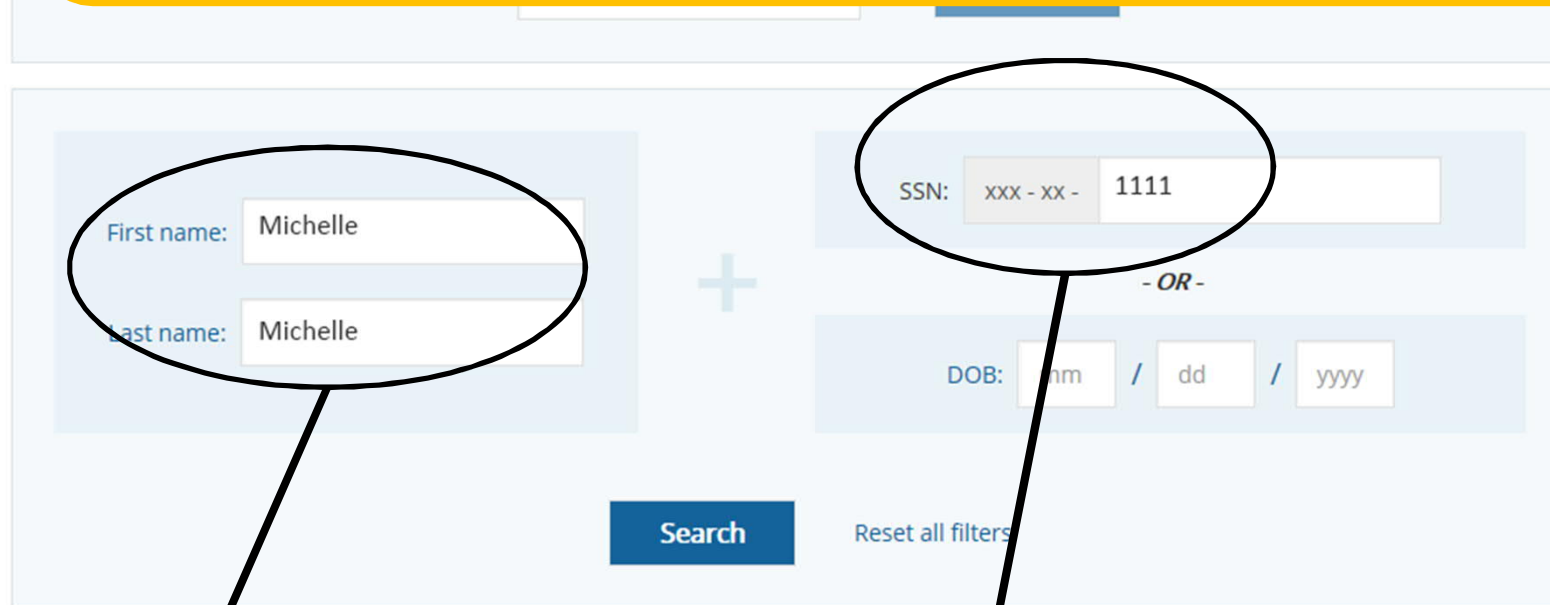
2

Multiple search results: In this example, PDAP found one customer with the exact match on the name, and one customer with a slightly different name and the same four digits on the SSN.

When you do get multiple results on your search, try to get more information from your customer so you can select the correct record.

If one of the results is the correct record, simply click the Name of the customer to see their information.

User S



The search form consists of two main sections separated by a plus sign (+). The left section contains two input fields: 'First name:' with the value 'Michelle' and 'Last name:' with the value 'Michelle'. The right section contains an 'SSN:' field with the value 'xxx - xx - 1111' and a 'DOB:' field with the value 'mm / dd / yyyy'. Below these fields is a blue 'Search' button and a link for 'Reset all filters'. A black oval highlights the name fields, and another black oval highlights the SSN field. A black arrow points from the name oval to the 'Name' column of the search results table below. Another black arrow points from the SSN oval to the 'SSN' column of the same table.

Search results

| Name              | DOB        | SSN       | CIN        |
|-------------------|------------|-----------|------------|
| Michelle Michelle | 02/02/1972 | *****1112 | 0011111111 |
| Michele Michaels  | 04/04/1944 | *****1111 | 0077777777 |



 / Danielle D Daniels

# Danielle D Daniels

**CIN:** 0222222222

**DATE OF BIRTH:** 10/30/1950

**SSN:** \*\*\*\*\* 2222

▼ HIDE PERSONAL INFORMATION



**Physical Address:**

1234 Main  
ANY CITY, ID 83111



**Cell Phone:**

(208)555-5555



**Mailing Address:**

PO Box 111  
ANY CITY, ID 83111

## Results for December 2016

SELECT PERIOD:

DECEMBER ▼



2016 ▼

3

HC

An exact match: Your search criteria can also return a single exact match. In this case, when you click SEARCH (or press Enter on your keyboard), you will immediately see the person details screen, and you will not see a list of search results to choose from.

Continue to the next slide for more details.

MEDICAID Aid Code Description: Aid to the Aged

MEDICAID Aid Code: 68

MEDICAID Aid Code Description: Medicaid Savings Program

What information can you expect to see?

Q / Danielle D Daniels

## Danielle D Daniels

CIN: 0222222222

DATE OF BIRTH: 10/30/1950

SSN: \*\*\*\*\* 2222

▼ HIDE PERSONAL INFORMATION



**Physical Address:**

1234 Main  
ANY CITY, ID 83111



**Cell Phone:**

(208)555-5555



**Mailing Address:**

PO Box 111  
ANY CITY, ID 83111

On the top part of the screen, you can see the contact information and other details for the person you searched for.

You can click HIDE PERSONAL INFORMATION to see just their program information.

## Results for June 2017

SELECT PERIOD:

JUNE ▼



2017 ▼

GO

### HCA



HCA Eligibility: **Eligible**

HCA Re-Evaluation Due: 12/2017

APTC Aid Code: TC

APTC Aid Code Description:

Advance Payment of Premium Tax Credit

APTC Benefit Amount: \$748.00

 / Danielle D Daniels

# Danielle D Daniels

CIN: 0222222222

DATE OF BIRTH: 10/30/1950

SSN: \*\*\*\*\* 2222

▶ SHOW PERSONAL INFORMATION

Click the magnifying glass to return to the Search page.

## Results for June 2017

SELECT PERIOD:

JUNE ▼

2017 ▼

GO

### HCA

HCA Eligibility: **Eligible**

HCA Re-Evaluation Due: 12/2017

APTC Aid Code: TC

APTC Aid Code Description:

Advance Payment of Premium Tax Credit

APTC Benefit Amount: \$748.00

Month / Year – the current month automatically displays, so if you need to view a different month, you will need to change the date with the month and year drop-downs.

January  
February  
March  
April  
May  
**June**  
July  
August  
September  
October  
November  
December

The bottom of the screen displays information regarding HCA program the customer is eligible for.

What do you need to know??

- ✓ Each customer will show information about the HCA program.
- ✓ You will see eligibility and some benefit details. For example, the customer's HCA shows the eligibility as "Eligible".
- ✓ The HCA program will always display, even if a customer is not eligible for a program. Seeing the HCA program name does NOT mean a customer is participating in the program. For Example if HCA shows "No record found for this month". That simply means that the customer has not applied for or received HCA benefits for the display month.

## HCA



HCA Eligibility: **Eligible**

HCA Re-Evaluation Due: 12/2017

APTC Aid Code: TC

APTC Aid Code Description:

Advance Payment of Premium Tax Credit

APTC Benefit Amount: \$748.00

 / Robert R Roy

## Robert R Roy

**CIN:** 0123456789

**DATE OF BIRTH:** 08/08/1968

**SSN:** \*\*\*\*\* 0000

▾ **HIDE PERSONAL INFORMATION**



**Physical Address:**

1234 Main  
ANY CITY, ID 83111



**Cell Phone:**

(208)555-5555



**Mailing Address:**

PO Box 111  
ANY CITY, ID 83111

The HCA program below shows an example of what it looks like if a customer is denied benefits. You can see that it shows Discontinued for the eligibility, and provides a reason, as well.

Results for April 20

SELECT PERIOD:

APRIL ▾

/

2017 ▾

**GO**

### HCA



**HCA Eligibility:** **Discontinued**

**HCA Eligibility Reason:** Receives Other Health Coverage.





Log out

PDAP will log you out with a “timed out” message after 30 minutes of inactivity, so make sure you log out.

Click the down-arrow next to your email address, then click Log out.

The image below shows what it will look like if you get “timed out”.

If you do get timed out, simply log on again.

CIN: 0123456789

SSN: \*\*\*\*\* 0000



Your session timed out because the app was  
not used for 30 minutes.  
Please log in again to resume use of PDAP.



Email Address:

Password:

# What if I forget my password?

Forgot Password: Follow the onscreen instructions to resetting a password.

Click the "Forgot password?" hyperlink on the main PDAP login page.  
<https://pdap.dhw.idaho.gov>

**PDAP** / PARTNER DATA ACCESS PORTAL

Welcome to the Partner Data Access Portal! Please log into your account in order to view information for your organization.

Email Address:

Password:

Login

[Forgot password?](#)

IDAHO DEPARTMENT OF HEALTH & WELFARE

## Forgot your password?

Please enter your email to start the password reset process.

Email

Submit

Enter the email address associated with your PDAP account and click "Submit."

Once you've submitted your email address, you will see a confirmation message appear on the login page.

Check your email and follow the instructions in the message to reset your password.

✓ If youremail@account.com has a PDAP account, password reset instructions will be emailed shortly. ✕

PARTNER DATA  
ACCESS PORTAL

Email Address:

Password:

Login

portal! Please log into



## PDAP Link

Add a bookmark to your browser with the following link to access PDAP after registration is complete.

<https://pdap.dhw.idaho.gov/pdap/login>

## Questions or Issues?

Contact Partner Access

[PartnerAccess@dhw.idaho.gov](mailto:PartnerAccess@dhw.idaho.gov)



# IDAHO

## Medicaid Expansion

### Medicaid Expansion in Idaho

**Enrollment begins Nov. 1, 2019.**  
**Coverage starts Jan. 1, 2020.**

In November 2018, voters passed a proposition to expand Medicaid in Idaho. The goal of Medicaid expansion is to provide Medicaid coverage to individuals with incomes up to 138% of the Federal Poverty Level.

The Department of Health and Welfare will build the communication, training, processes, and automation to support open enrollment.

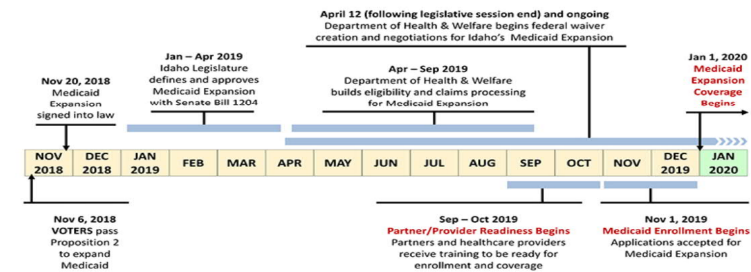
#### Who is eligible?

To qualify for expanded Medicaid, all of the following must be true. You must:

- Be a citizen or legal resident. Be a resident of the State of Idaho.
- Be between 0 and 138% of the Federal Poverty Level. See [household income limits](#).
- Be between the ages of 19 and 64 years old.
- Not be receiving Medicare. (If you don't qualify for expanded Medicaid, you may still qualify for pre-expanded Medicaid or government tax credits.
- See [household income limits](#) for the Children's Health Insurance Program, and Medicaid for the Aged, Blind, or Disabled.)

#### Medicaid expansion timeline

[View a text alternative to the following timeline graphic.](#)



#### Important updates

- [Medicaid expansion listening session for healthcare providers and stakeholders set for Aug. 19](#)
- [DOI submits Section 1332 Coverage Choice waiver; DHW suspends public comments for Section 1115 waiver](#)
- [As of July 3, 2019 \(PDF\)](#)
- [As of May 31, 2019 \(PDF\)](#)

#### How do I apply?

You cannot apply for Idaho expanded Medicaid at this time. This page will be updated with instructions on how to apply closer to open enrollment.

#### Customer and Provider FAQs

- [Customer FAQs](#)
- [Provider FAQs](#)

#### Resources

- [Application Information \(PDF\)](#)
- [Manage Your Benefits Online \(PDF\)](#)
- [Milliman actuarial report about Idaho Medicaid \(PDF\)](#)
- [1332 Waiver Information](#) ⓘ



- ▶ Medicaid expansion will cover adults who are:
  - ▶ Between 19 and 64 years old
  - ▶ Not receiving Medicare
  - ▶ Citizens or eligible non-citizens
  - ▶ Have income below 138% of Federal Poverty Level (FPL)

We have applied for waivers to allow individuals with income between 100%-138% FPL to receive APTC instead of Expanded Medicaid. Should the waivers be approved, individuals would receive APTC unless they opted to receive Medicaid Expansion.