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washington healthplanfinder

click. compare. covered.

Healthplanfinder Release 2.2 Overview
Medicaid Plan Selection

Updated May 2015

Topics

Release 2.2 Overview - Medicaid Plan Selection

- Overview
- Determining Eligibility for Apple Health Coverage
- Completing Enrollment in an Apple Health Managed Care Plan
- Selecting a Managed Care Plan
- Change Reporting and Renewals

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Healthplanfinder Release 2.2

Medicaid Plan Selection Overview

Learning Objectives

Upon completing this webinar you will be able to:

- Define Medicaid Plan Selection functionality through Healthplanfinder
- Identify the steps and outcomes for enrollment
- Describe features on the individual dashboard
- Explain how to change a Managed Care Plan

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What is the purpose of Medicaid Plan Selection?

Before Medicaid Plan Selection

- Individuals are auto-enrolled through ProviderOne into a Managed Care Plan
- No individual choice or plan selection experience within Healthplanfinder

Medicaid Plan Selection

- Self-driven plan selection experience in Healthplanfinder

- Ability to search for and select plans based on provider preferences

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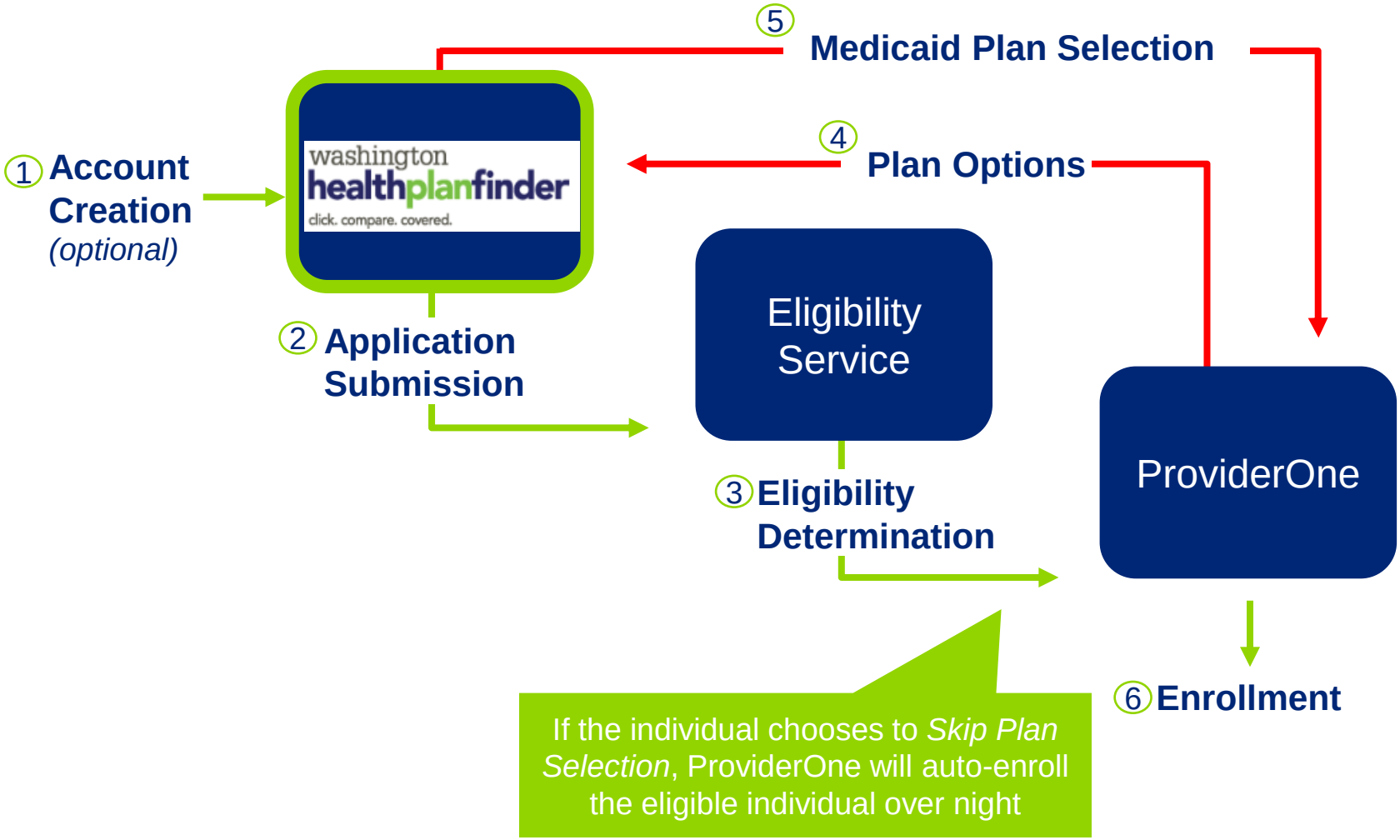
Medicaid Plan Selection Flow

If the individual chooses to **Select a Plan**, the Healthplanfinder will send the plan selected to ProviderOne



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What are the features of Medicaid Plan Selection?

Apple Health eligible individuals can select and enroll in a plan through Healthplanfinder

ProviderOne will determine plan options for individuals eligible for Apple Health

If individuals eligible for Apple Health don't select a plan, they will be auto-enrolled by ProviderOne

Apple Health individuals can search for multiple providers and compare plans within Healthplanfinder

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Apple Health Eligibility and Managed Care Enrollment

There is a two-part process for Apple Health:

Part 1: Determining Eligibility for Apple Health Coverage

- Determines whether the individual is eligible for Apple Health coverage
- Includes the application data collection / submission and eligibility determination process

Part 2: Completing Enrollment in a Managed Care Plan

- Determines whether an individual approved for Apple Health coverage can enroll in a Managed Care Plan
- Includes the Medicaid Plan Selection and Enrollment Process

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Determining Eligibility for Apple Health Coverage

Eligibility Status – Apple Health

The alert bar indicates how many household members require further action

The individual tabs provide a quick summary of eligibility status for the entire household

A dynamic status display provides details of each eligibility status and next steps

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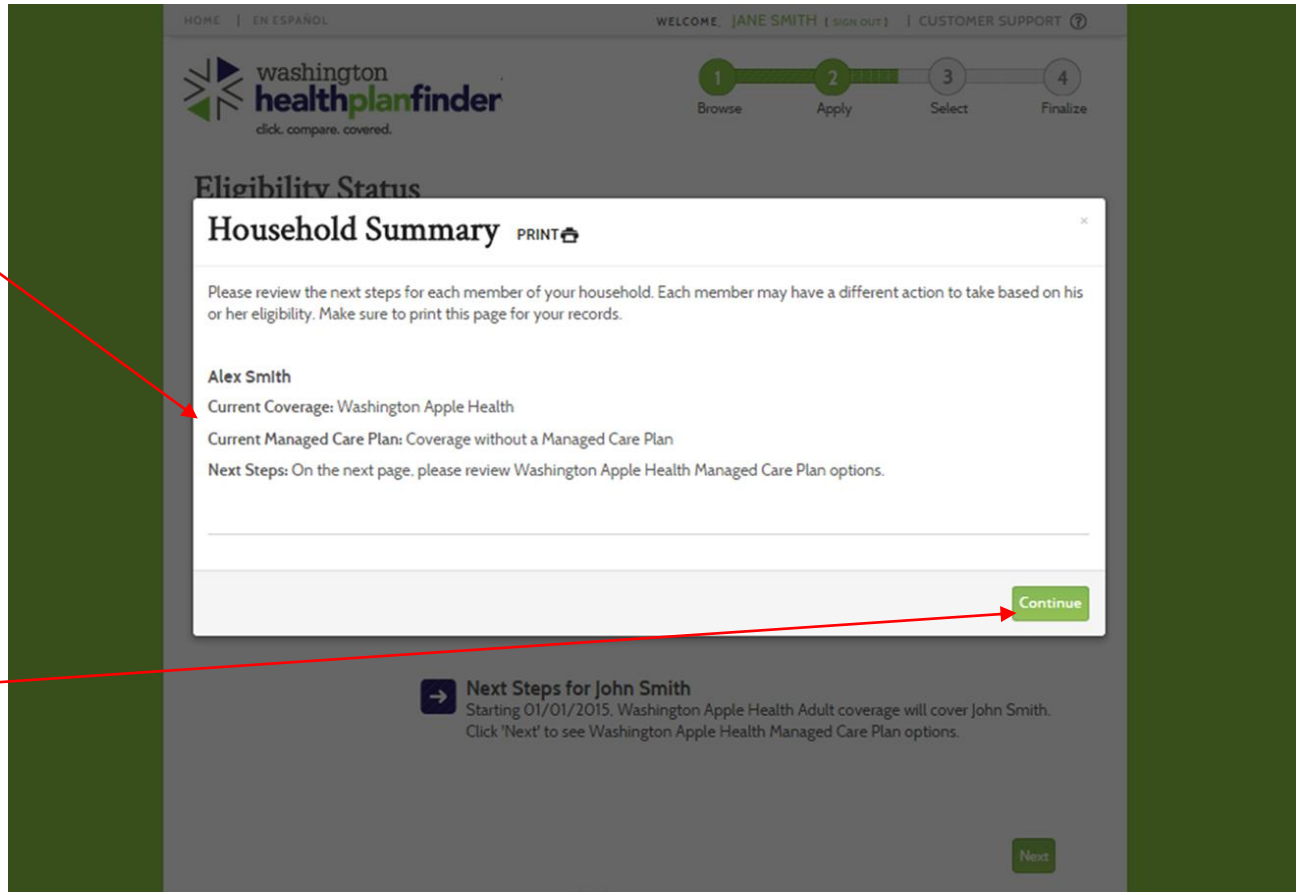
Household Summary Modal Overview

On the Eligibility Status screen, the individual will click “next” and their Household Summary modal will open.

The Household Summary modal displays the individual’s current Apple Health coverage and current Managed Care Plan

The individual is prompted to click “Continue” to view their Apple Health Managed Care Plan Options



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Apple Health Eligibility and Enrollment Process

Washington Apple Health is a two-part process:

Part 1: Determining Eligibility for Apple Health Coverage

- Determines whether the individual is eligible for Apple Health coverage
- Includes the application data collection / submission and eligibility determination process

Part 2: Completing Enrollment in a Managed Care Plan

- Determines whether an individual approved for Apple Health coverage can enroll in a Managed Care Plan
- Includes the Medicaid Plan Selection and Enrollment Process

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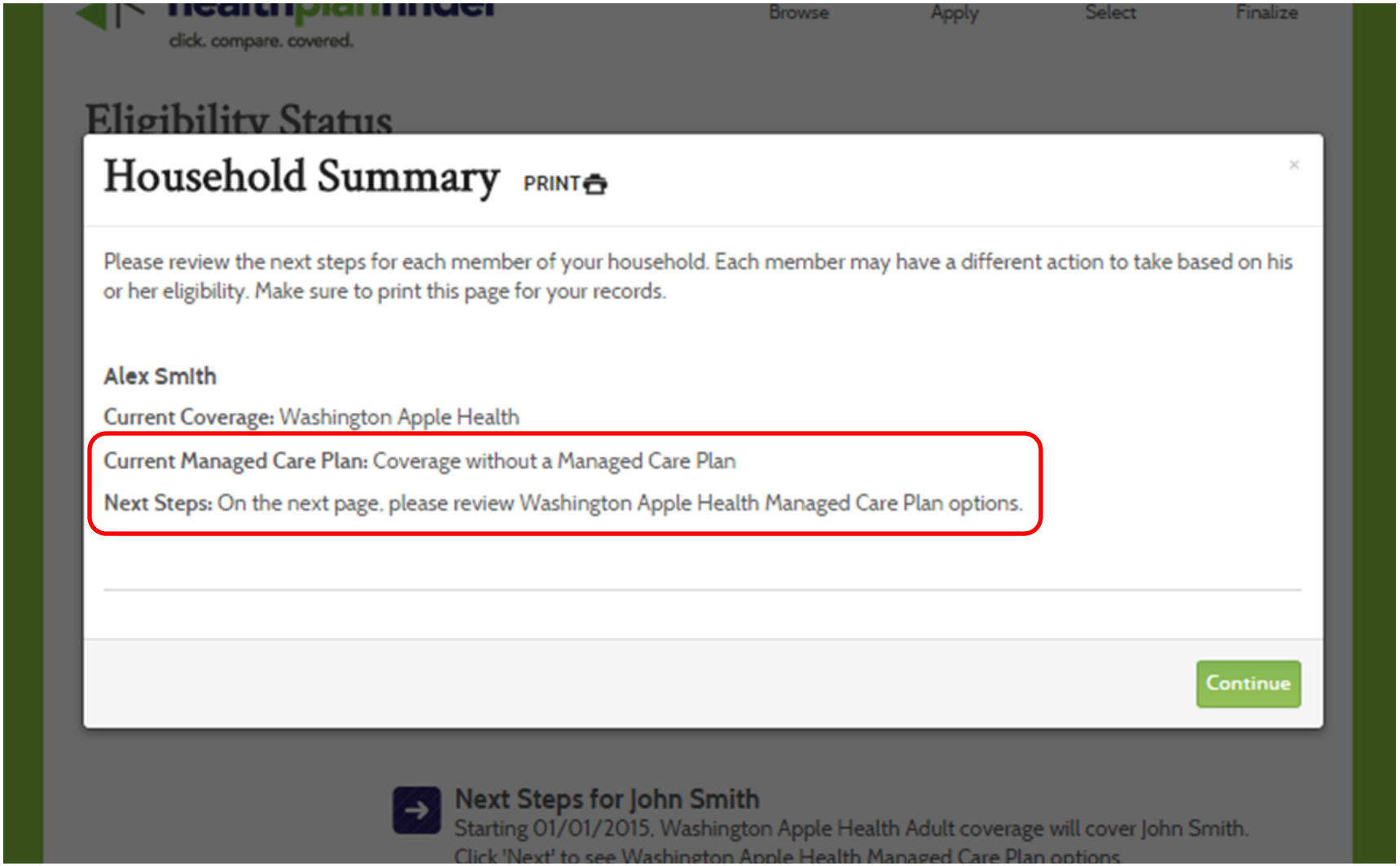
Completing Enrollment in an Apple Health Managed Care Plan

Household Summary 1



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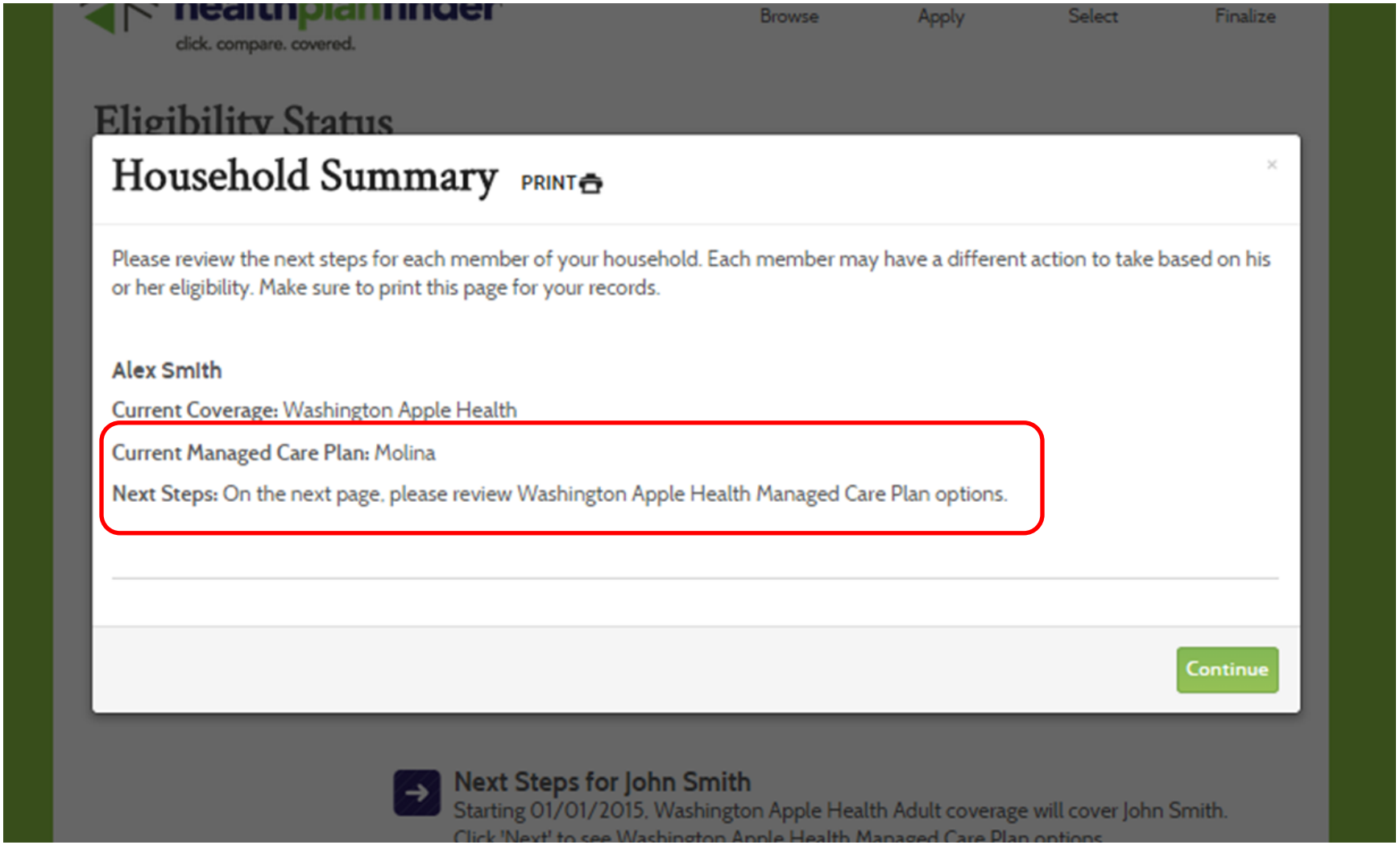
Household Summary 2



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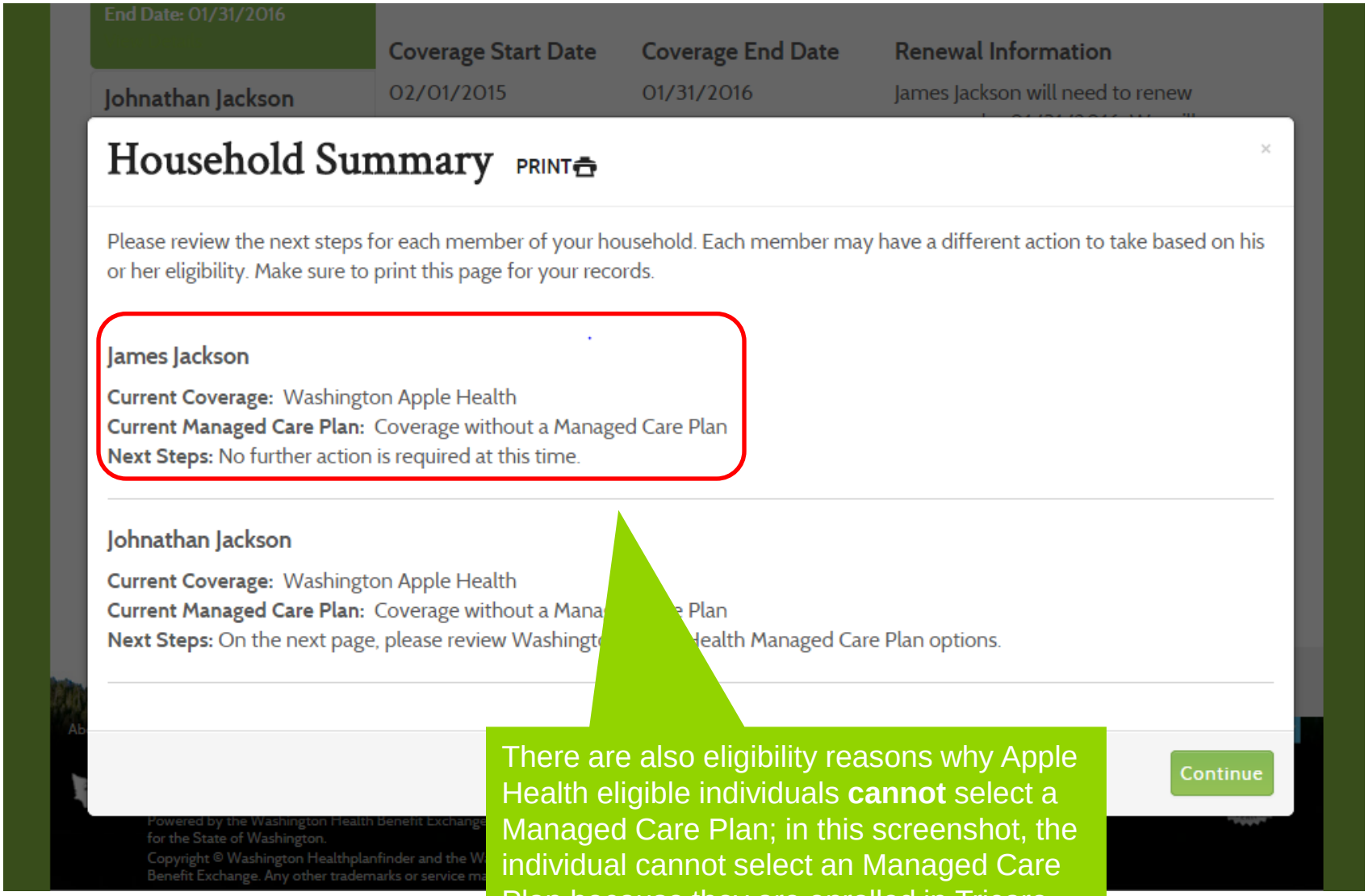
Household Summary 3



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Eligibility/Household Summary Modal Scenarios

Eligibility / Household Summary Modal Scenarios

In this section, we will walk through the Apple Health Eligibility / Household Summary Screen for new applicants with the following scenarios:

1. Apple Health Only Household

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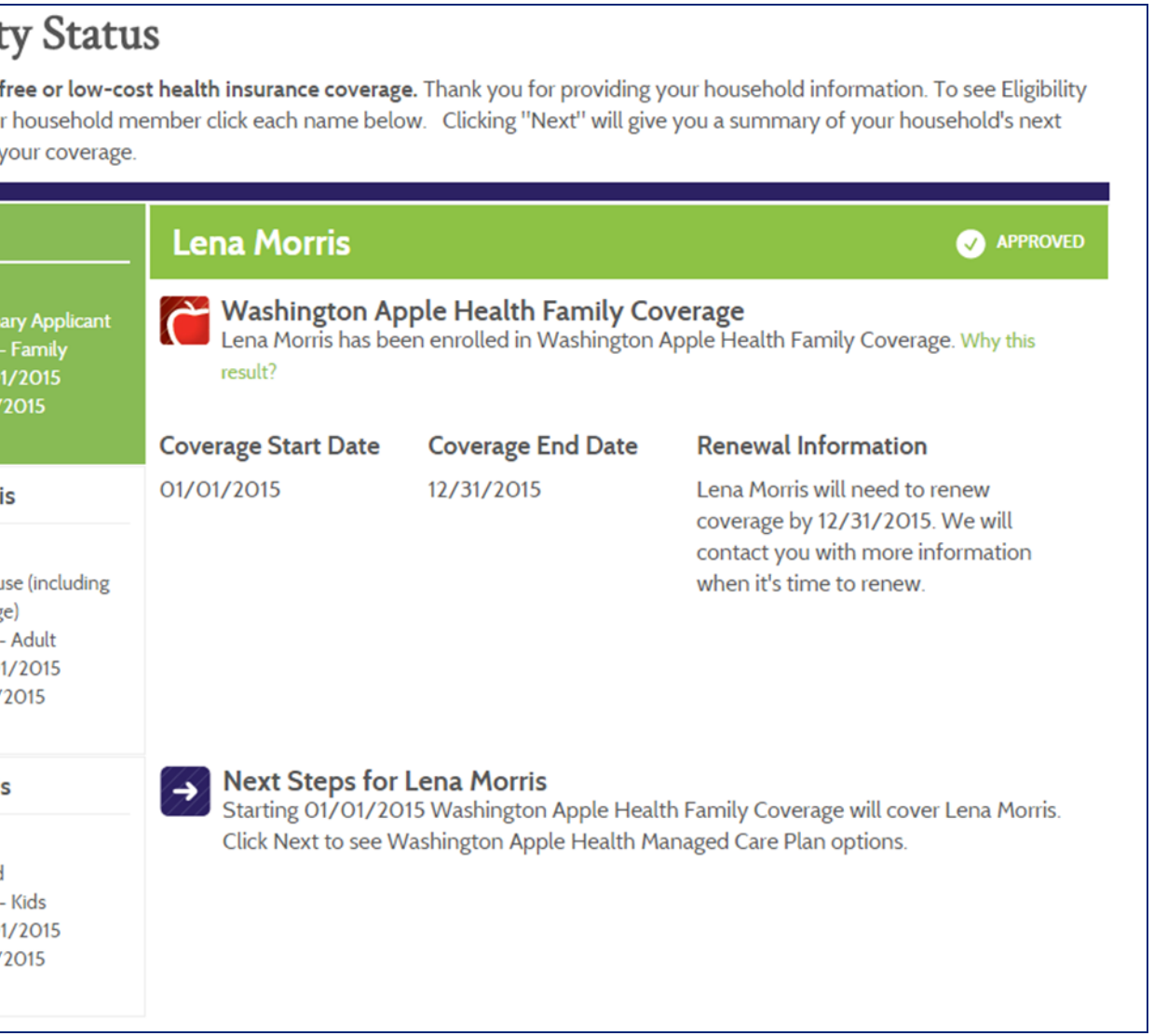
Eligibility Status Scenario – Apple Health Household



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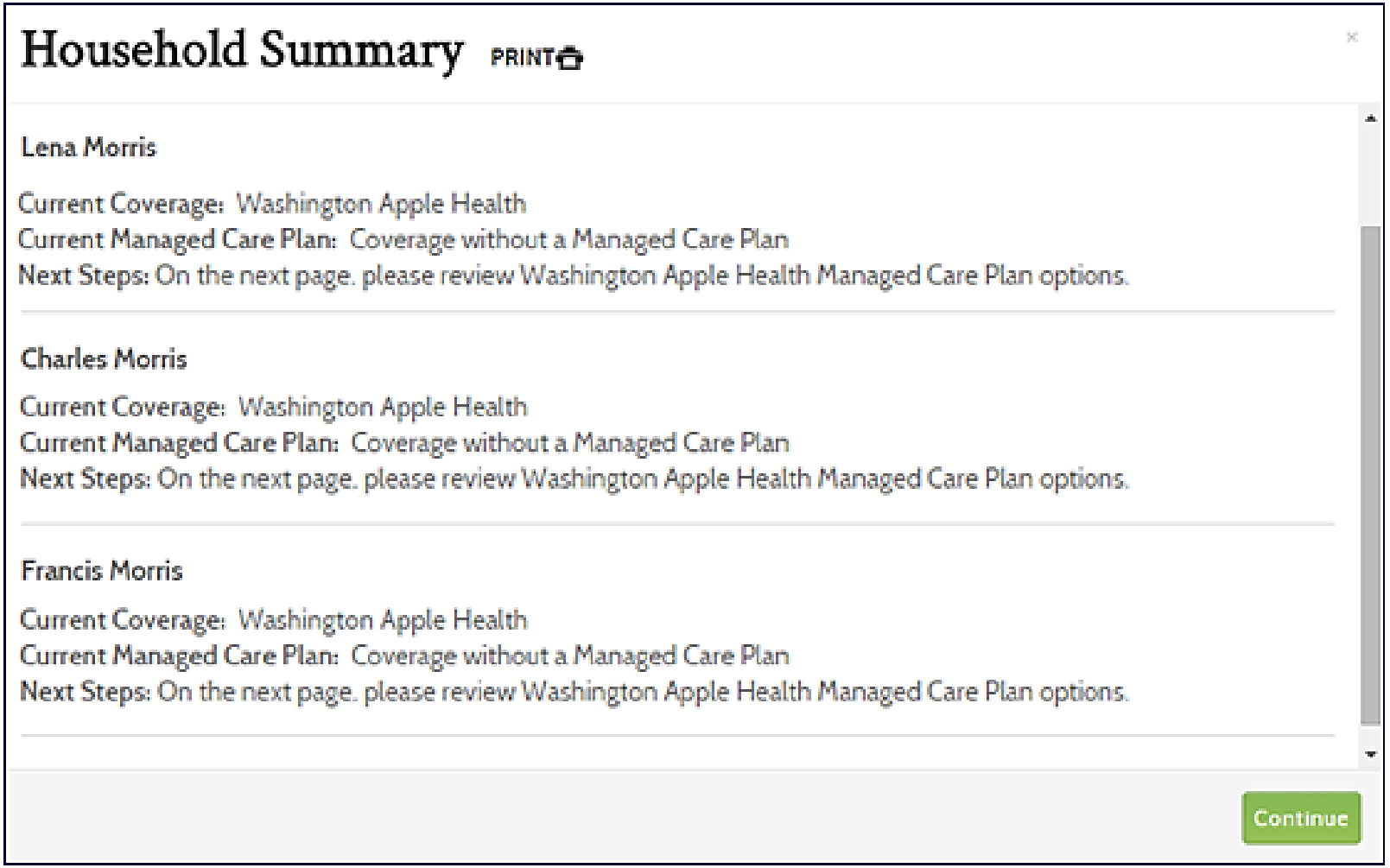
Eligibility Status Scenario – Apple Health Household



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Eligibility / Household Summary Modal Scenarios

In this section, we will walk through the Apple Health Eligibility / Household Summary Screen for new applicants with the following scenarios:

2. Mixed Apple Health/QHP with Tax Credits Household

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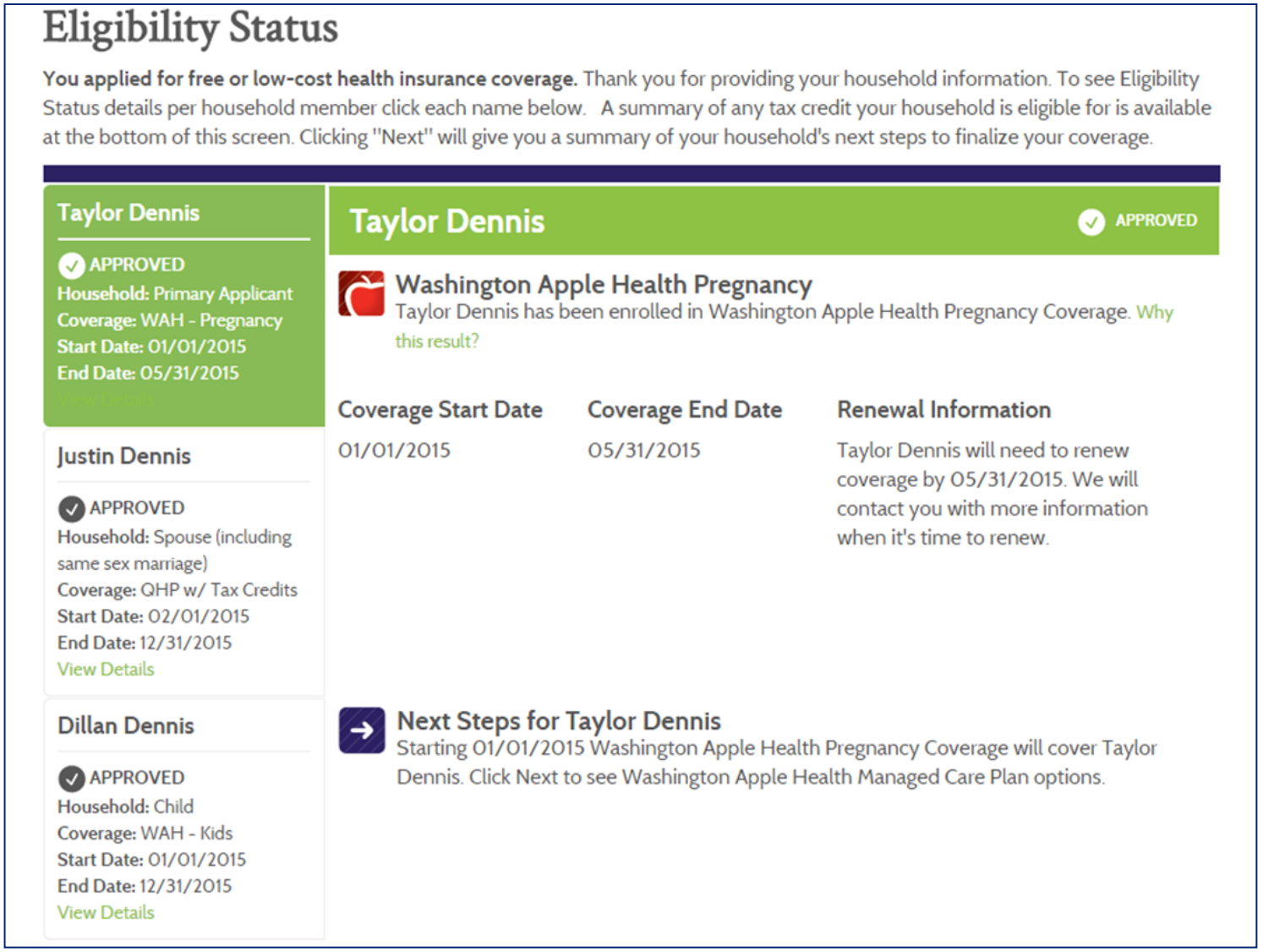
Eligibility Status Scenario– Mixed Eligibility Household



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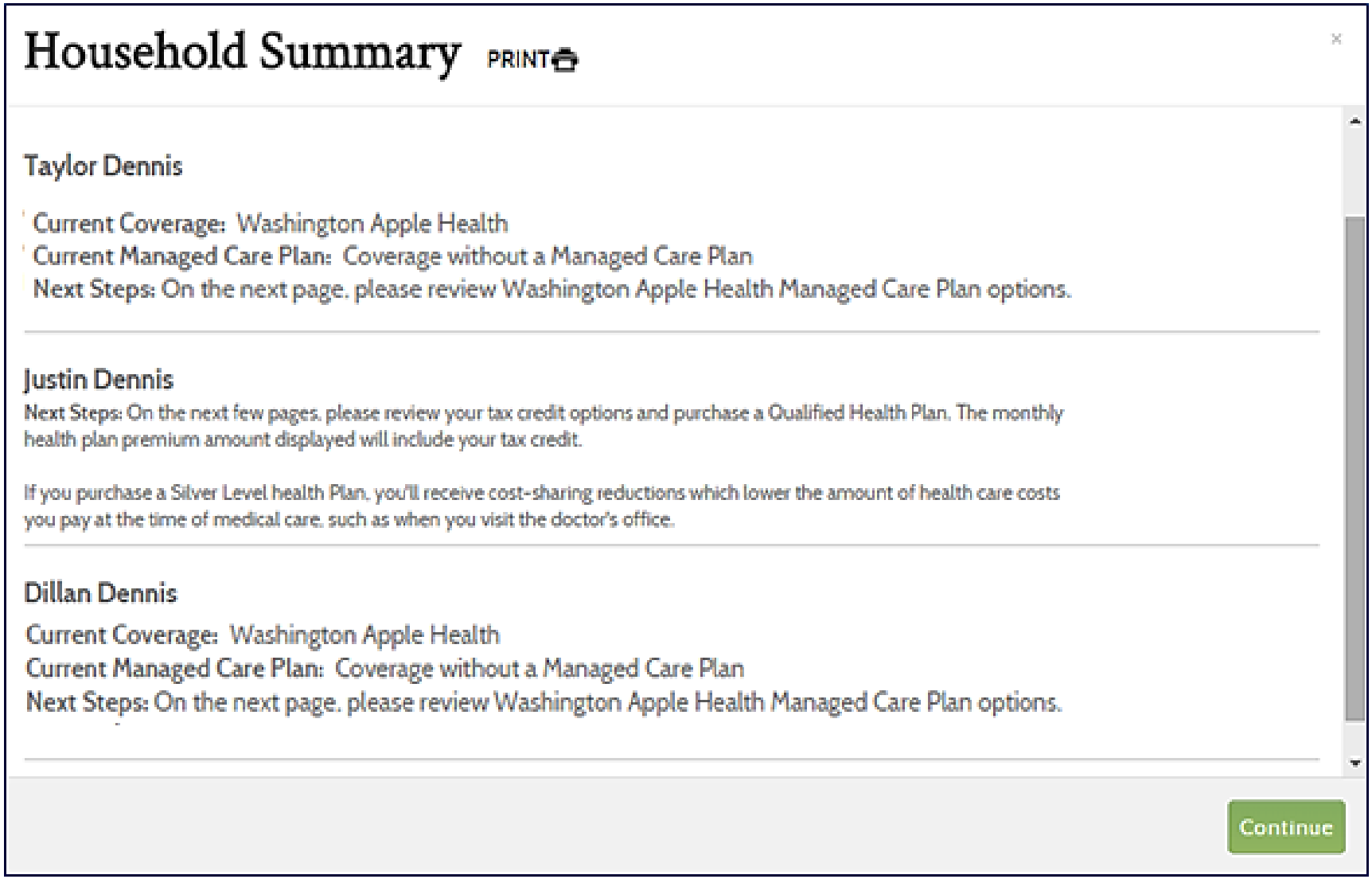
Eligibility Status Scenario – Mixed Eligibility Household



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Selecting a Medicaid Plan

Medicaid Plan Selection Process Flows

Once an individual creates a new application in Healthplanfinder and is found eligible for Apple Health coverage, they are presented with two options for enrollment:

Option #1: Select a Managed Care Plan

Option #2: Skip Plan Selection

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Medicaid Plan Selection Process Flows

Option #1: **Select a Managed Care Plan**

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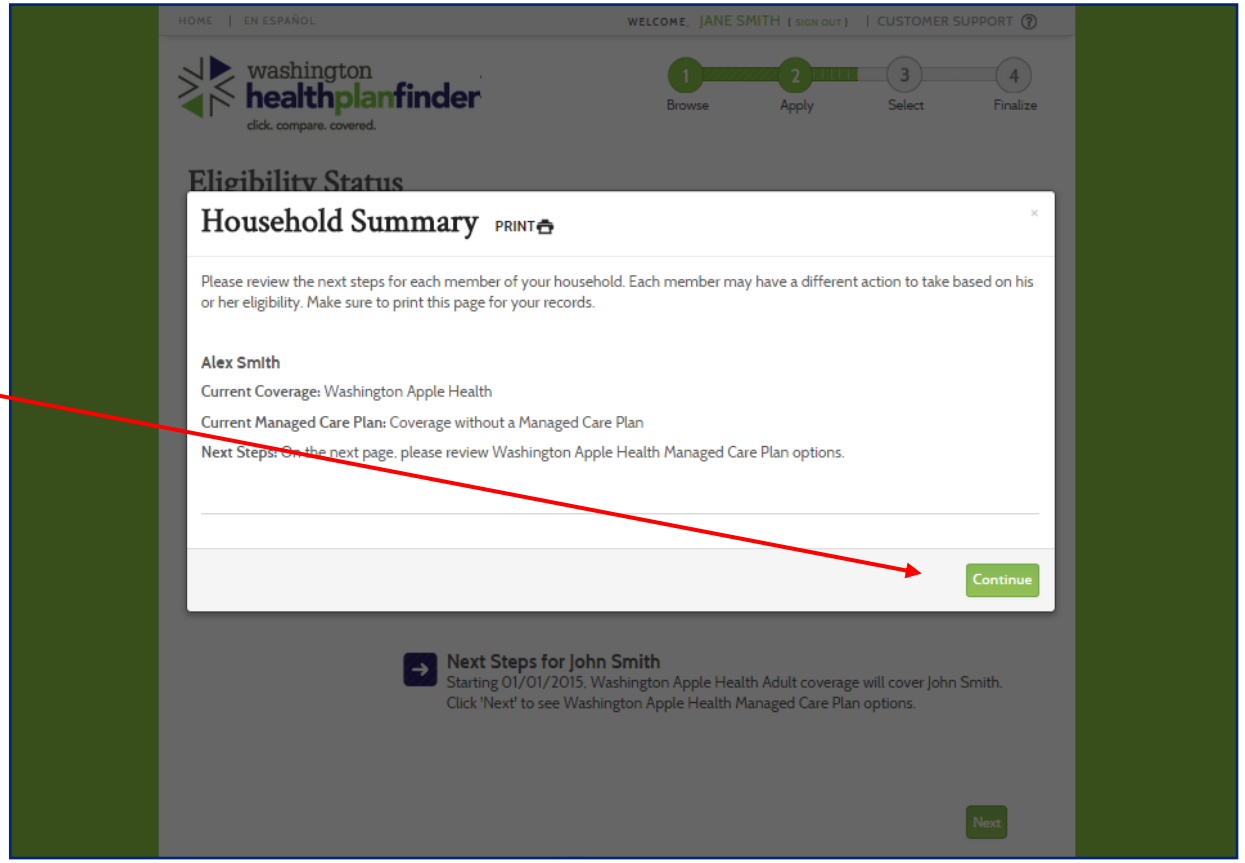
Household Summary Modal to Plan Selection

The individual will be prompted to click “Continue” to view their Apple Health Managed Care Plan Options – now it is time for **plan selection**!



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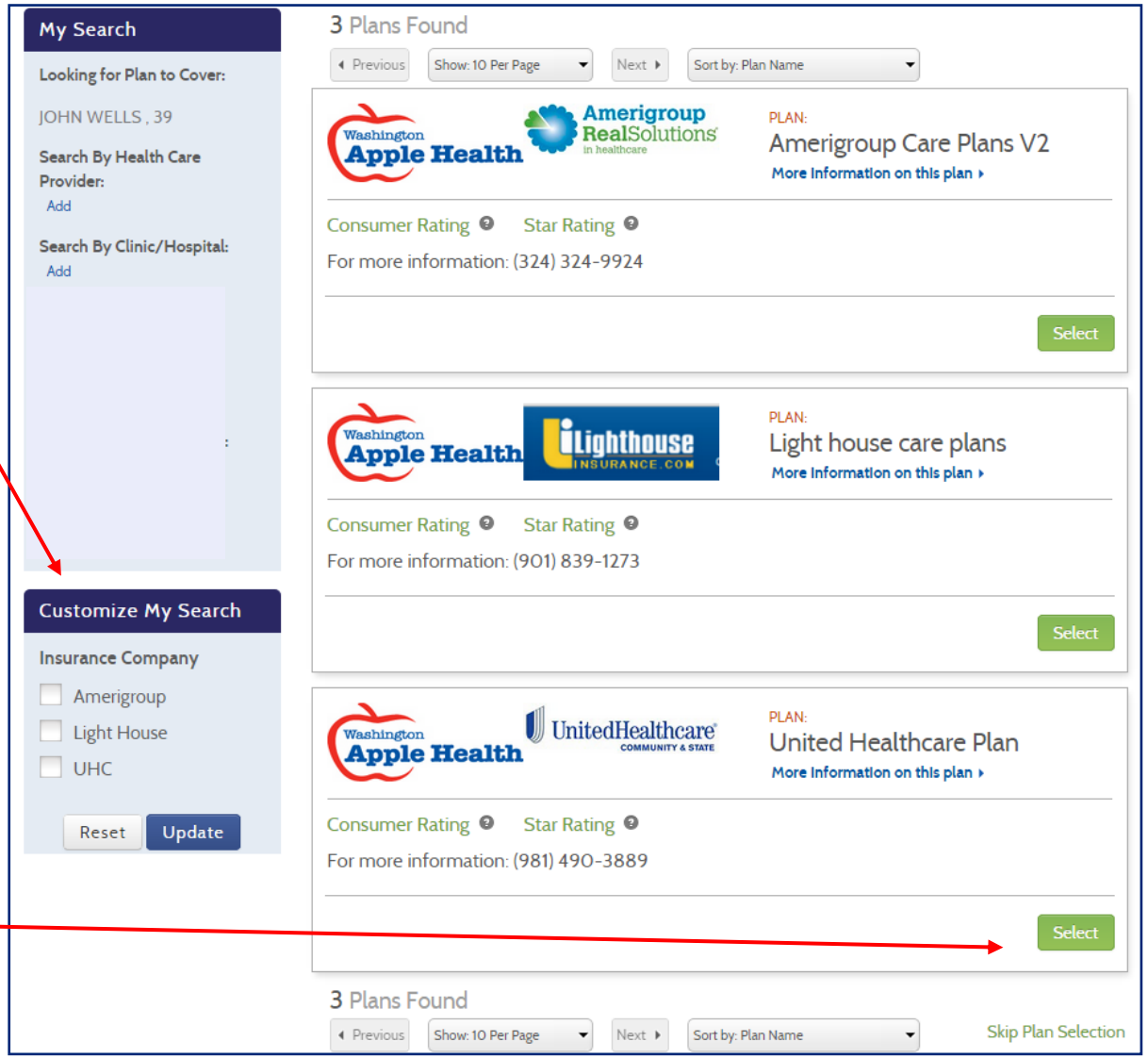
Explore Your Options

The Explore Your Options page will display all available Managed Care Plans to the individual.

To help with the selection process, individuals can customize their search for Managed Care Plans based on Insurance Company

After browsing, the individual will click “Select” on the Managed Care Plan of their choice



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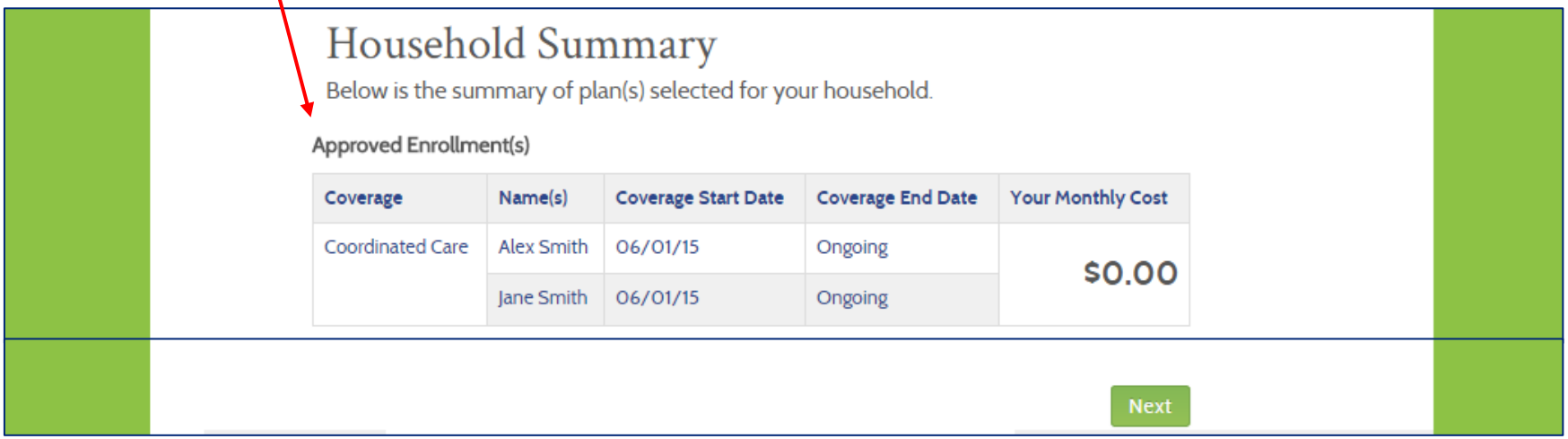
Household Summary Page

After selecting a Managed Care Plan, the individual will be navigated to the Household Summary page, where their enrollment approval and coverage dates will be displayed, as returned by ProviderOne.

Enrollment is "**Approved**" by HCA



Click "Next" to be navigated to the Individual Dashboard

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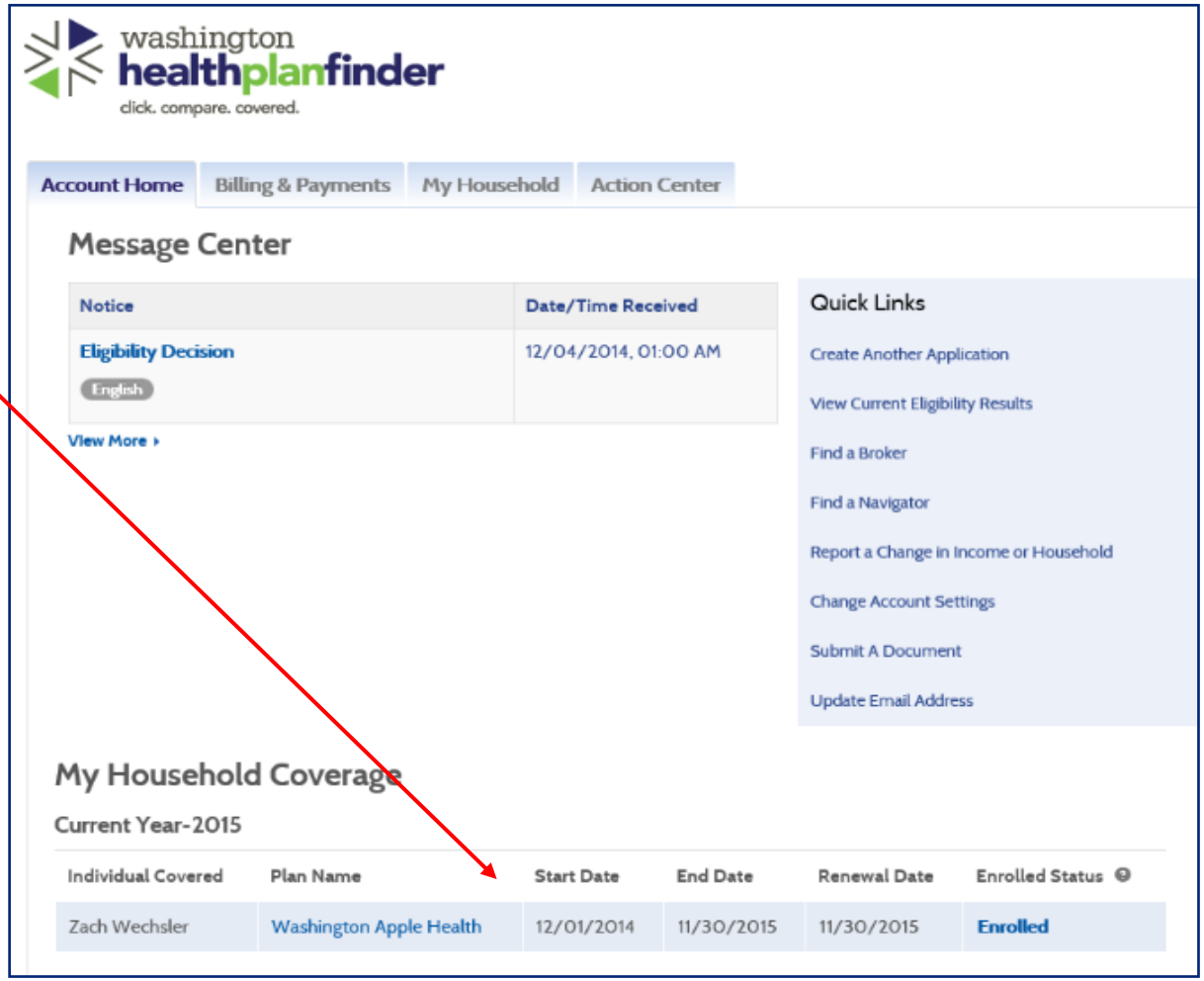
Individual Dashboard and Coverage Start Dates

The Individual Dashboard will display the selected Managed Care Plans and coverage start dates.

For a new Apple Health individual, coverage will begin the **first of the month of application**

The **newly selected Managed Care Plan will start the first of the month following plan selection**, if selected by the 2nd to last business day of the month



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Medicaid Plan Selection Process Flows

Option #2: Skip Plan Selection

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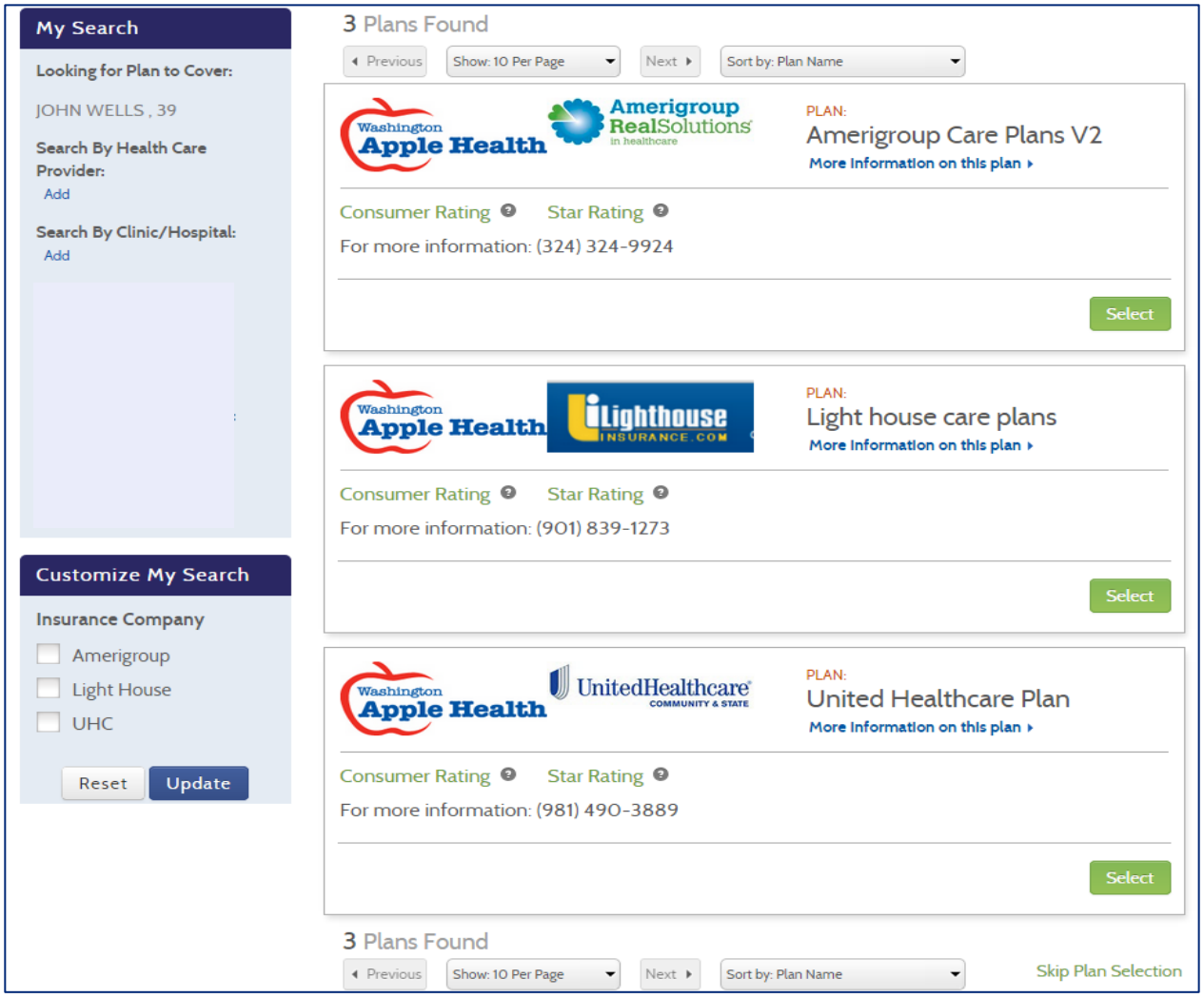
Individual Chooses to Skip Plan Selection

From the Household Summary modal, the individual will be navigated to their Explore Your Options page, but will select “Skip Plan Selection”:



Once the individual clicks “Skip Plan Selection” on the Explore Your Options page, they will be directed back to their Dashboard where they can view their Apple Health coverage

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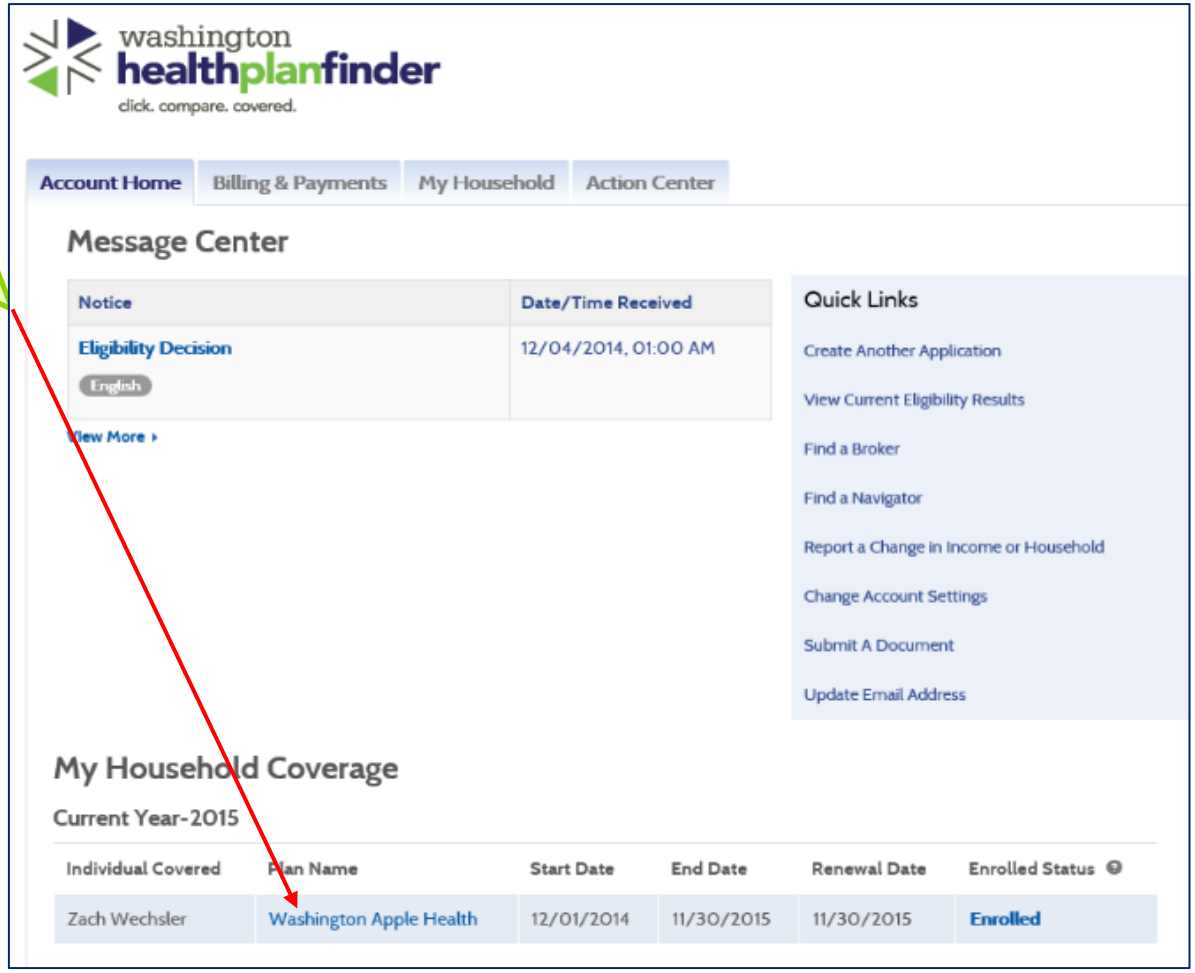
Individual Dashboard After Plan Selection

After opting out of Plan Selection, the individual will be navigated directly to their Individual Dashboard where they will view their enrollment and coverage.

The individual will see that they are enrolled and covered by Apple Health



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Medicaid Plan Selection Scenarios

Medicaid Plan Selection Scenarios

In this section, we will walk through the Medicaid Plan Selection experiences for new applicants with the following scenarios:

1. Apple Health only household (Non-AI/AN)

2. Mixed Apple Health/QHP household (Non-AI/AN)

3. AI/AN Apple Health individual and household

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Medicaid Plan Selection Scenarios

1. Apple Health only household (Non AI/AN)

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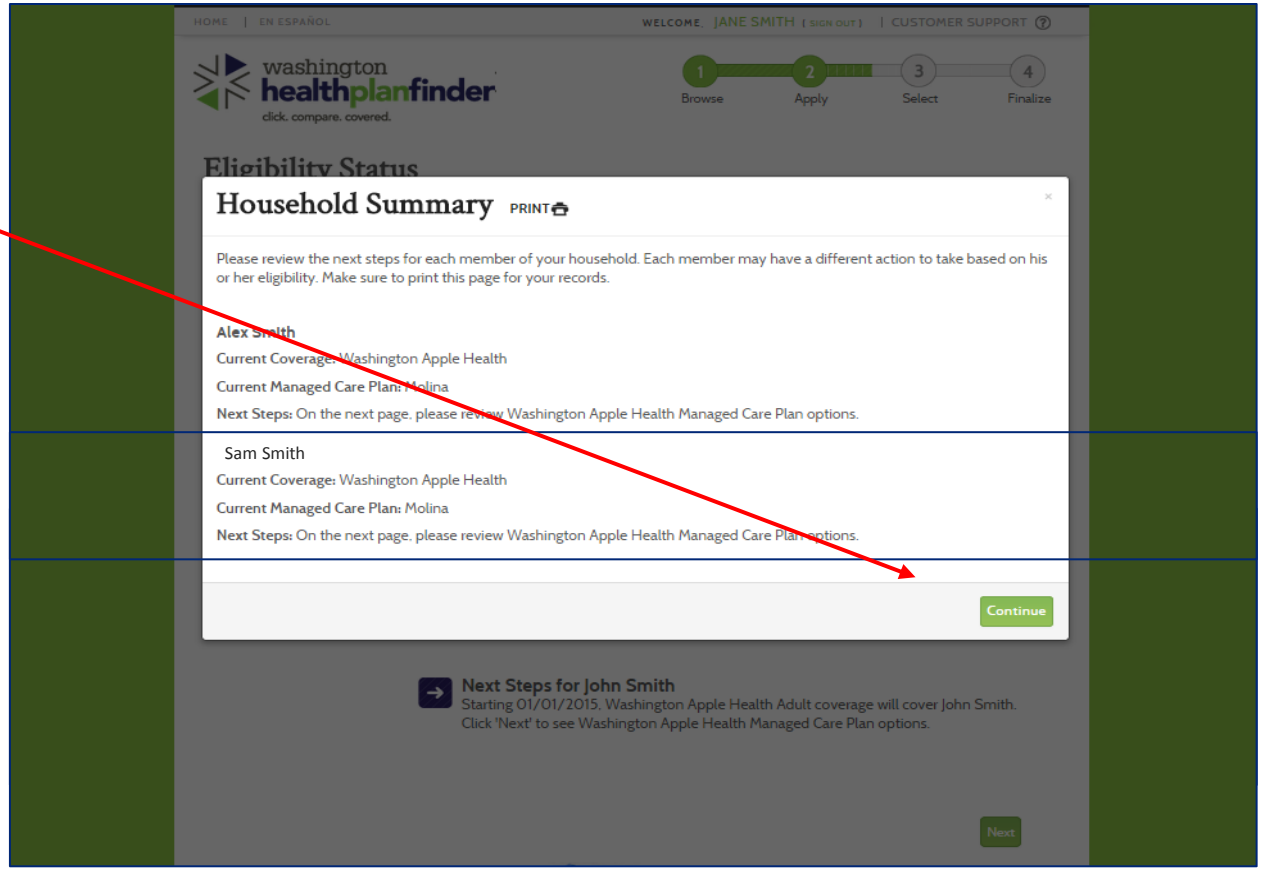
Scenario #1: Apple Health Household

The Primary Applicant will navigate to the Household Summary modal from their Eligibility Status page. In this case, the household includes the Primary Applicant and his/her child who are both Apple Health eligible.

The Primary Applicant will click continue to move forward to the Explore Your Options page



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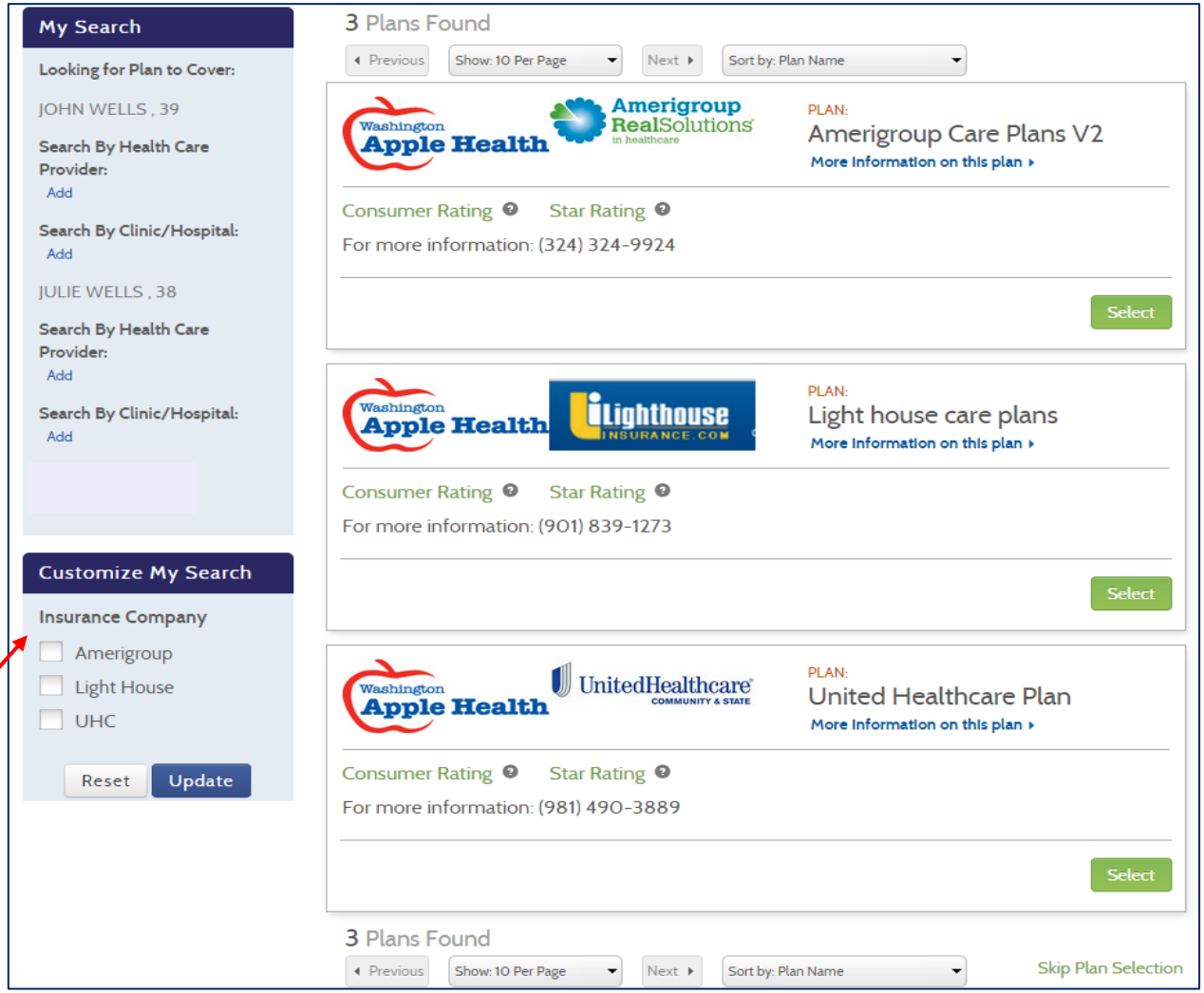
Apple Health only Household: Explore Your Options

All members of the household will be shown in the left corner section “Looking for Plan to Cover”

The Primary Applicant can search for Managed Care Plans based on Insurance Company



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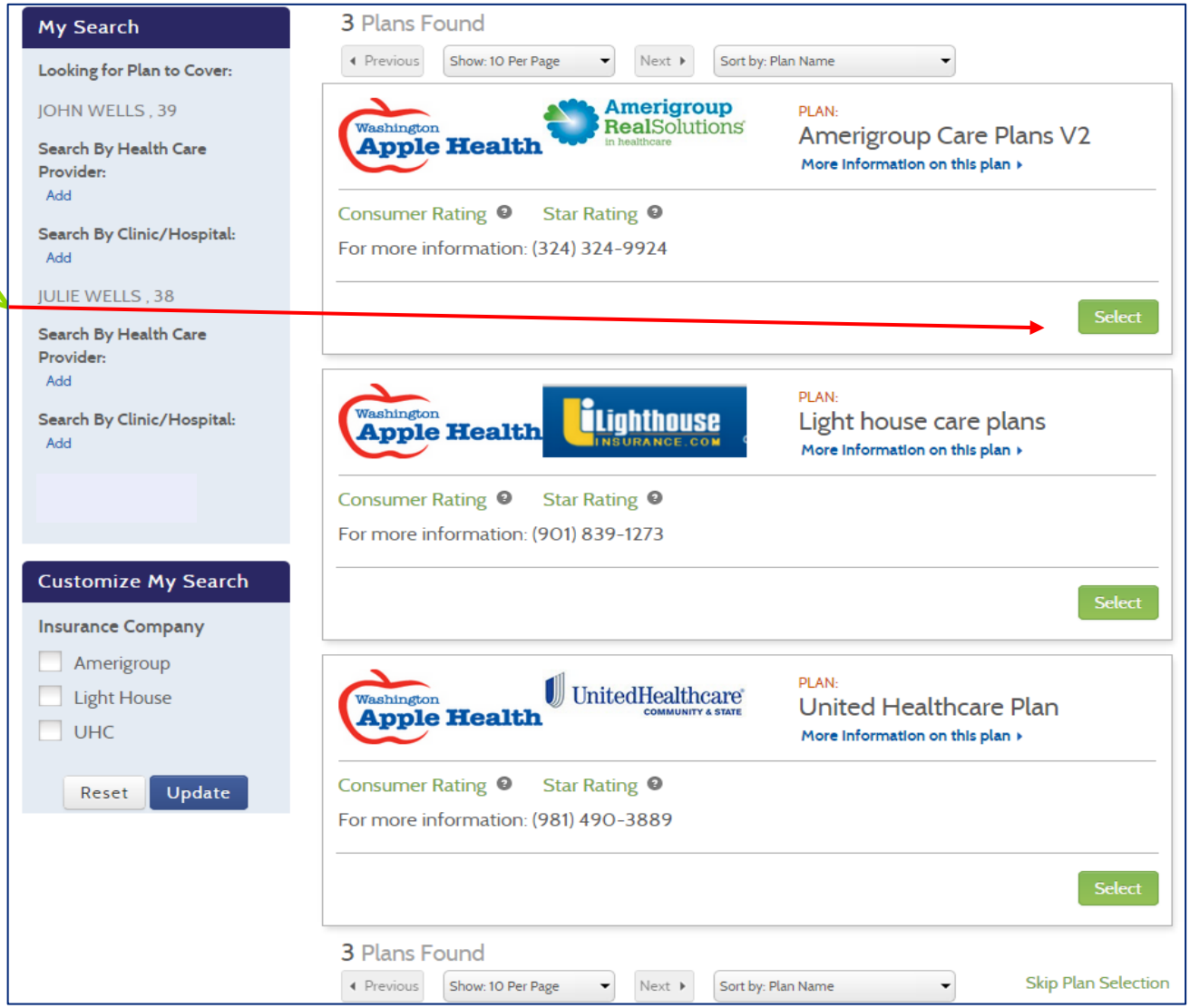
Apple Health Household: Explore Your Options

The Primary Applicant **may only choose one Managed Care Plan** which will cover the entire Apple Health household



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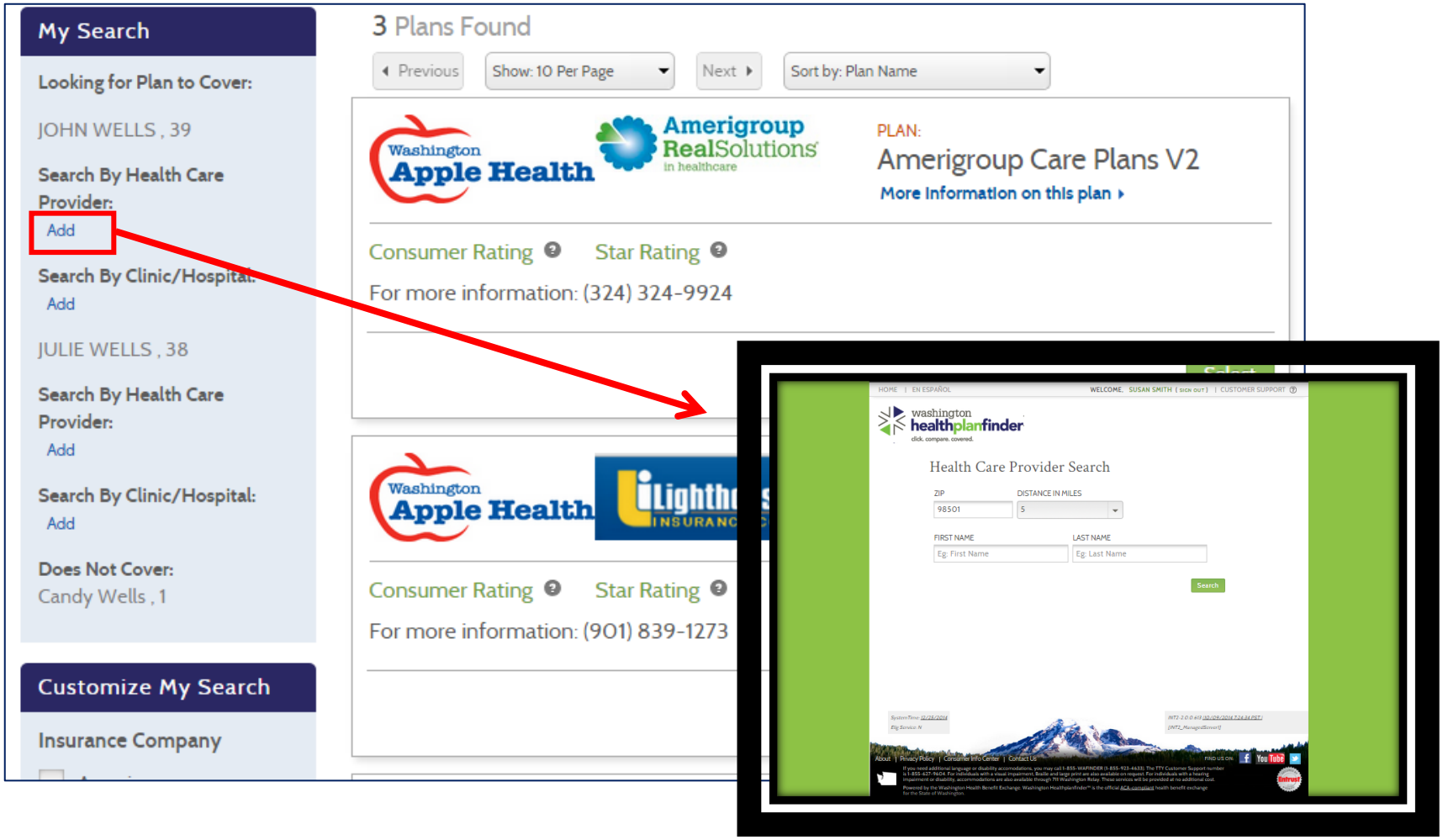
Plan Selection by Provider

Each Apple Health eligible household member can select up to **one preferred health care provider and one preferred clinic/hospital**. Healthplanfinder can then be filtered to display Managed Care Plans which accept those providers.



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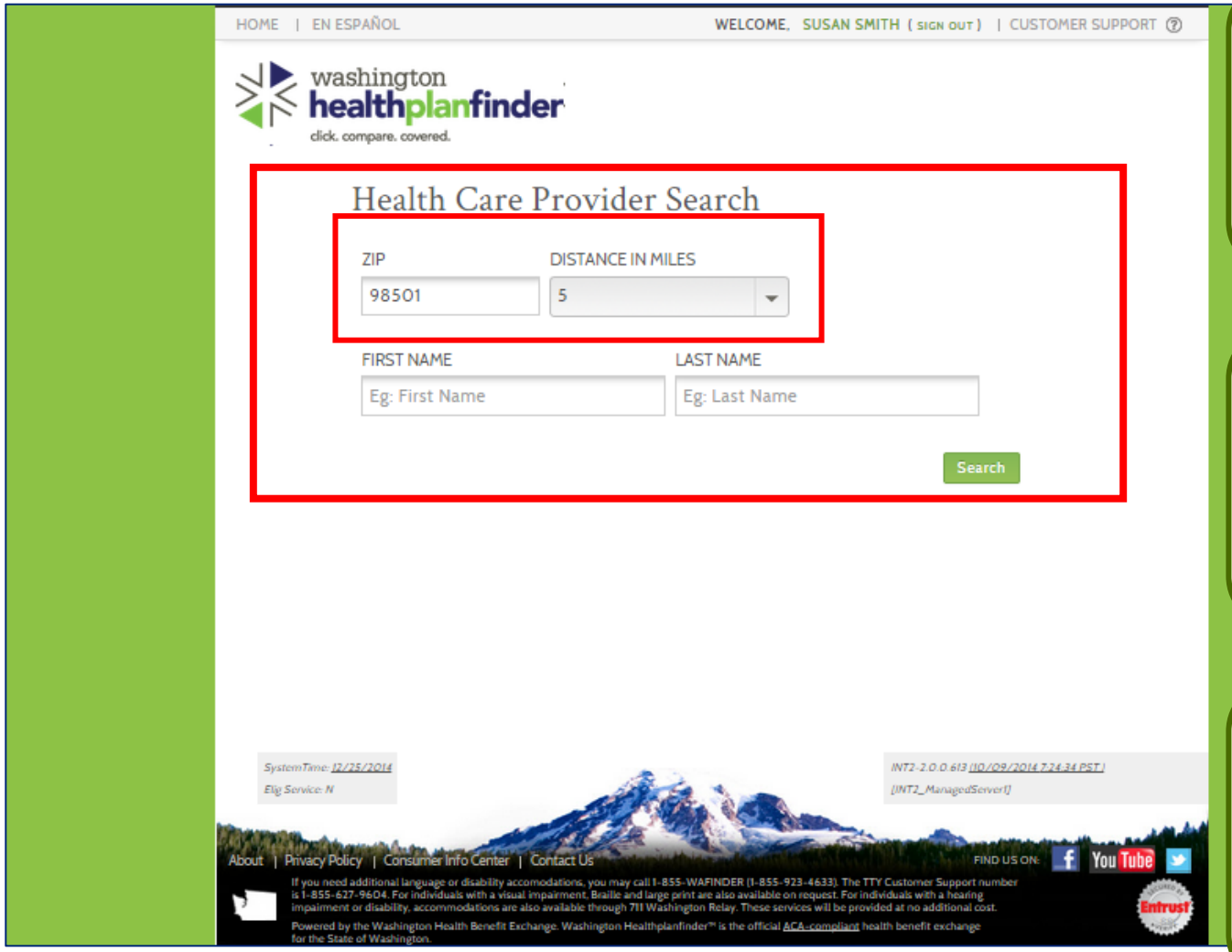
Health Care Provider Search



Apple Health individuals can search for health care providers using these search criteria

The individual must select at least 1 criteria to search with other than "Distance in Miles"

In this example the individual is choosing to search by Zip code and Distance

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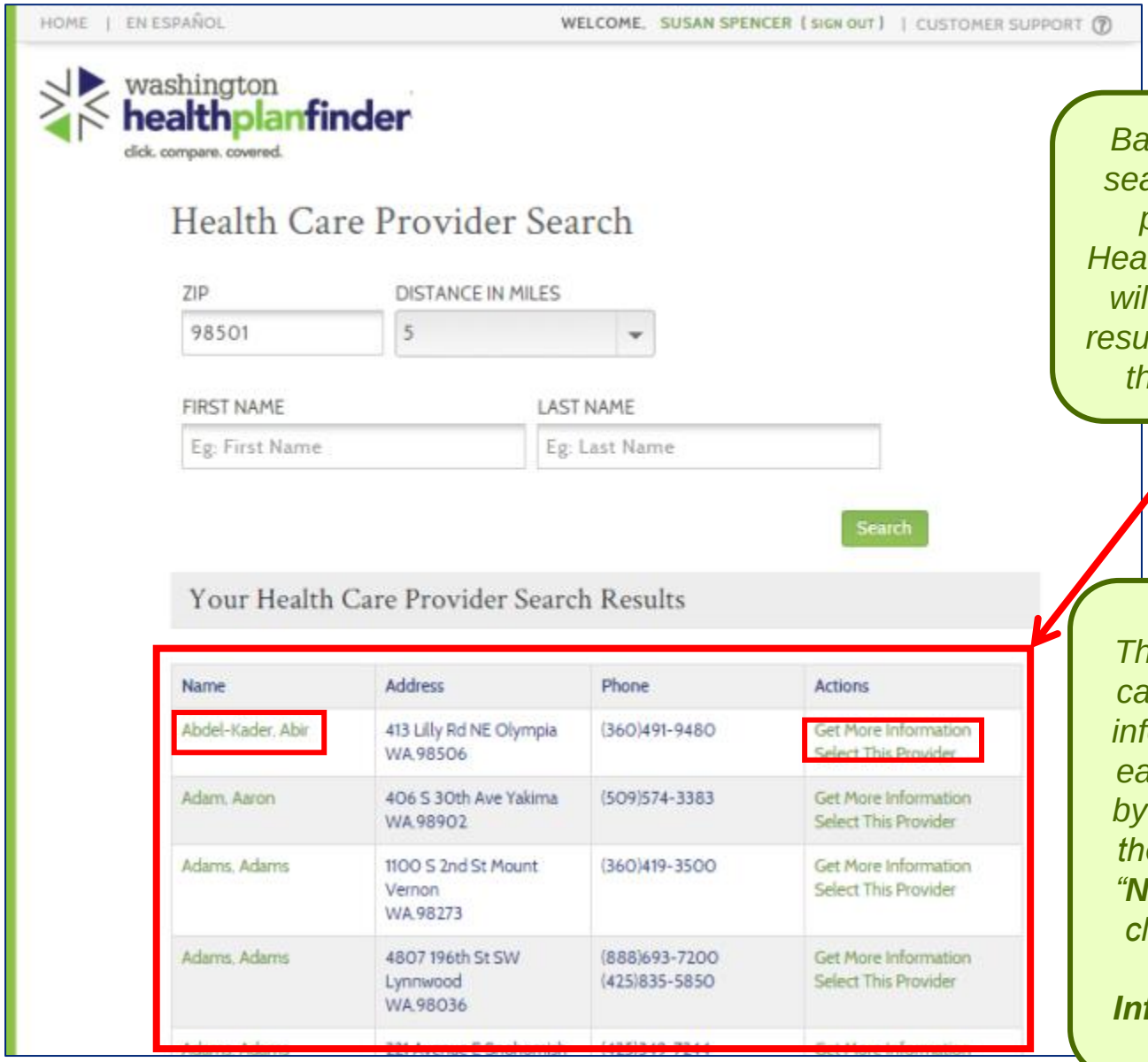
Health Care Provider Search Results



Based on the search criteria provided, Healthplanfinder will return the results that meet that criteria

*The individual can find more information on each provider by clicking on the provider's "**Name**" or by clicking "**Get More Information**'"*

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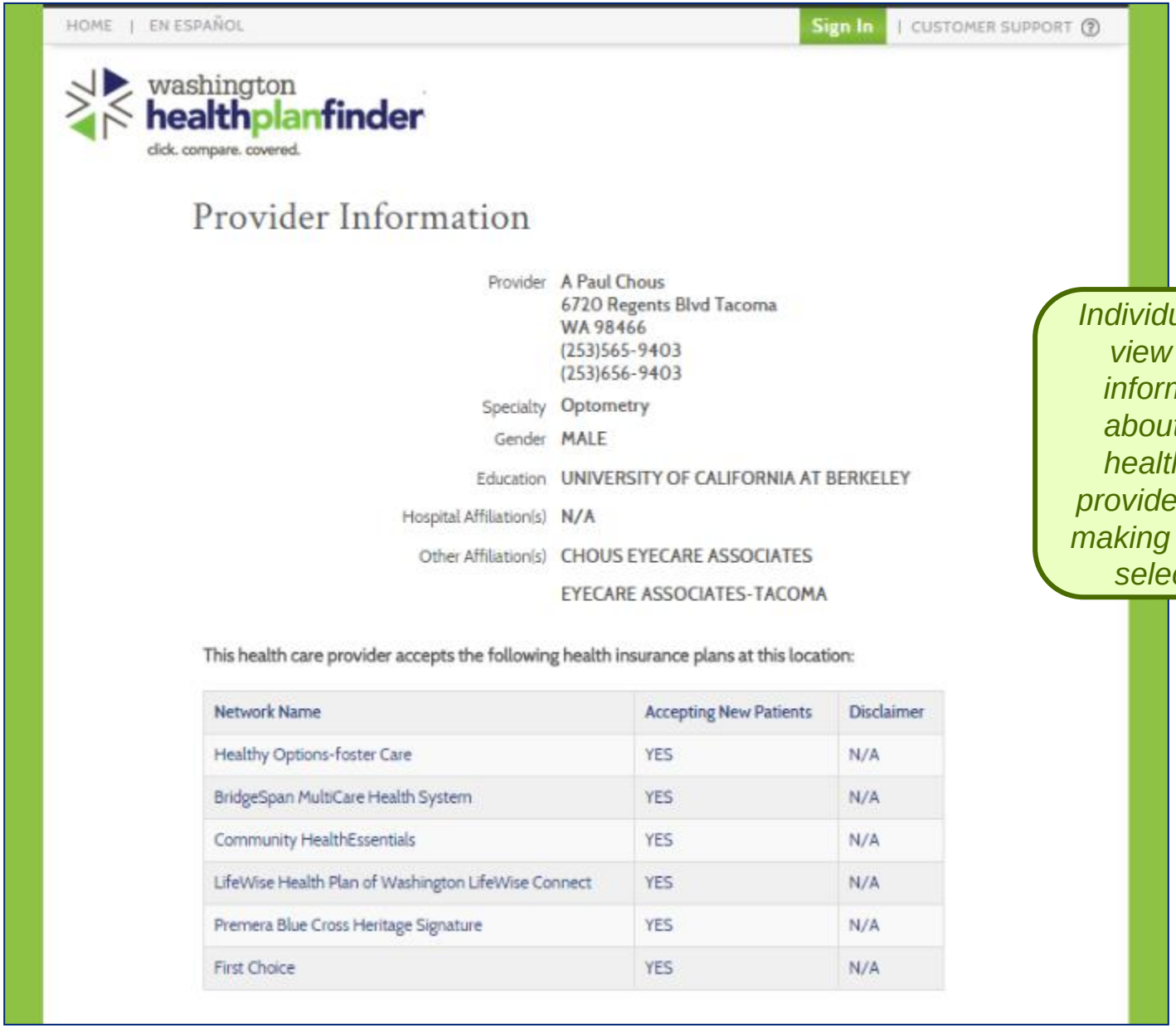
Health Care Provider Information



Individuals can view more information about each health care provider before making a formal selection.

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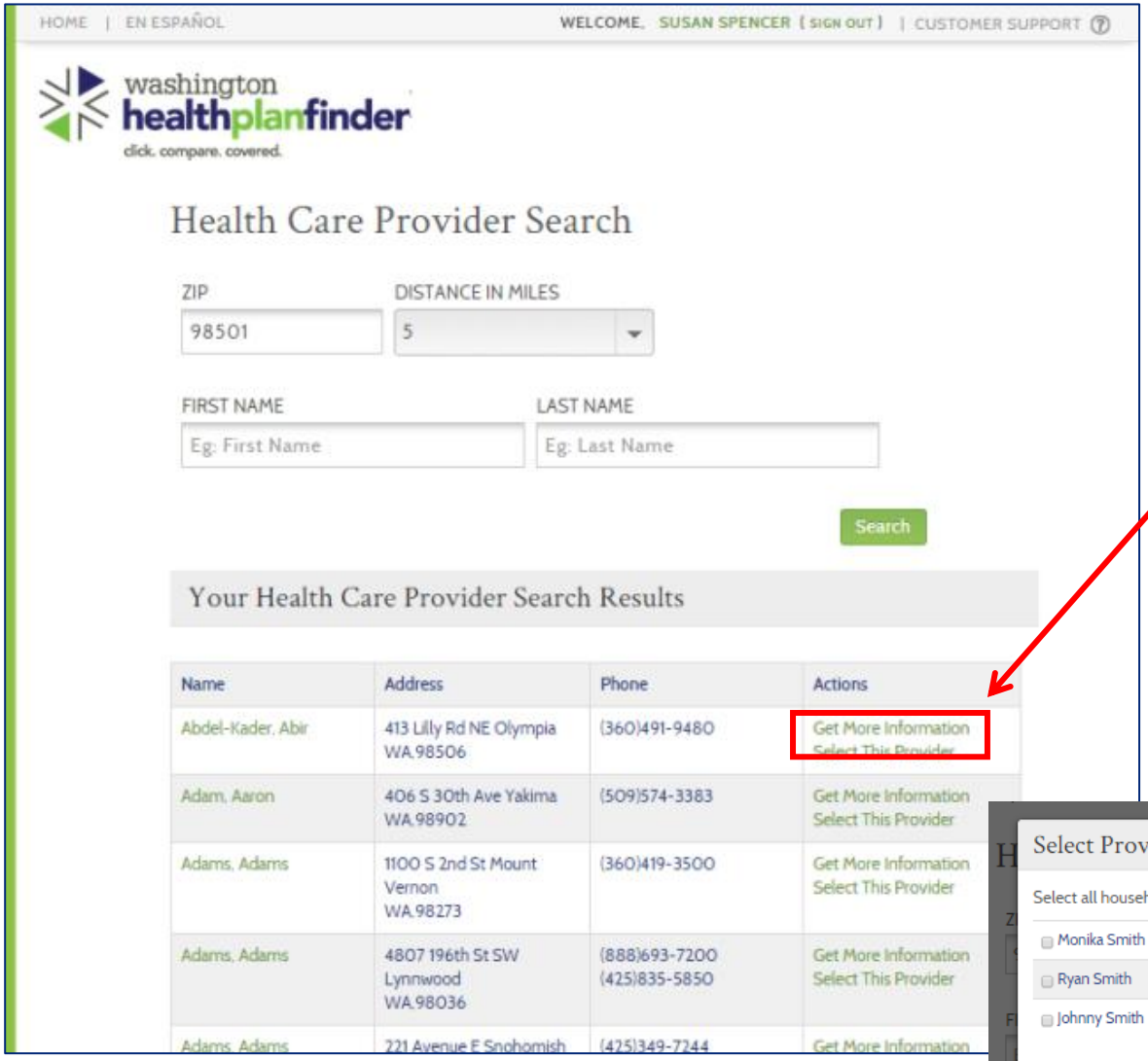
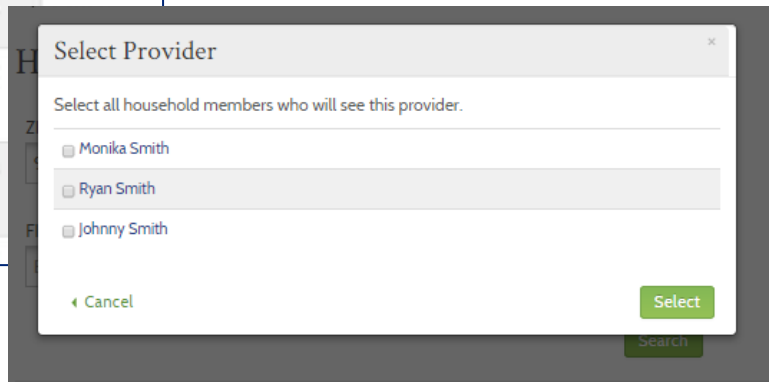
Select Health Care Provider



Once an individual reviews their provider search results, they can select a specific health care provider for each family member



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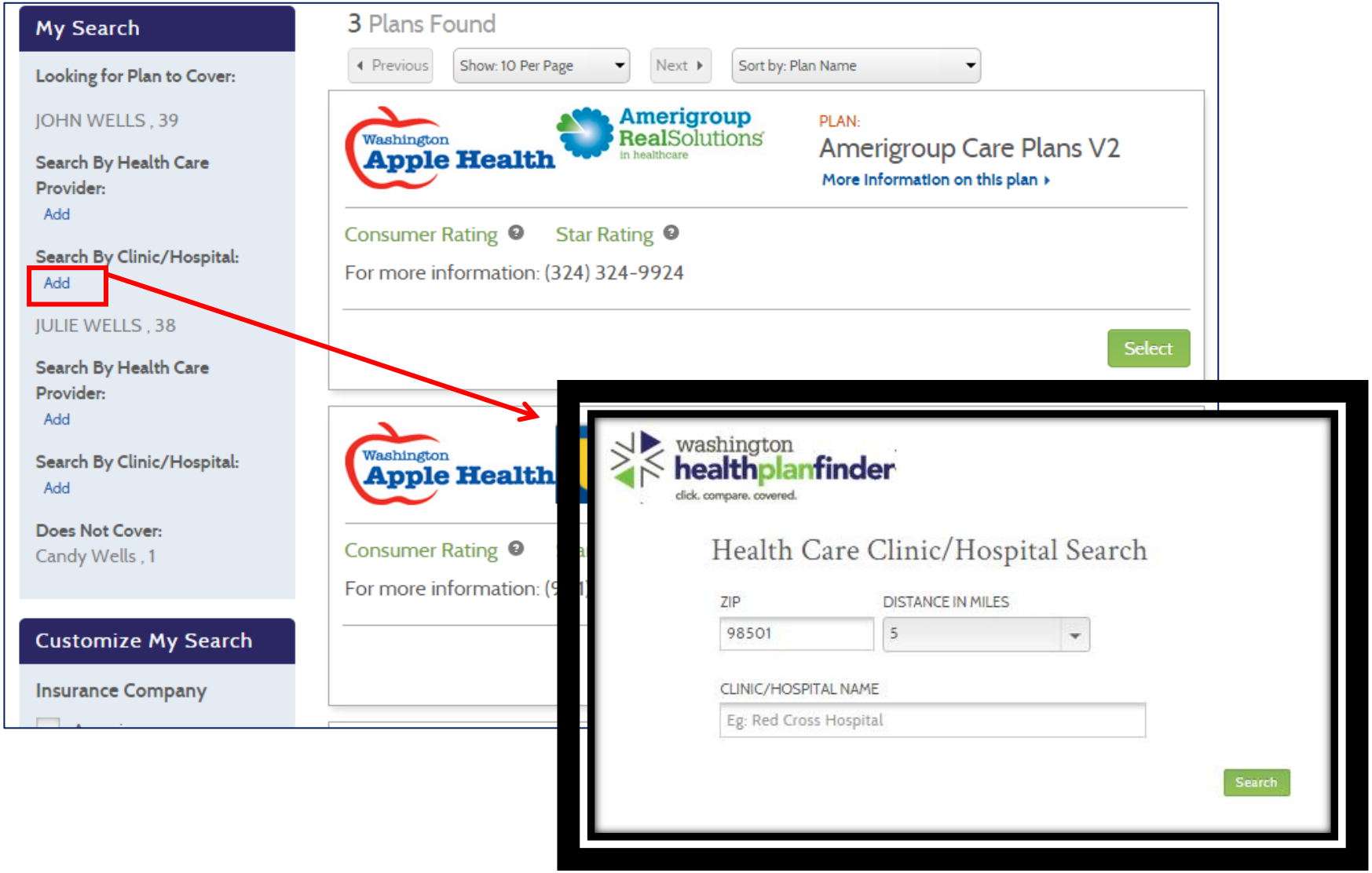
Adding Health Care Clinic/Hospital



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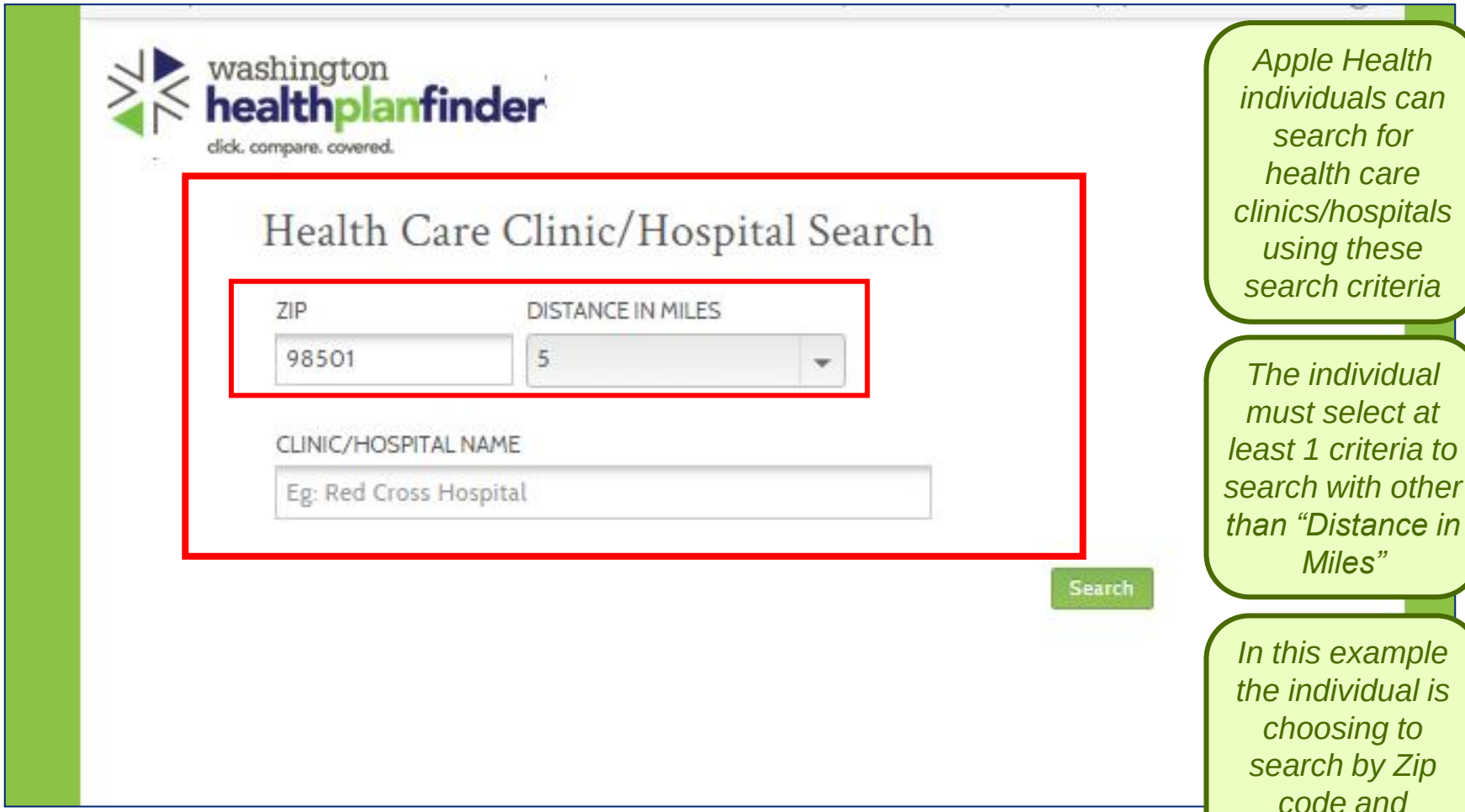
Health Care Clinic/Hospital Search



Apple Health individuals can search for health care clinics/hospitals using these search criteria

The individual must select at least 1 criteria to search with other than "Distance in Miles"

In this example the individual is choosing to search by Zip code and Distance

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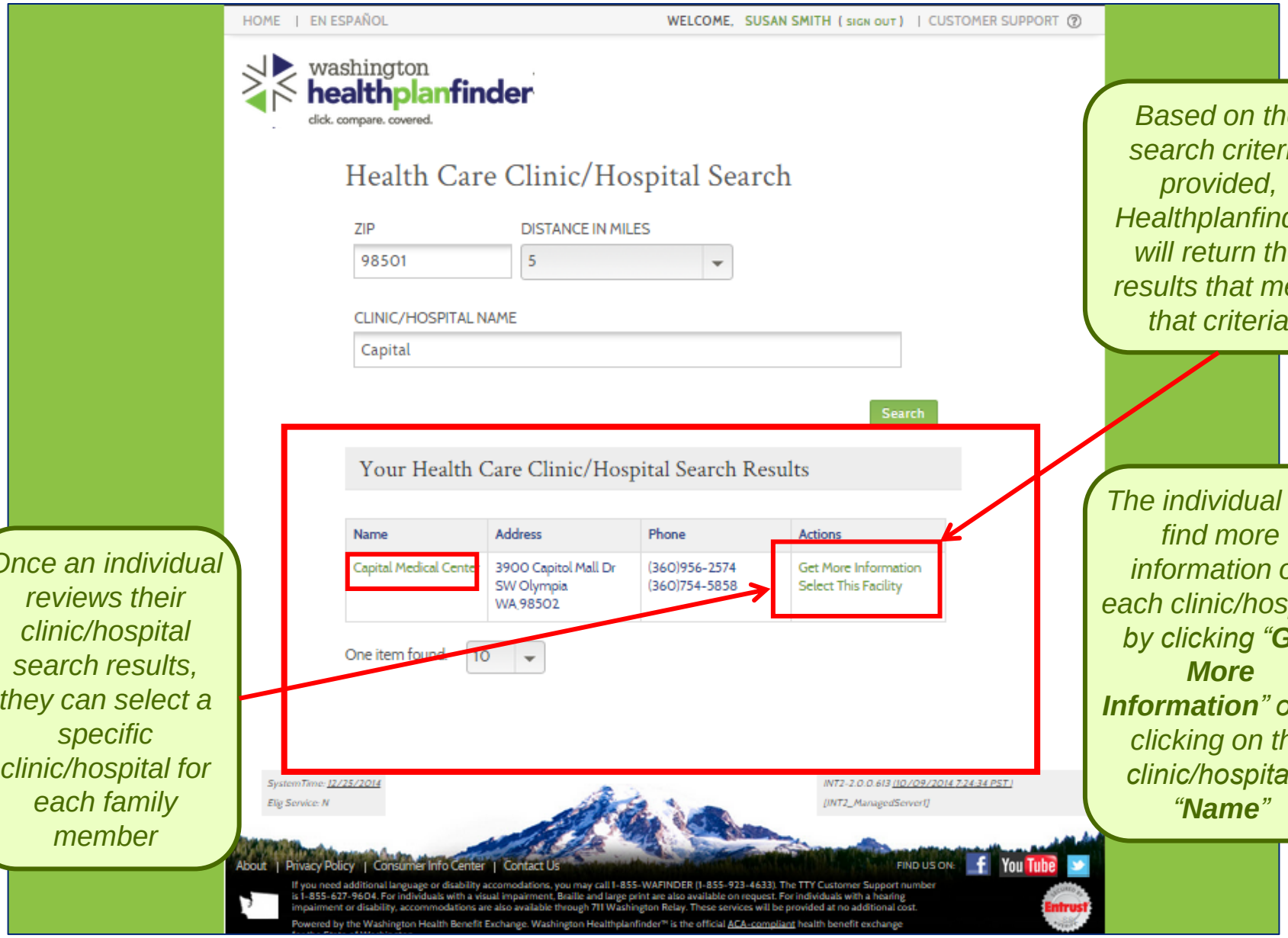
Health Care Clinic/Hospital Search Results



Based on the search criteria provided, Healthplanfinder will return the results that meet that criteria

Once an individual reviews their clinic/hospital search results, they can select a specific clinic/hospital for each family member

*The individual can find more information on each clinic/hospital by clicking "**Get More Information**" or by clicking on the clinic/hospital's "**Name**"*

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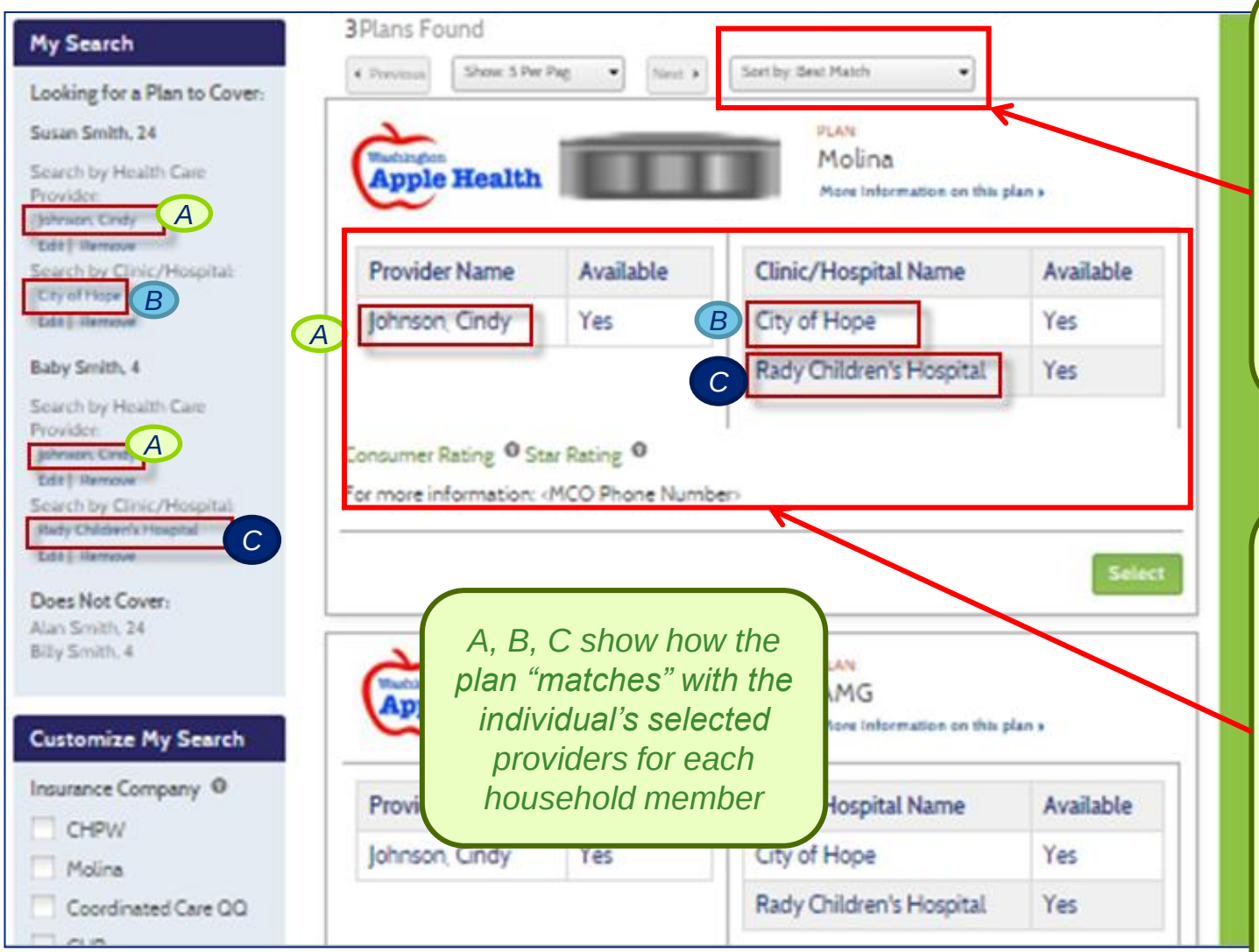
Plan Results Displayed by “Best Match”



*Once health care providers and hospital/clinic selections have been made for each family member, the Primary Applicant can filter Plans by “**Best Match**”*

A, B, C show how the plan “matches” with the individual’s selected providers for each household member

A table will appear on each plan summary, indicating if the providers the individual selected are available (In Network) for that plan. Plans with the “Best Match” will be displayed first

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Tips for Data Validation Related to Provider Search

Data Validation Message	Tips
Please provide clinic/hospital name for search radius greater than 50 miles. You can also reduce the search radius.	This prompt is to prevent the server from crashing from too many search results Individual must select at least 2 search criteria other than distance (zip and name for example) which will reduce the number of options displayed and reduce the likelihood of a server crash
Please provide clinic/hospital name to narrow search results. You can also reduce the search distance.	This prompt is to prevent the server from crashing from too many search results If, for instance, eHealth gives 1000 results, individuals must narrow to avoid a server crash
Zero clinics/hospitals meet your search criteria	If no hospitals/clinics are nearby, individual will not have any results returned. Prompt could also be received if eHealth is down and not returning any results during that timeframe By testing a few zip codes, Account Workers / individuals must be able to quickly identify if the prompt is due to location or if eHealth is down (if eHealth is down there will be 0 clinics/hospitals appearing regardless of zip code)

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Medicaid Plan Selection Scenarios

2. Mixed Apple Health/QHP household (non-AI/AN)

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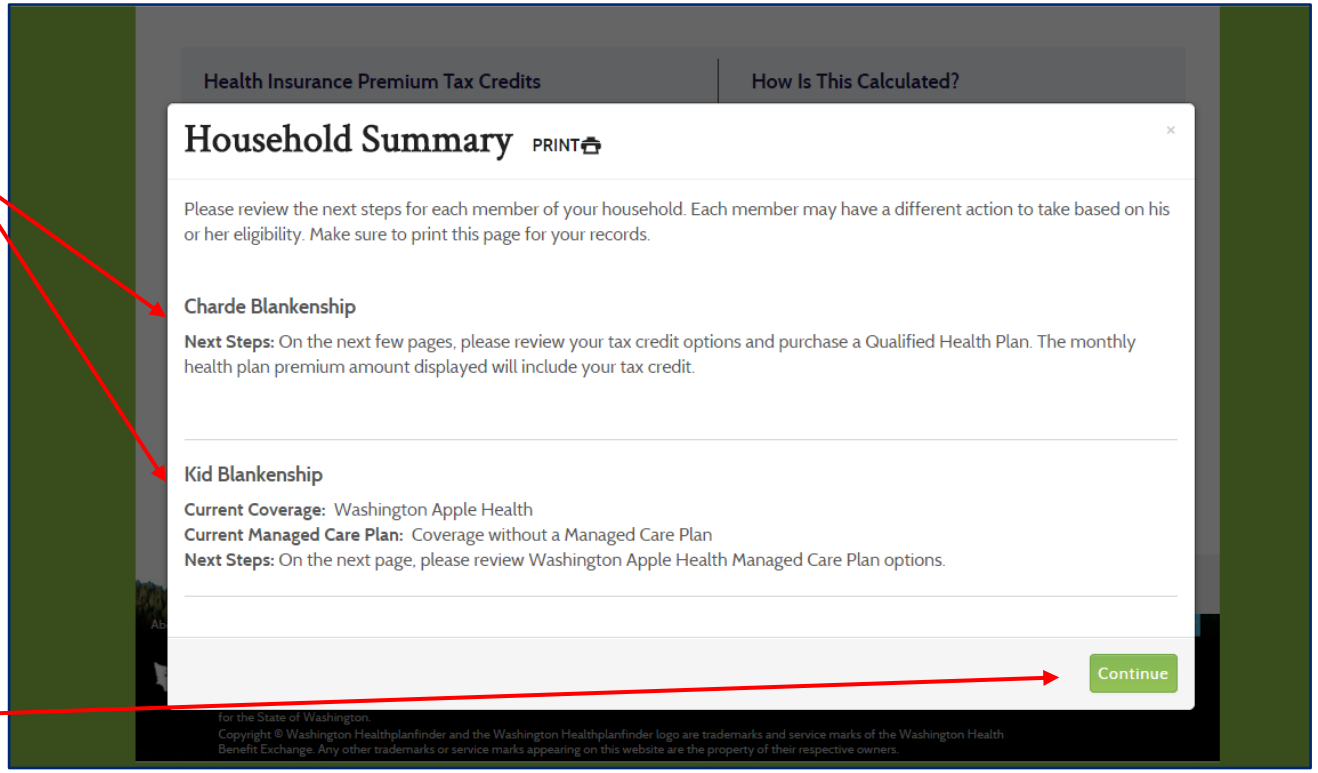
Scenario #2: Mixed Apple Health/QHP Household

The Primary Applicant will navigate to the Household Summary modal from their Eligibility Status page.

Their Household Summary modal will display which members are QHP/HIPTC eligible and which are Apple Health eligible

The Primary Applicant will click continue to move forward to the Explore Your Options page



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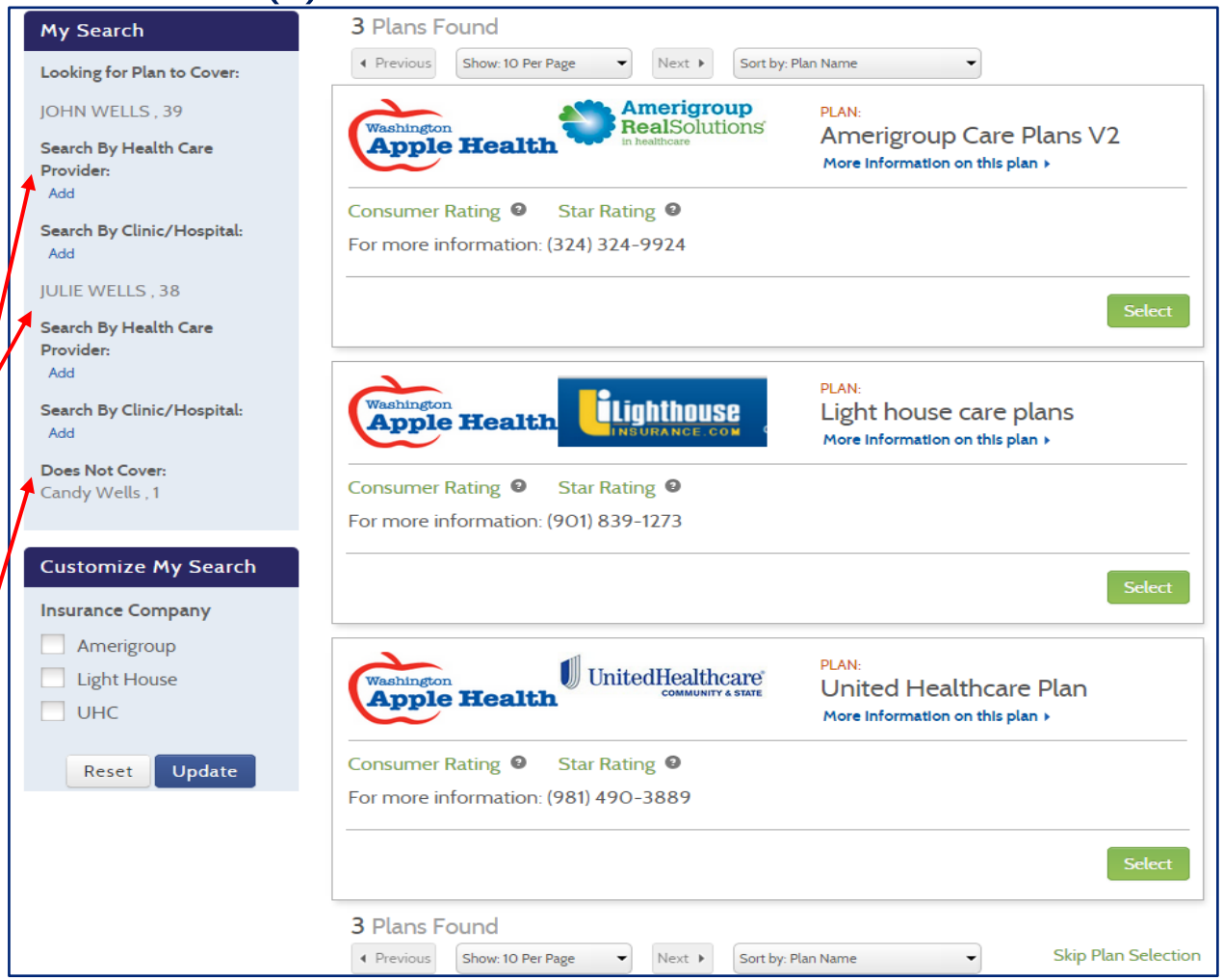
Mixed Apple Health/QHP Household: Explore Your Options

After clicking “Continue” from their Household Summary modal, the Primary Applicant will first be directed to the EYO page for their Apple Health eligible household member(s).

All **Apple Health eligible** household members will be listed under “Looking for a Plan to Cover”

Any members of the household who are **not covered by Apple Health** will be indicated by the “Does Not Cover” section



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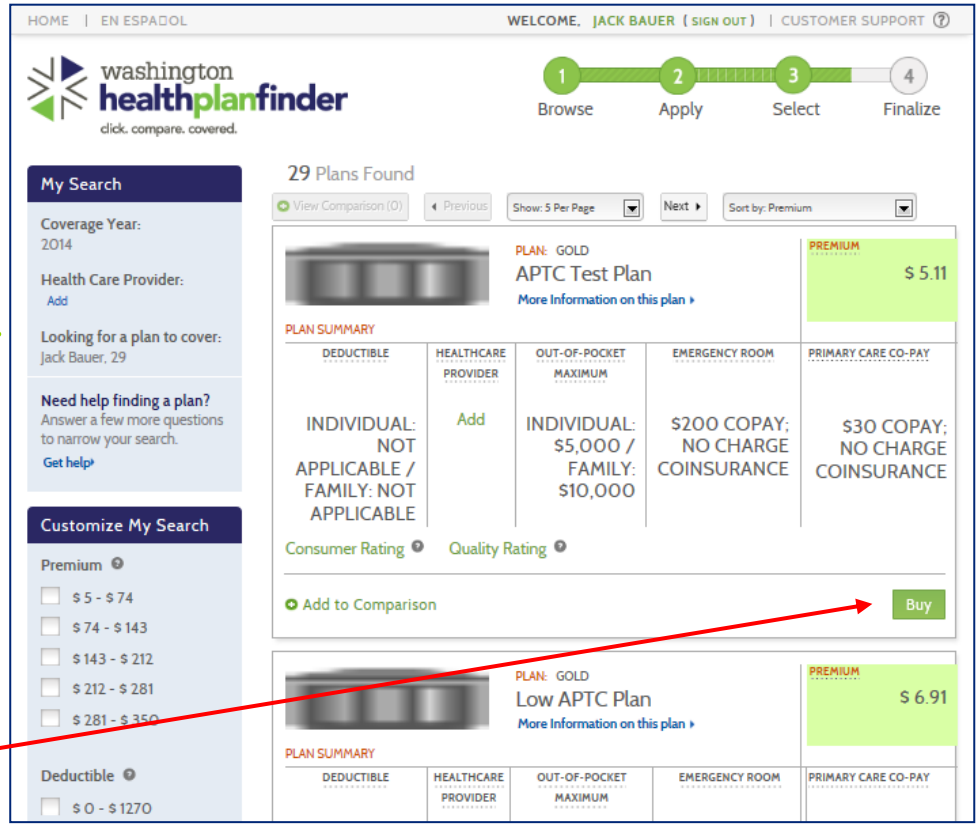
Mixed Apple Health/QHP Household: Explore Your Options

If within a Special or Open Enrollment period, the Primary Applicant will be navigated to the EYO page for the QHP/HIPTC eligible members of their household.

The Primary Applicant will go through the typical QHP shopping experience for those eligible members of their household

After clicking “Buy," the Primary Applicant will navigate to finalize all selections for their entire household



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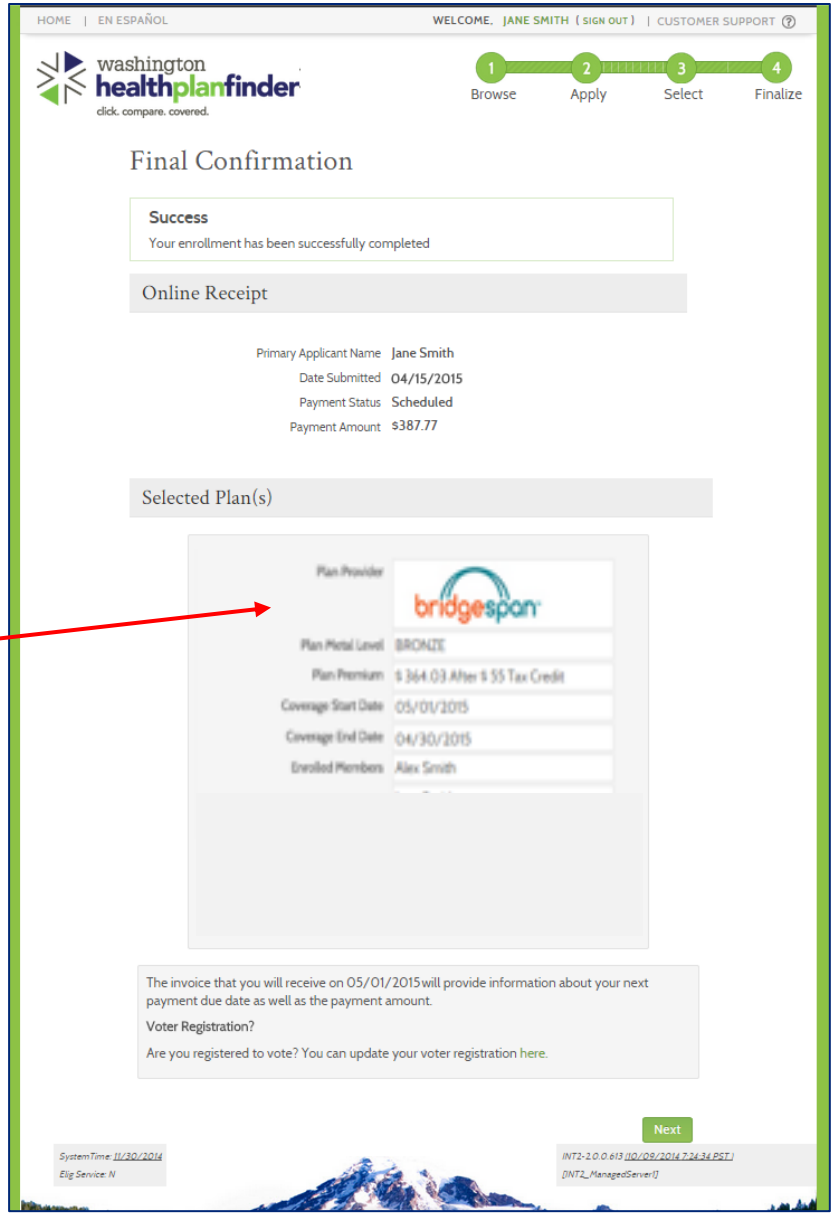
Mixed Apple Health/QHP Household: Final Confirmation

The Final Confirmation page will display the plan information for **only the QHP** members of the household.

Selected Plan(s) for **QHP individual(s)**



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Medicaid Plan Selection Scenarios

3. AI/AN Apple Health individual and household

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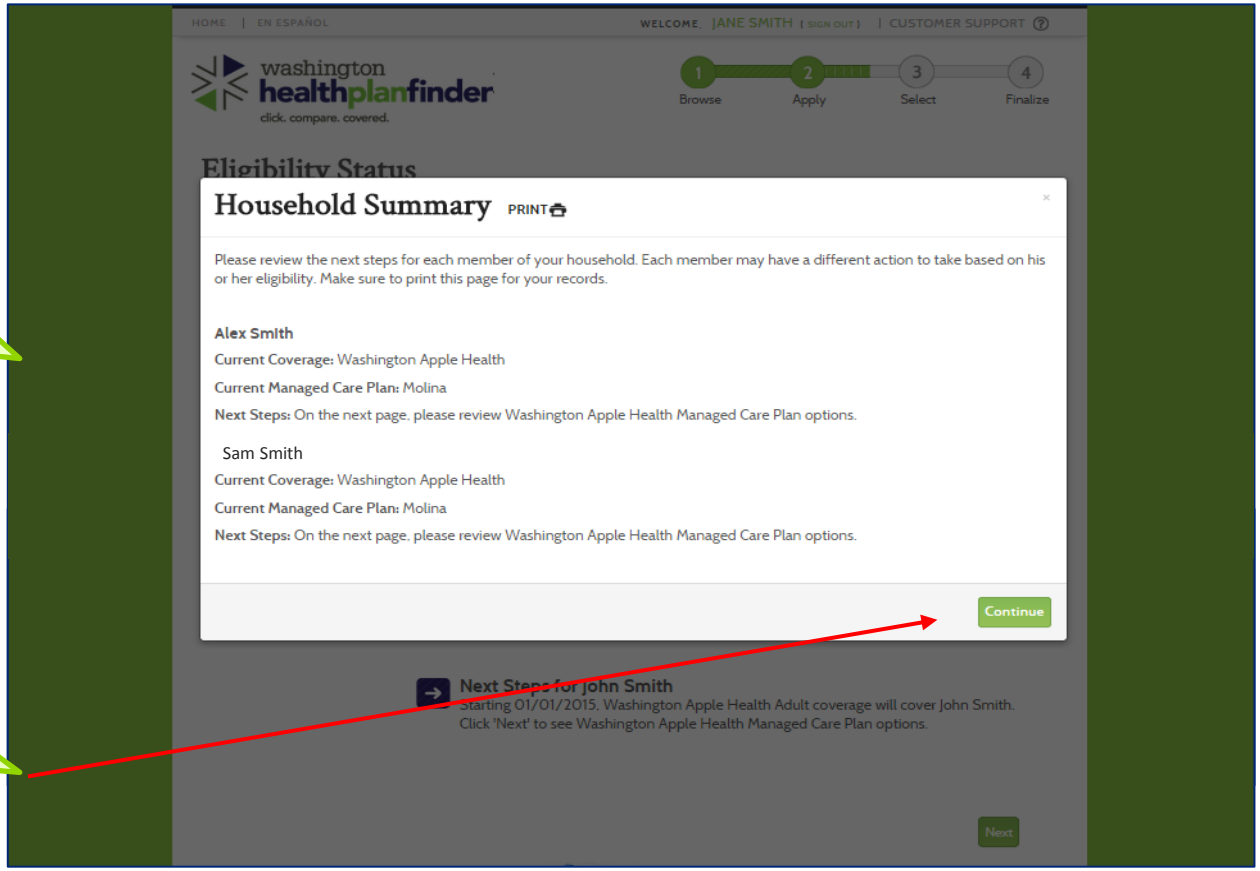
AI/AN Apple Health Individual and Household

The AI/AN Apple Health individual and household plan selection experience differs slightly from non AI/AN Apple Health individuals. From their Household Summary modal, the individual/household will see his/her enrollment:

The Household Summary modal will indicate their enrollment in Apple Health

Clicking “Continue” will navigate the Primary Applicant to their EYO page



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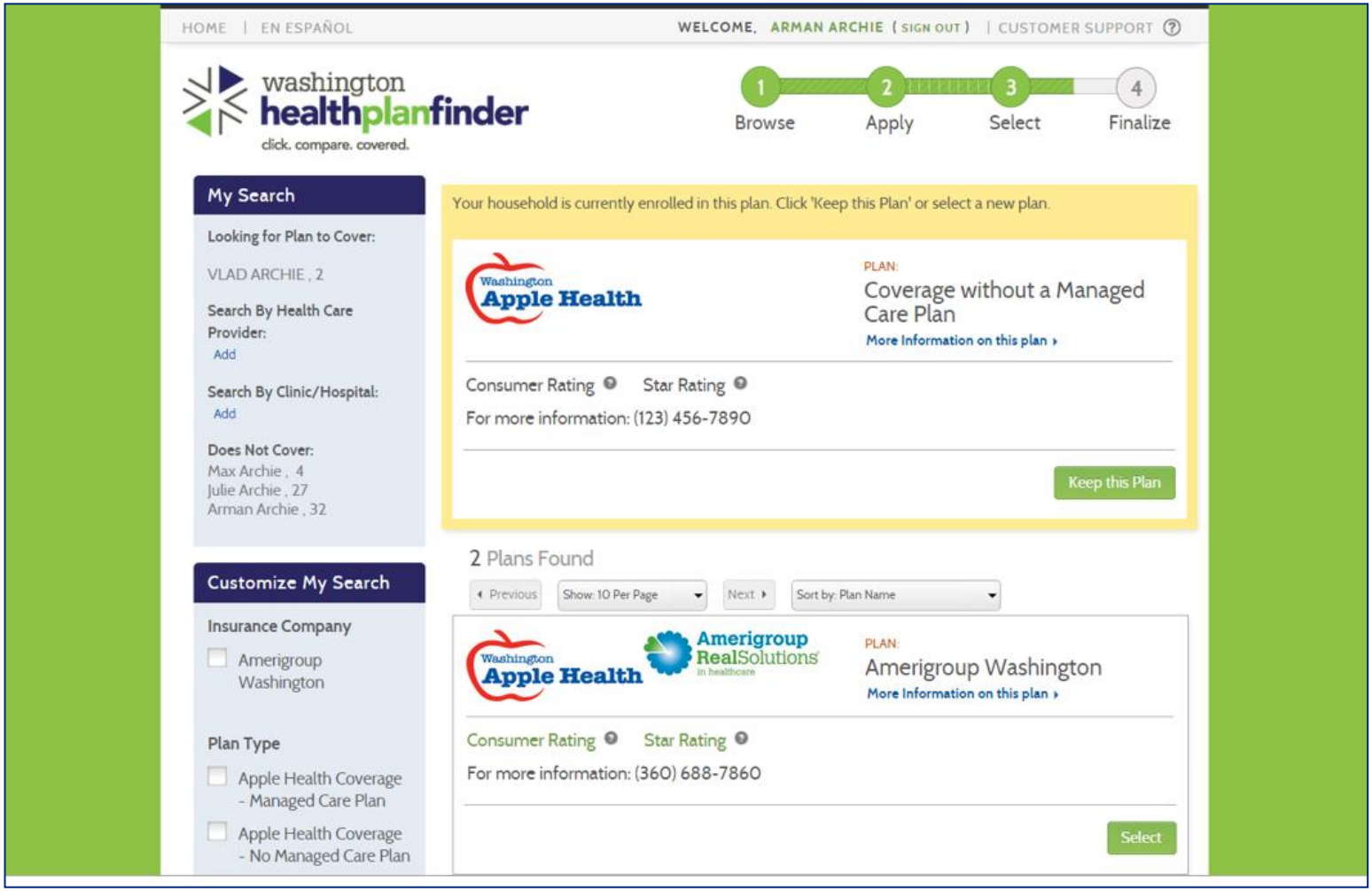
AI/AN Apple Health: Explore Your Options

ProviderOne will return information to Healthplanfinder to display the appropriate Managed Care Plans for that individual or household members.



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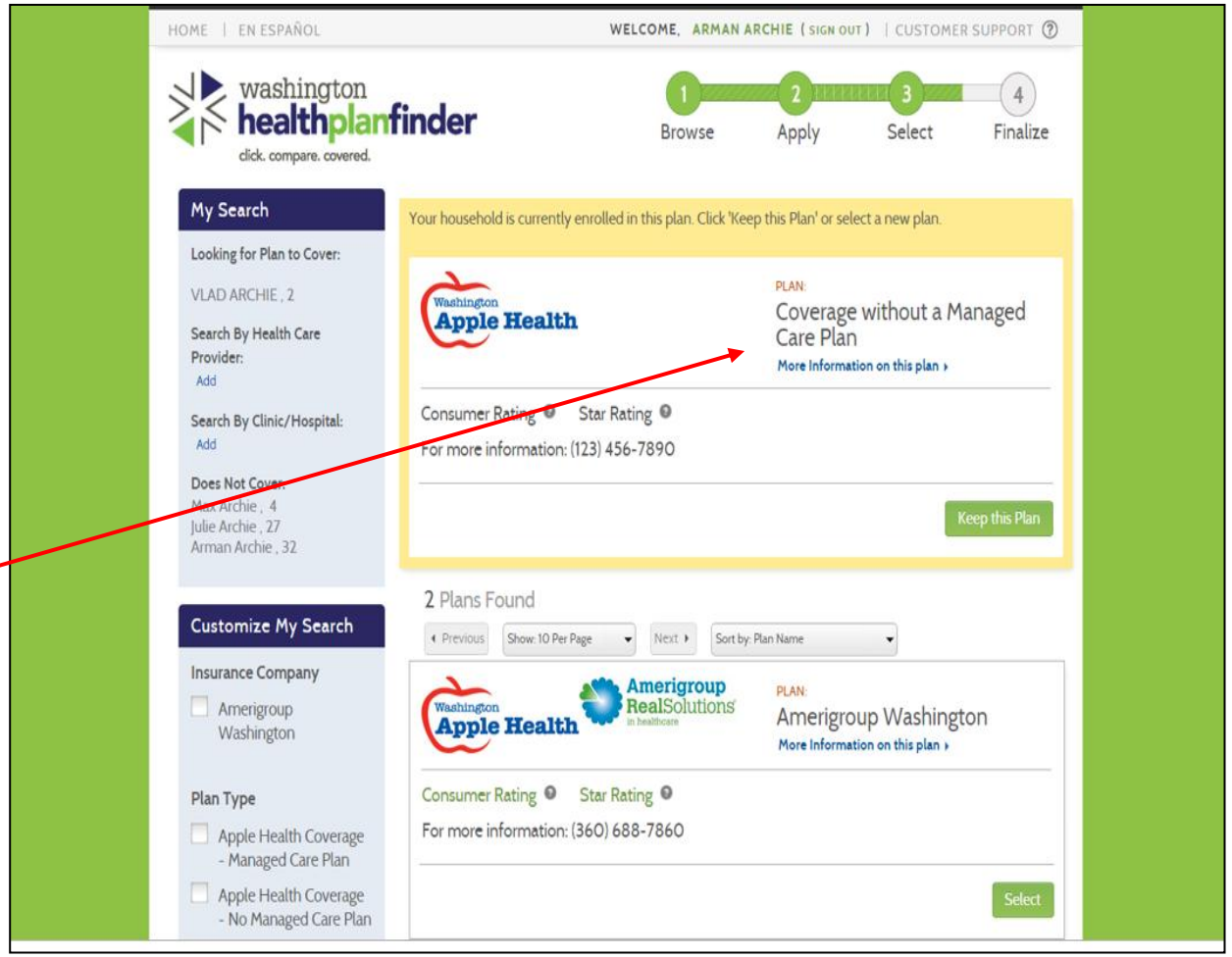
AI/AN Apple Health: Selecting Coverage without a Managed Care Plan

For only AI/AN Apple Health eligible individuals, ProviderOne may return Coverage without a Managed Care Plan as an option to select.

An AI/AN Apple Health individual may choose "Coverage without a Managed Care Plan" as their selection



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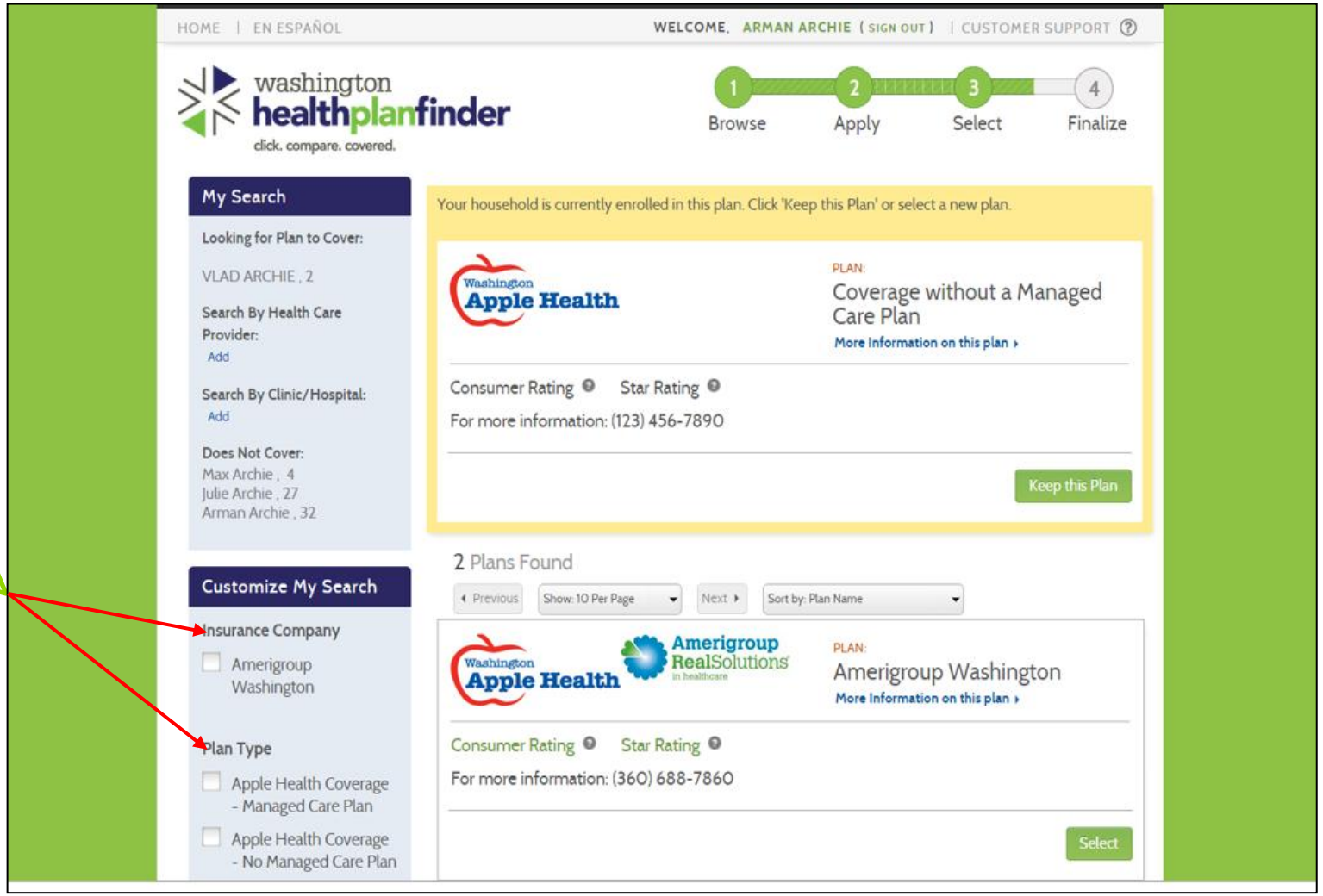
AI/AN Apple Health: Explore Your Options

The AI/AN individual may search by Insurance Company **and** Plan Type



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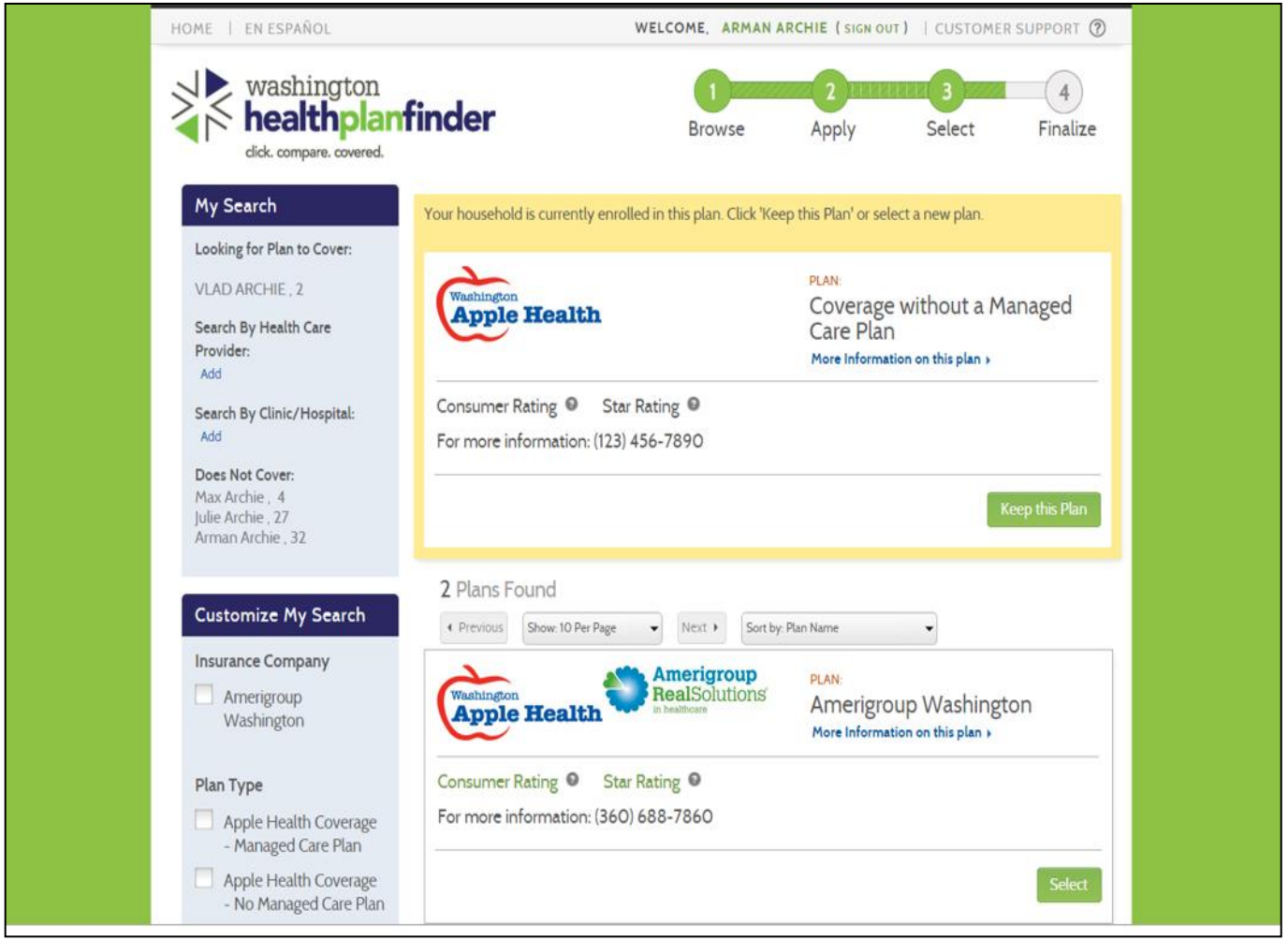
AI/AN Apple Health Household: Explore Your Options

The Primary Applicant must choose one common option for their AI/AN Apple Health eligible members.

The Primary Applicant will be directed to select either **one Managed Care Plan** for all the Apple Health AI/AN members of the household or choose **Coverage without a Managed Care Plan** for those AI/AN individuals who do not want managed care



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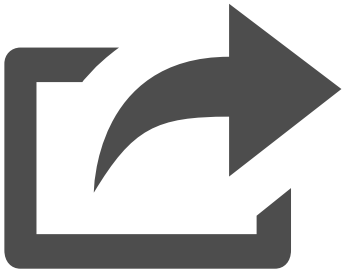
Skip Plan Selection

The Primary Applicant may decide to Skip Plan Selection for the Apple Health individuals in their household on the EYO page.

The family will be “Covered Without a Managed Care Plan”.

In a mixed household, HCA may elect to enroll the non-AI/AN Apple Health eligible family members in an available Managed Care Plan at any time. This will not occur for the AI/AN Apple Health eligible family members.

At any point the Primary Applicant may log into Healthplanfinder and select a plan for the Apple Health individuals in their household.



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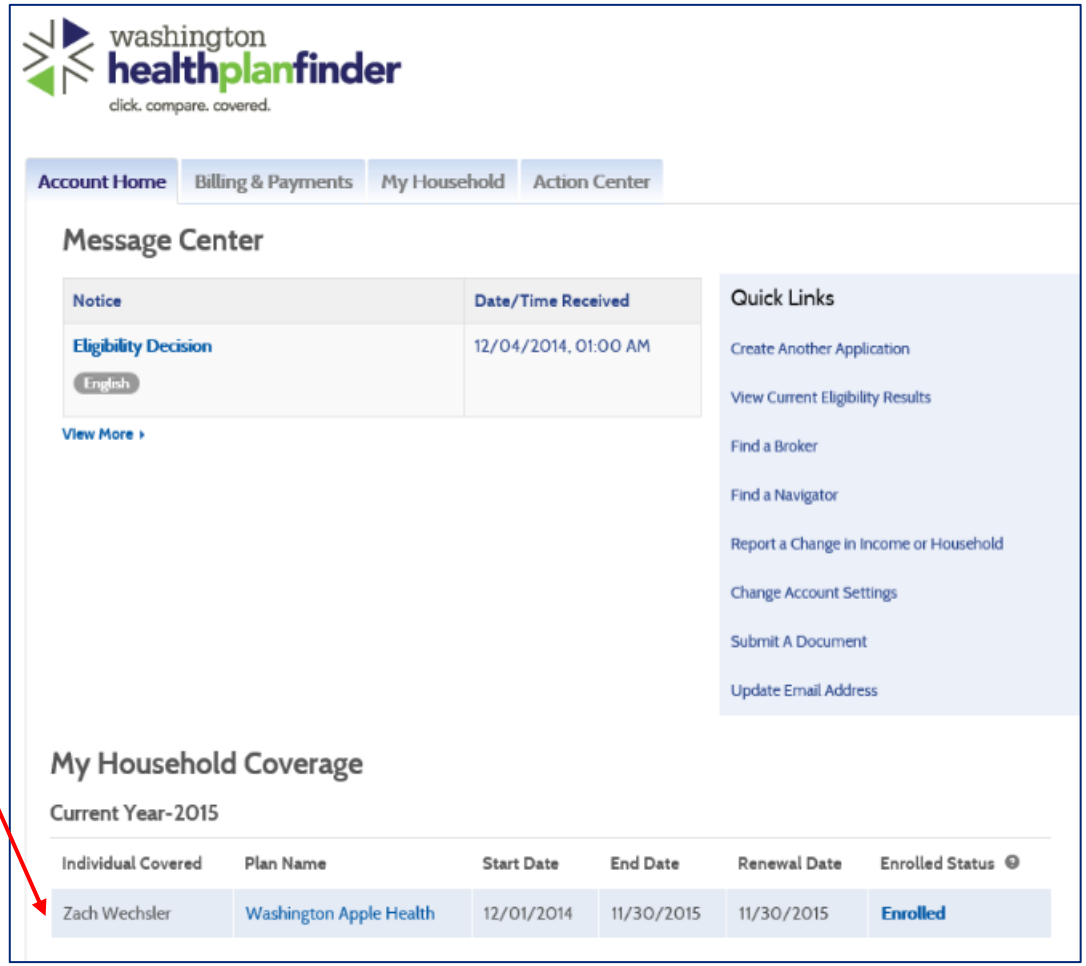
Individual Dashboard Navigation

Individual Dashboard

The **Individual Dashboard** displays information pertaining to each individual enrolled on the account.

Each individual will be listed with their enrollment and coverage information



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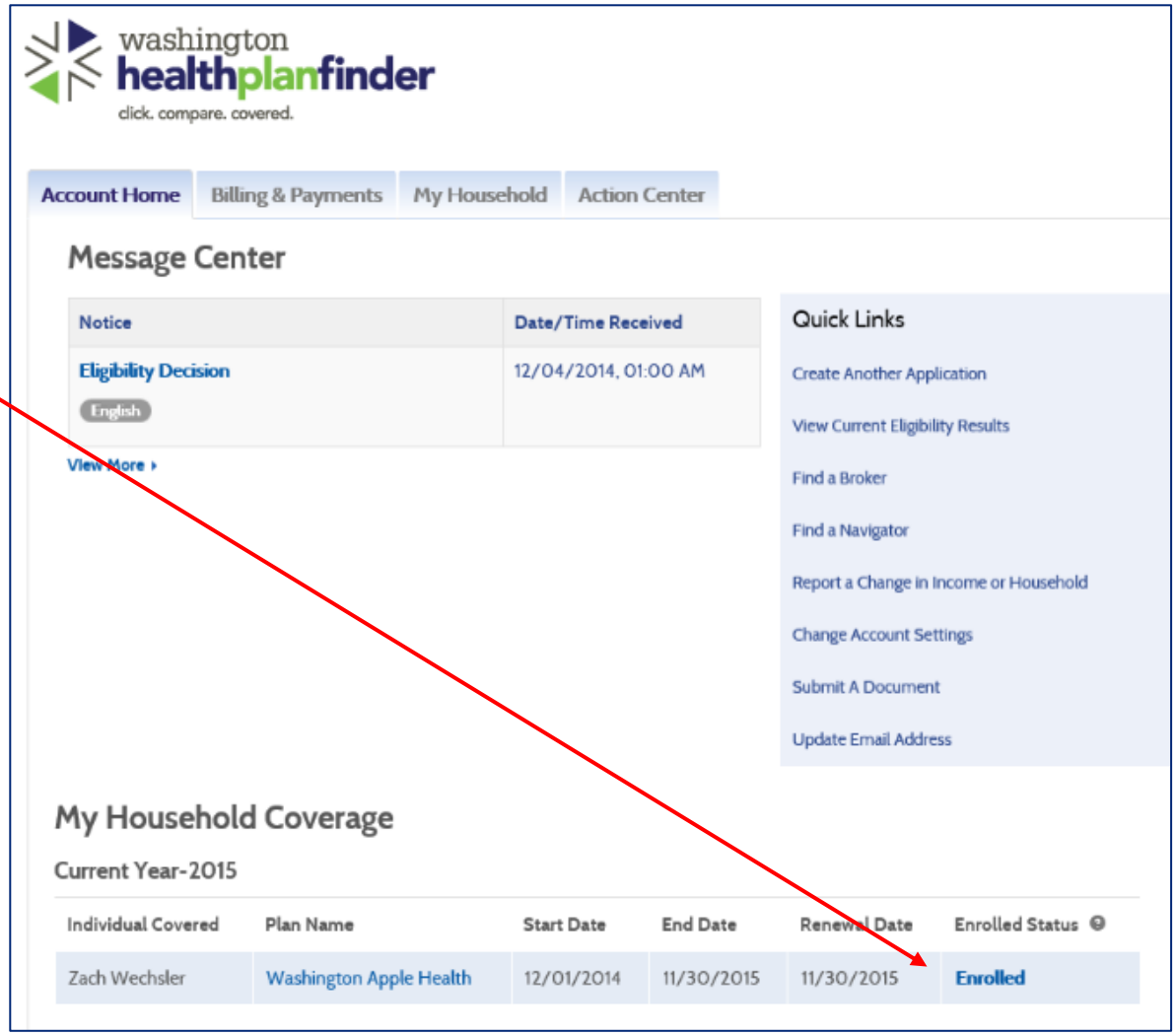
Enrolled Link

Within My Household Coverage, by clicking on "Enrolled" under Enrolled Status, a modal will appear with additional information on that individual's specific Managed Care Plan



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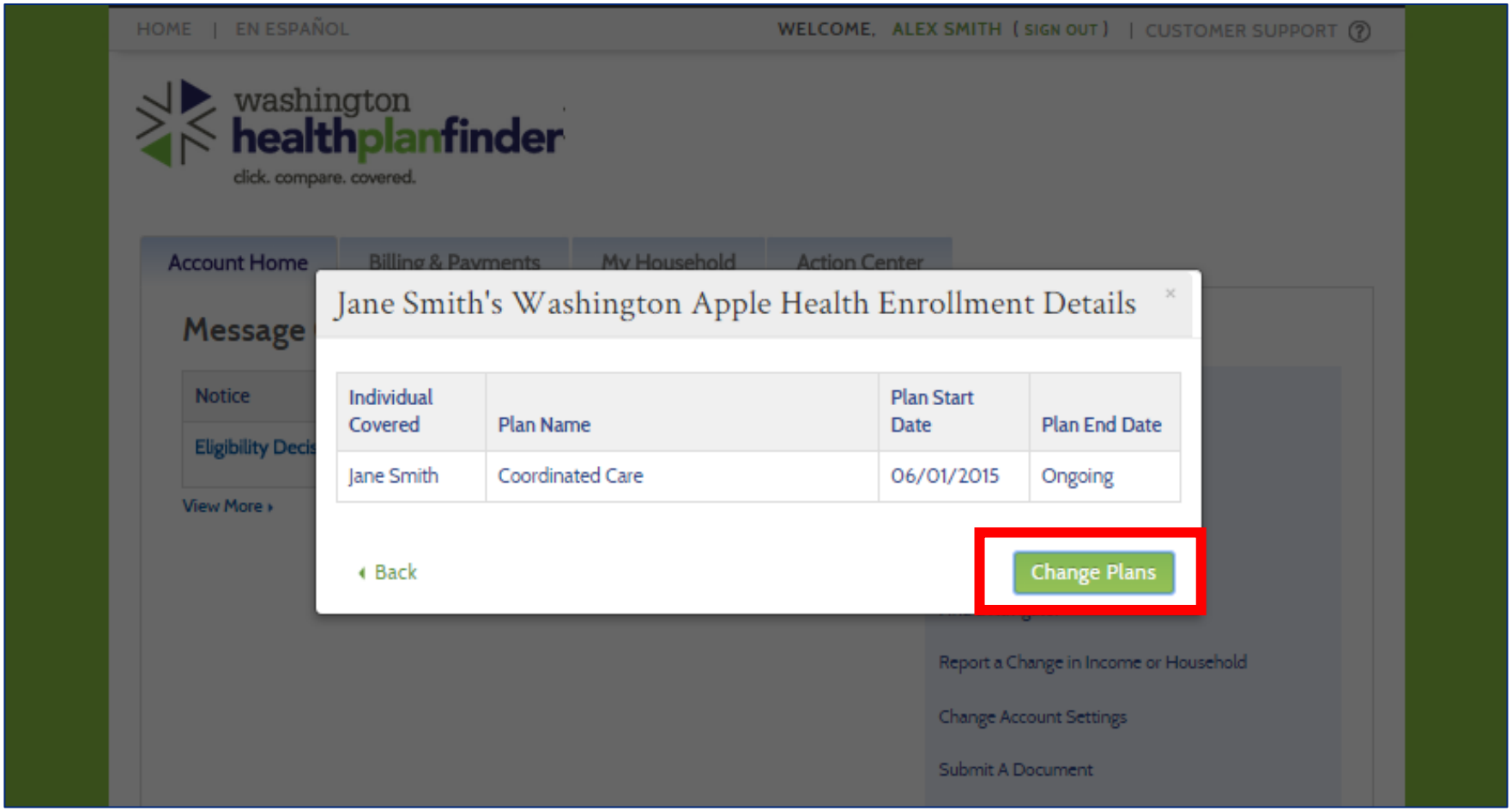
Enrolled Modal

By clicking on the "**Enrolled**" link under **Enrolled Status**, this modal will appear with one line with the individual's Managed Care Plan information:



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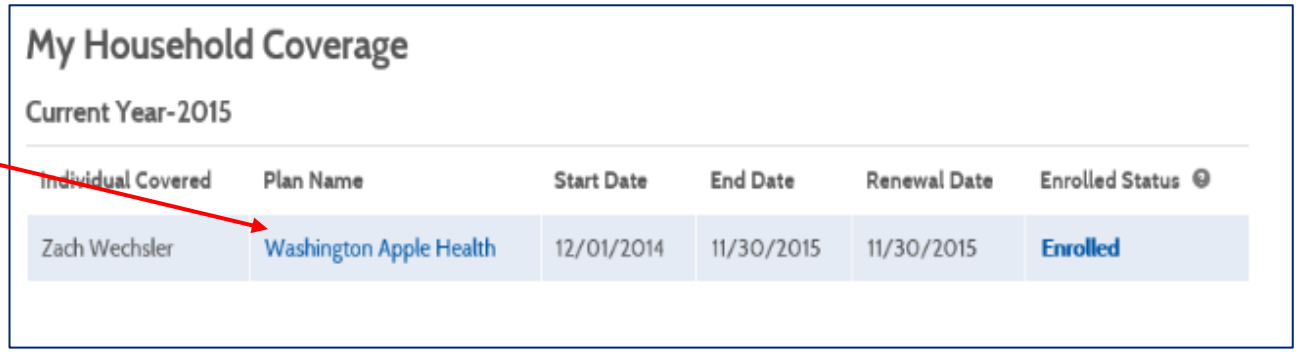
My Household Coverage

Underneath the **Individual Dashboard**, the individual will see the "**My Household Coverage**" section which will contain additional information on each individual enrolled within the Account.

After clicking on "**Washington Apple Health**" under Plan Name, a modal will appear with more details on enrollments, coverage, and Managed Care Plan for that individual



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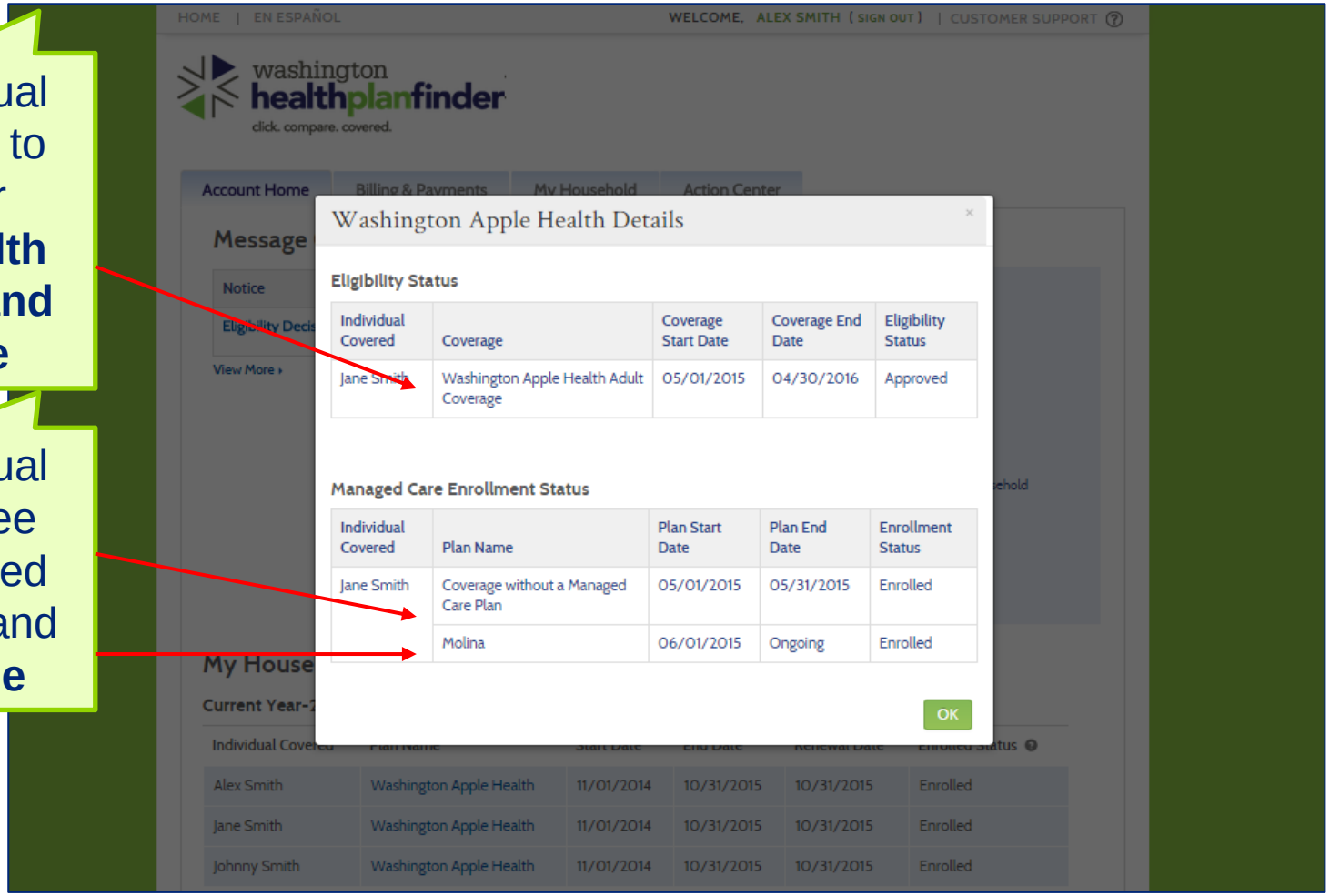
Washington Apple Health Details Modal

This modal will appear after clicking "**Washington Apple Health**" under My Household Summary:

The individual will be able to view their **Apple Health eligibility and coverage**

The individual can also see their Selected **Plan Type** and **Plan Name**



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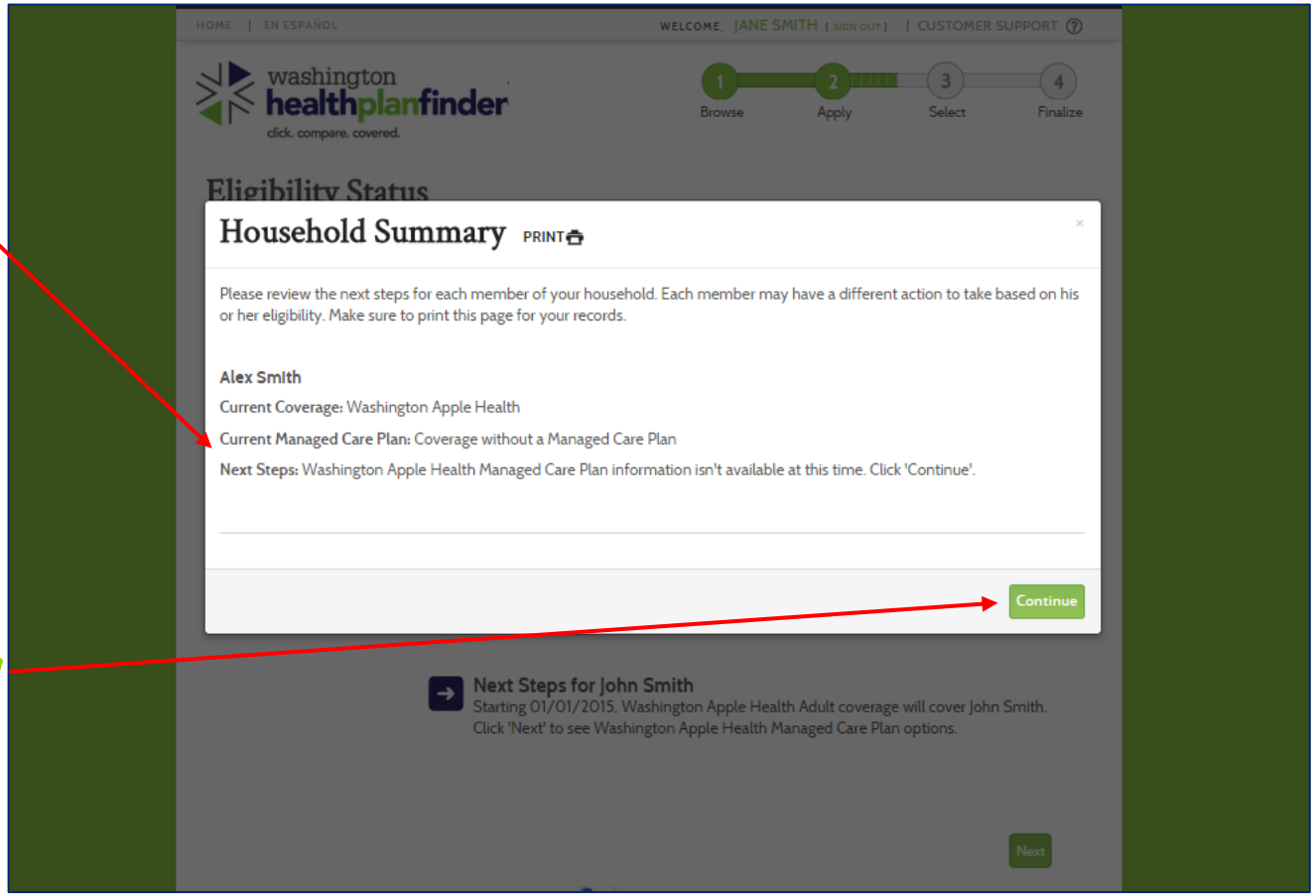
Additional Plan Selection System Prompts and Modals

System Prompts and Modals Before Plan Selection
No Plan Selection Available

Before the individual can navigate to the EYO page, they will be at their Household Summary modal. Their “Next Steps” will indicate that they cannot move forward with plan selection.

The modal will display that **plan selection isn’t available** at this time

The individual will click continue and be navigated to the “Apple Health Managed Care Plan Selection Details” modal



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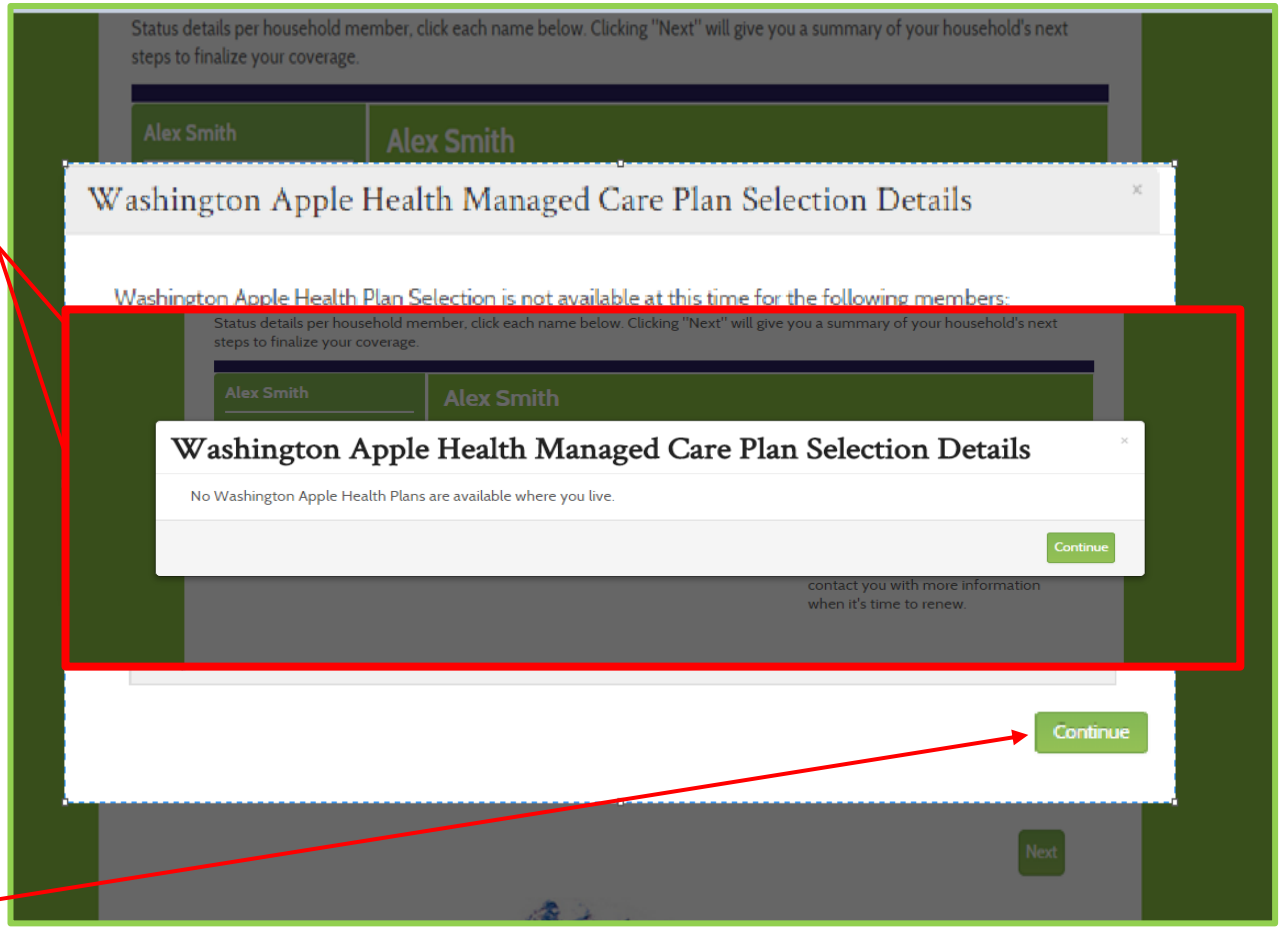
System Prompts and Modals Before Plan Selection
No Plan Selection Available

After clicking “Continue” from the Household Summary modal, the Apple Health Managed Care Plan Selection Details modal will display further information.

The modal will display the household members who can move forward with plan selection and who cannot

Clicking “Continue” will take the Primary Applicant to select plans for those individuals who can move forward with plan selection



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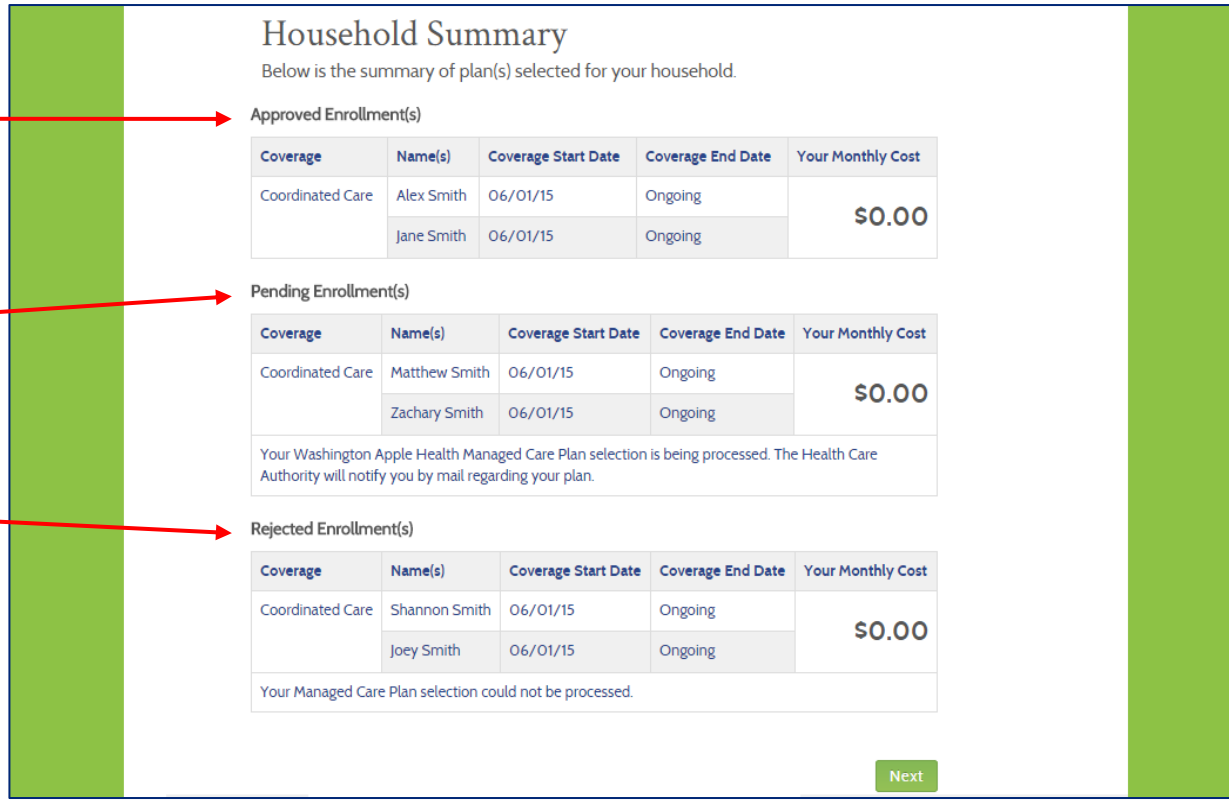
System Prompts and Modals After Plan Selection
Enrollment Statuses

Once the individual selects a Managed Care Plan(s) for their household, they will be navigated to their Household Summary page, where they will see the status of their enrollments. ProviderOne will return with **one of the three enrollment statuses**:

Approved Enrollment

Pending Enrollment

Rejected Enrollment



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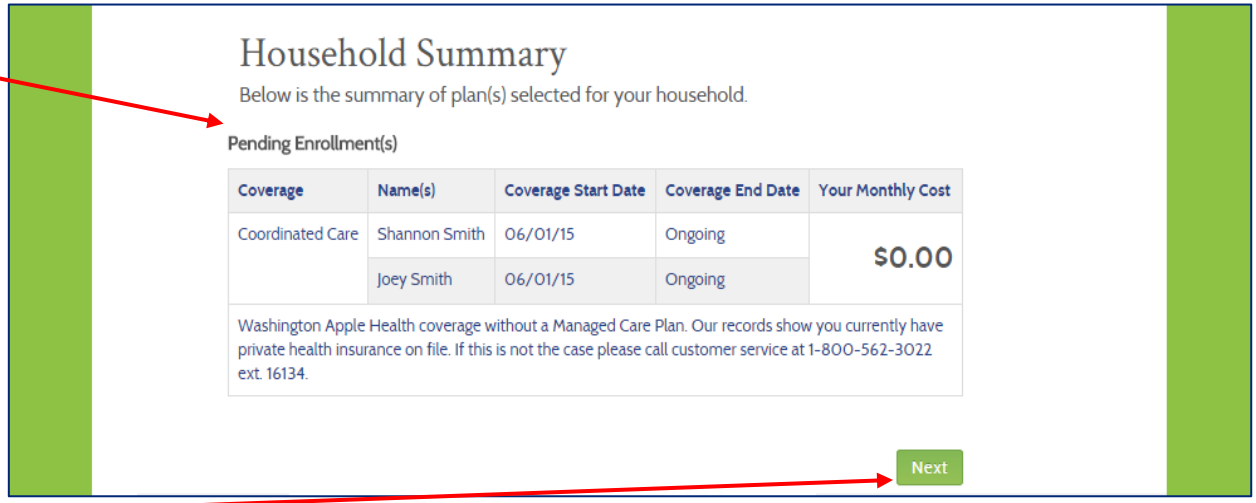
System Prompts and Modals After Plan Selection
Enrollment "Pending"

If the individual's selected plan is "pending," it will require manual review by HCA staff. The individual may or may not be enrolled into their selected plan at a later date.

Pending Enrollment



Healthplanfinder will display ProviderOne messaging to clarify the reason behind "Pending" when the individual clicks "Next." The individual will then be navigated to their Dashboard

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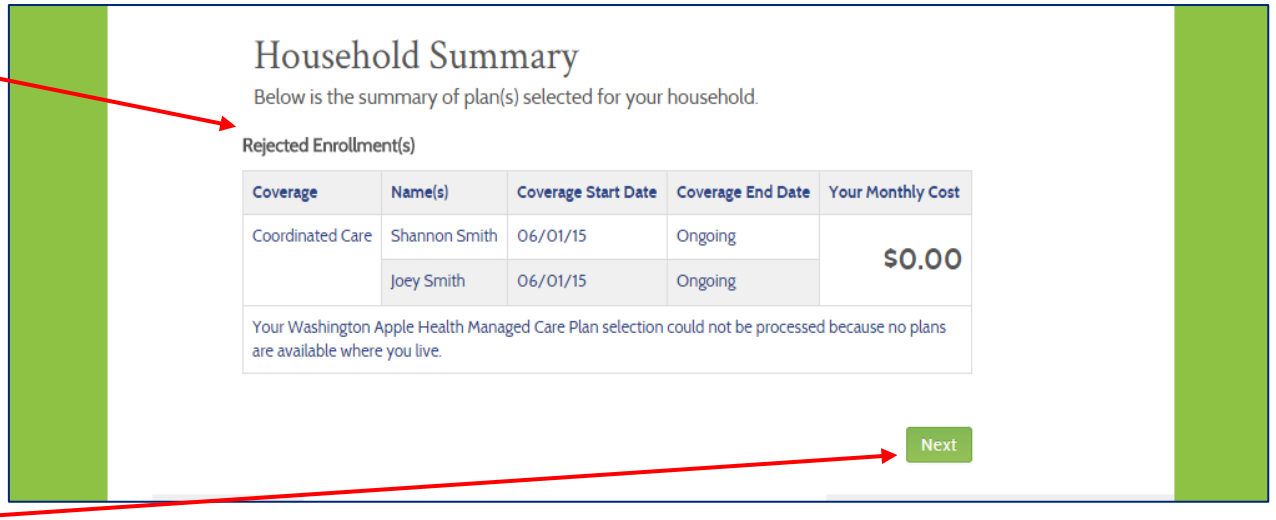
System Prompts and Modals After Plan Selection
Enrollment "Rejected"

If the individual's selected Managed Care Plan is "rejected," it will require manual review by HCA staff. The individual will not be enrolled in the selected plan.

Rejected Enrollment



Healthplanfinder will display ProviderOne messaging to clarify the reason behind "Rejected" when the individual clicks "Next." The individual will then be navigated to their Dashboard

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Change Reporting

Change Reporting Review

What is change reporting?

- Change reporting is the process by which individuals report changes in Healthplanfinder

When are changes reported?

- Individuals may report changes in Healthplanfinder at any time

What are some examples of changes that individuals report?

Add / Remove household members

Address change

Income change

Loss of Minimum Essential Coverage (MEC)

Pregnancy

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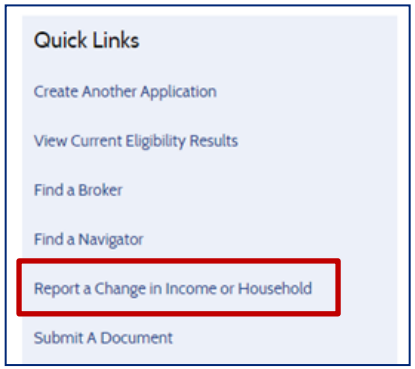
Change Reporting Process

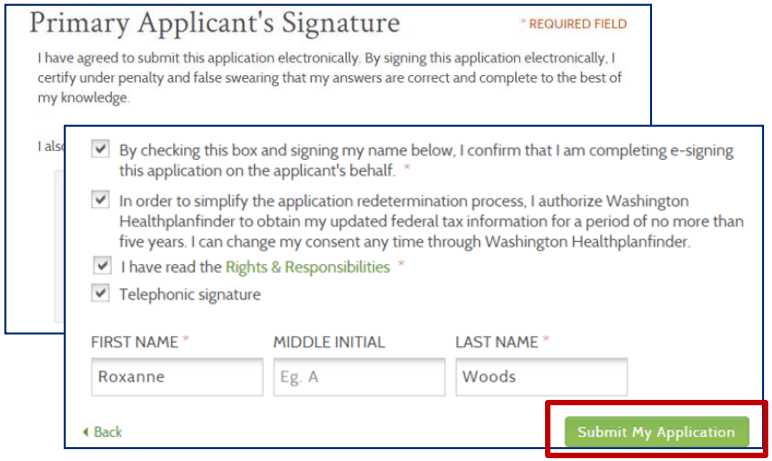
Change occurs



Report change

Answer questionnaire and provide additional information

Submit Application



NEW!

Eligibility Result: Washington Apple Health Plan Selection

Eligibility Result: Shop for QHP or QHP with tax credits

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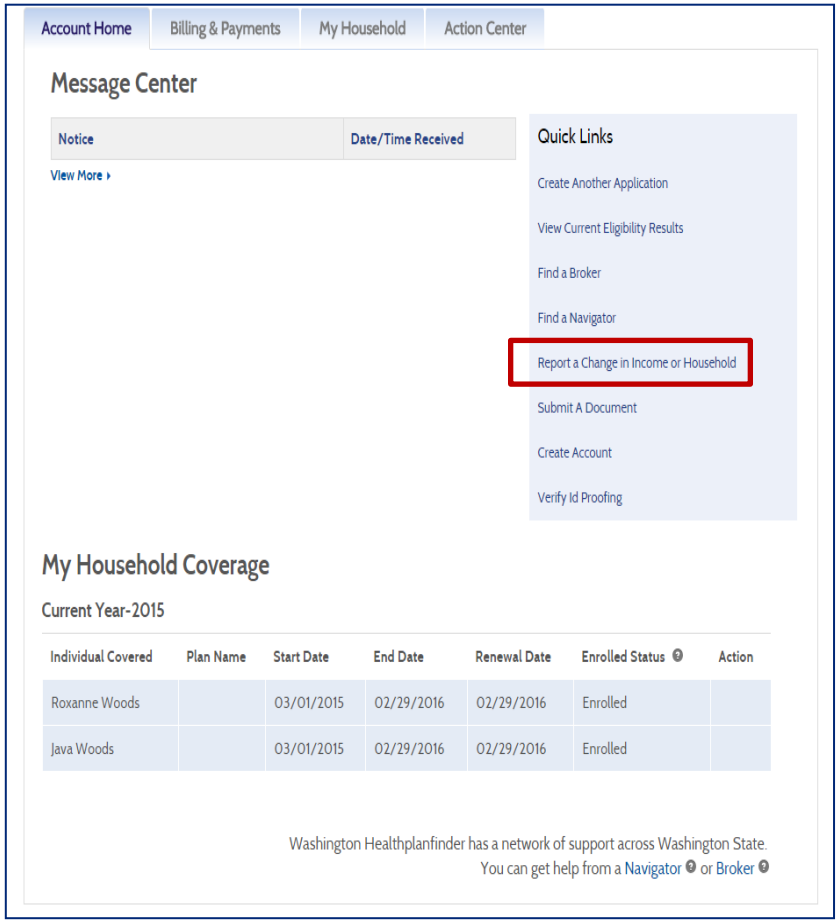
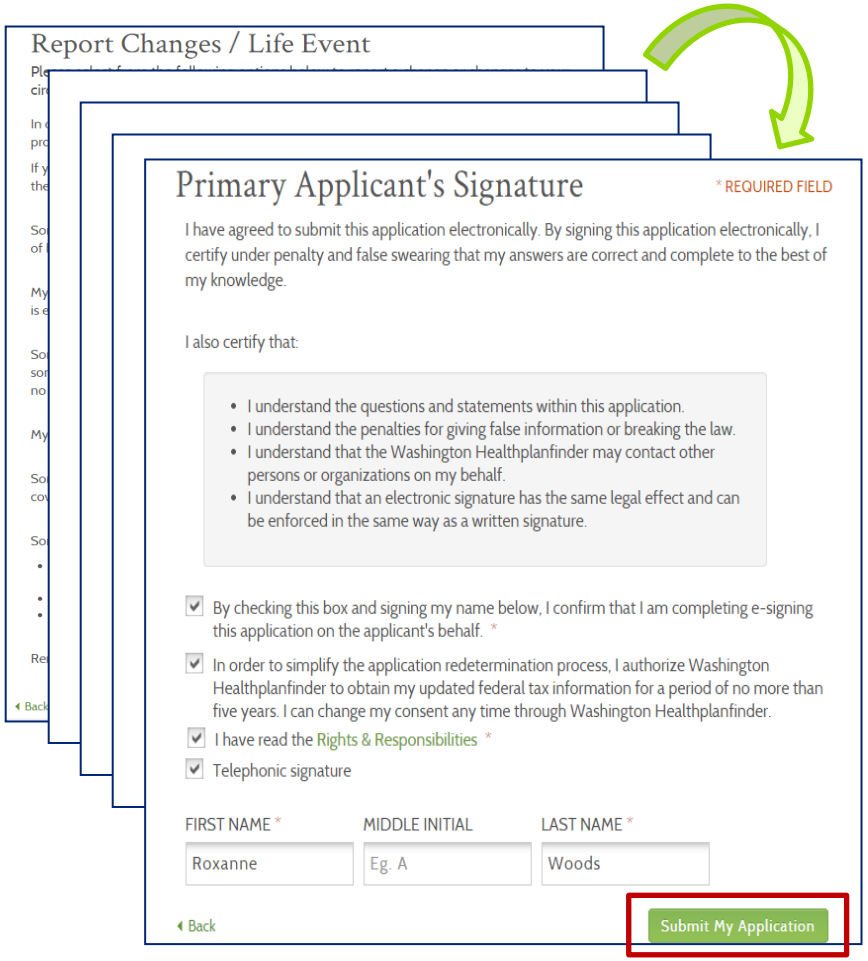
Change Reporting in Healthplanfinder

There are no changes to the change reporting process and screen flows for individuals.





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Change Reporting Plan Selection Options

Individual reports change on Healthplanfinder

Individual submits application with changes

If household is still determined as eligible for Apple Health, individual chooses from three options below:

1. Skip Plan Selection (auto-enrolled in a Managed Care Plan)
2. Continue with existing plan (if available)
3. Select new plan

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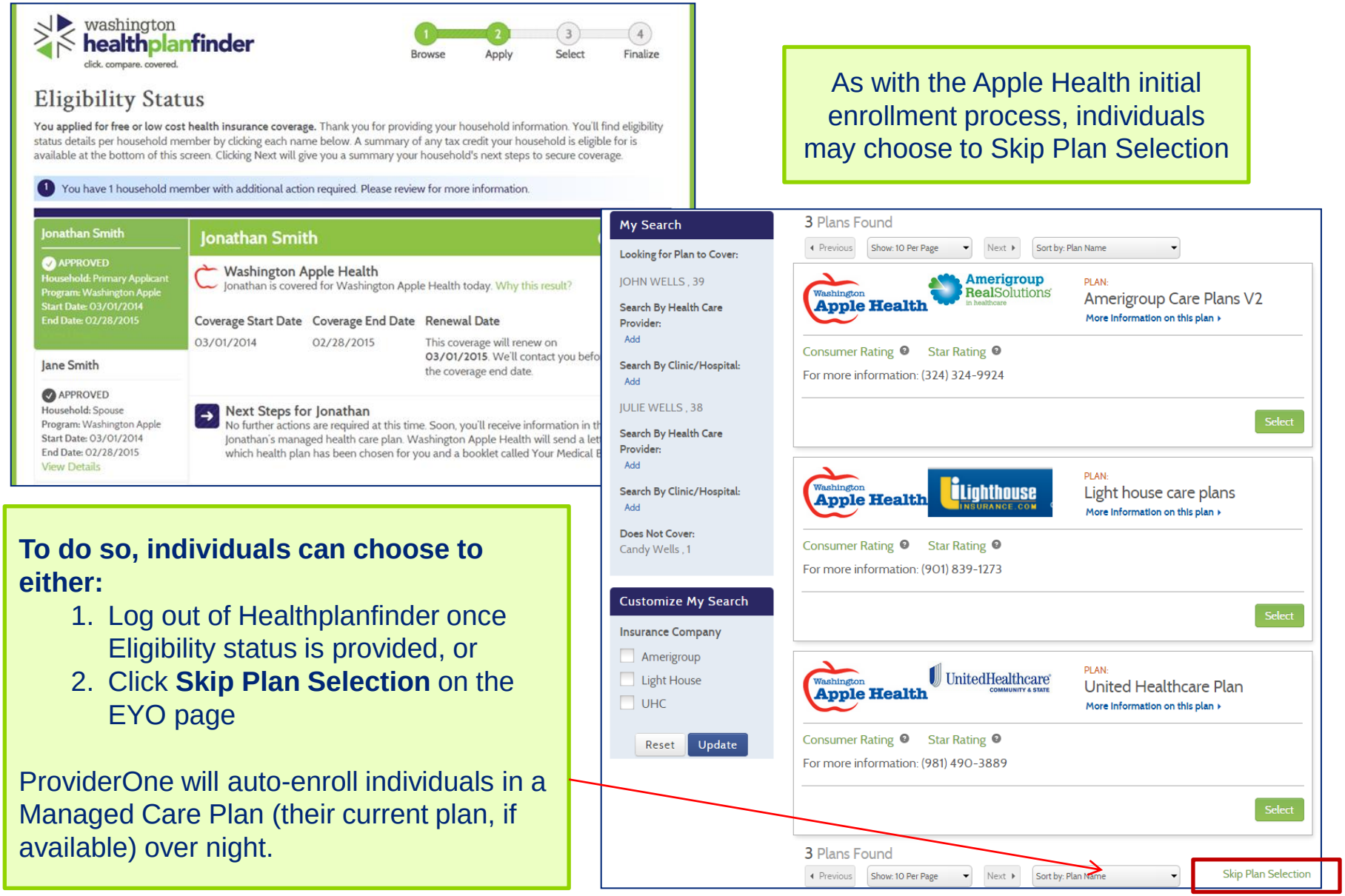
Option 1 – Skip Plan Selection (auto-enrolled)



As with the Apple Health initial enrollment process, individuals may choose to Skip Plan Selection

To do so, individuals can choose to either:

1. Log out of Healthplanfinder once Eligibility status is provided, or
2. Click **Skip Plan Selection** on the EYO page

ProviderOne will auto-enroll individuals in a Managed Care Plan (their current plan, if available) over night.

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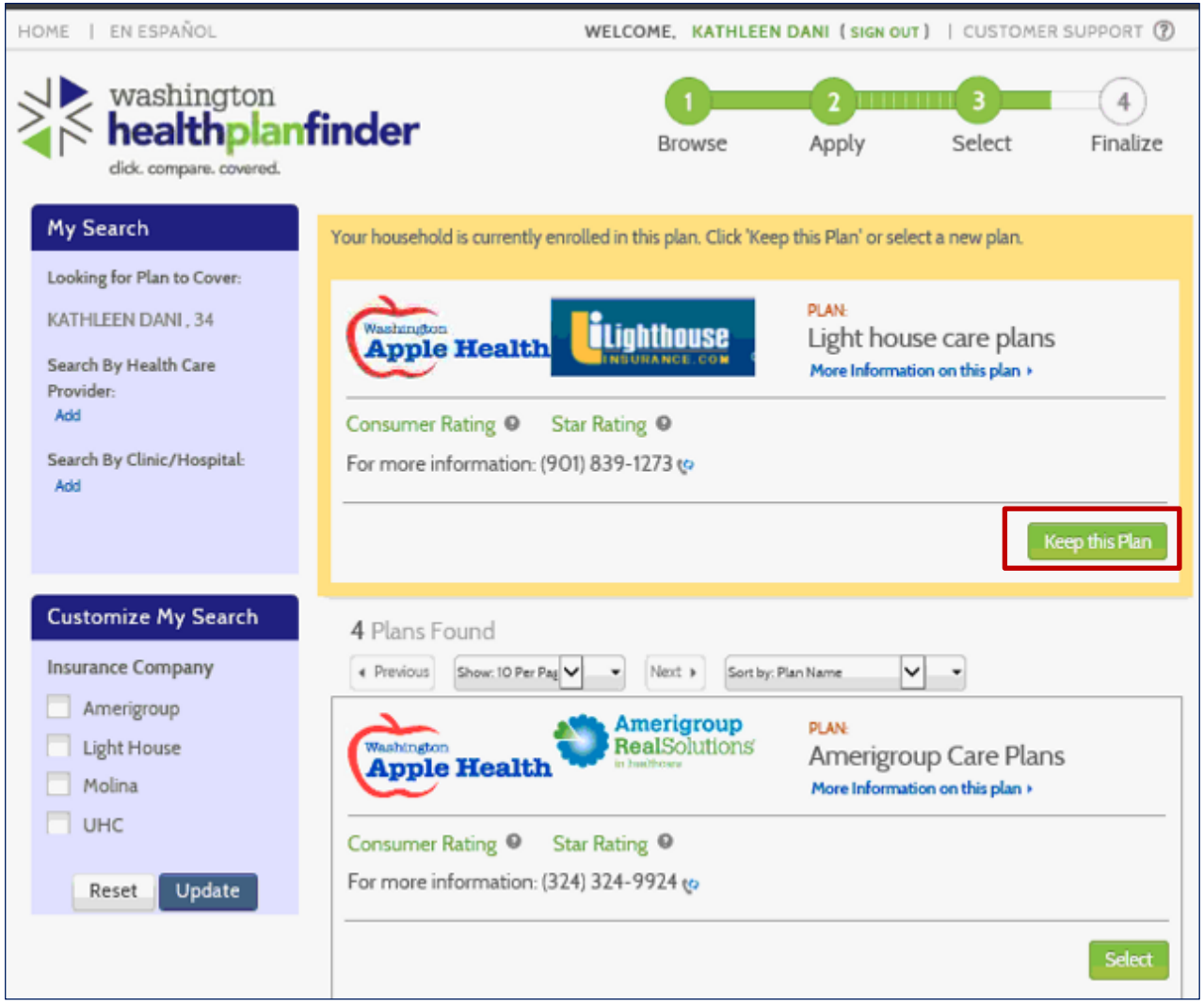
Option 2 – Continue with Existing Plan



- If the individual's current Apple Health plan is still available after change reporting, the individual can **continue with the current plan by selecting the plan that the household is currently enrolled in**
- The individual's current plan, if still available, will be highlighted at the top of the EYO screen

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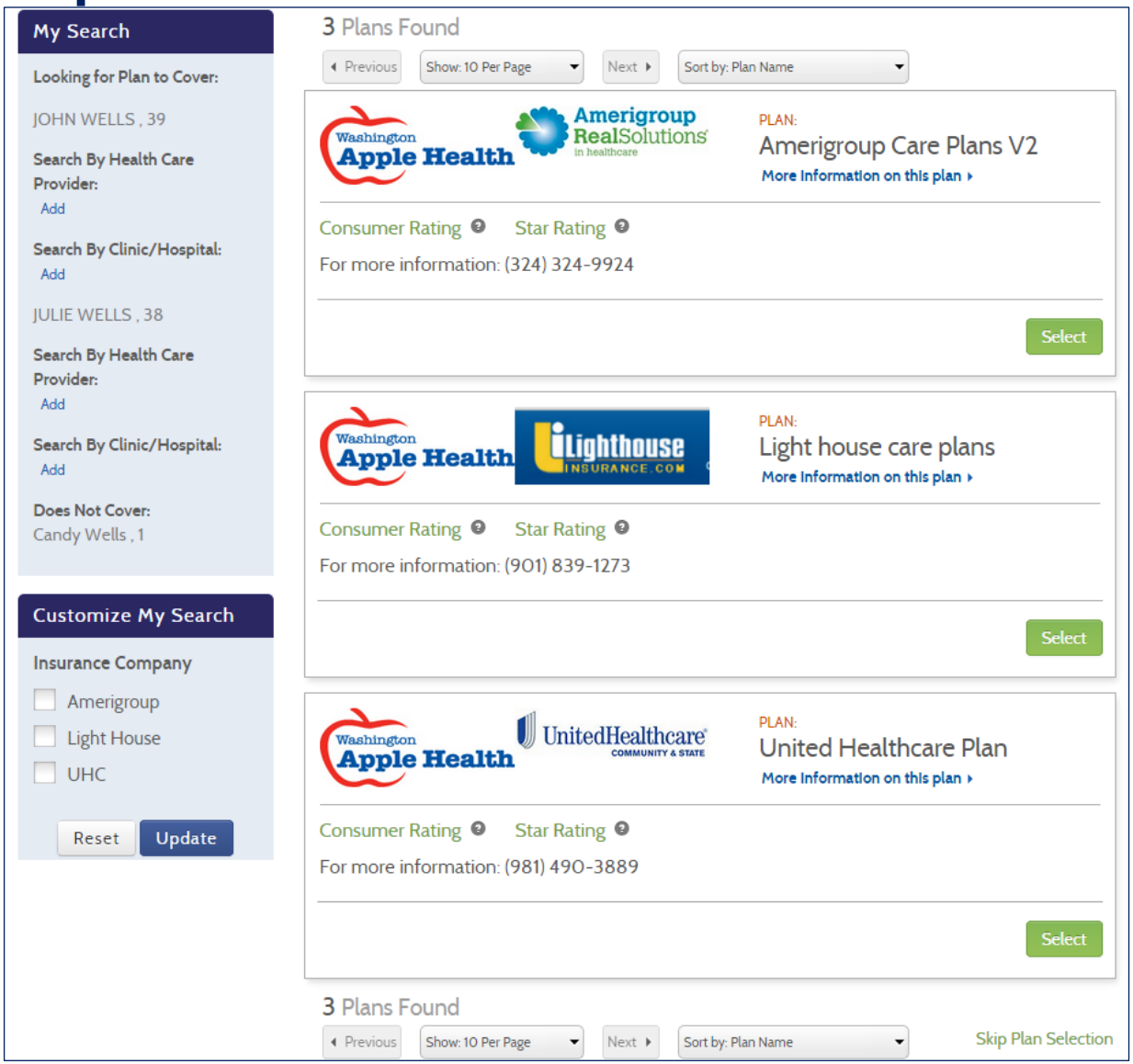
Option 3 – Select New Plan



- To select a **new** plan after change reporting, on the EYO screen, the individual would **select a new plan for the household**
- Note: Apple Health individuals have the option to change plans at anytime

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Change Reporting Date

There is a key cutoff date to consider for Apple Health Change Reporting:

May 2015						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28 Enrollment cutoff date	29	30
31						

The managed care **enrollment cutoff date** is the *day before the last business day of the month*

- **Impacts individuals' Apple Health plan enrollment date**
- If change is submitted on/before cutoff date, enrollment in new **Managed Care Plan** starts on 1st of the next month (June)
- If change is submitted after, **Managed Care Plan** starts on 1st of the month following the next month (July)

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Switching Apple Health Plans Without Change Reporting

- Apple Health individuals may change plans at any time by going to their dashboard under the Account Home tab and clicking on **Enrolled**
- The Enrollment Details modal will pop up – to change plans, individuals can click on **Change Plans** and this will direct them to the EYO screen to select a new plan

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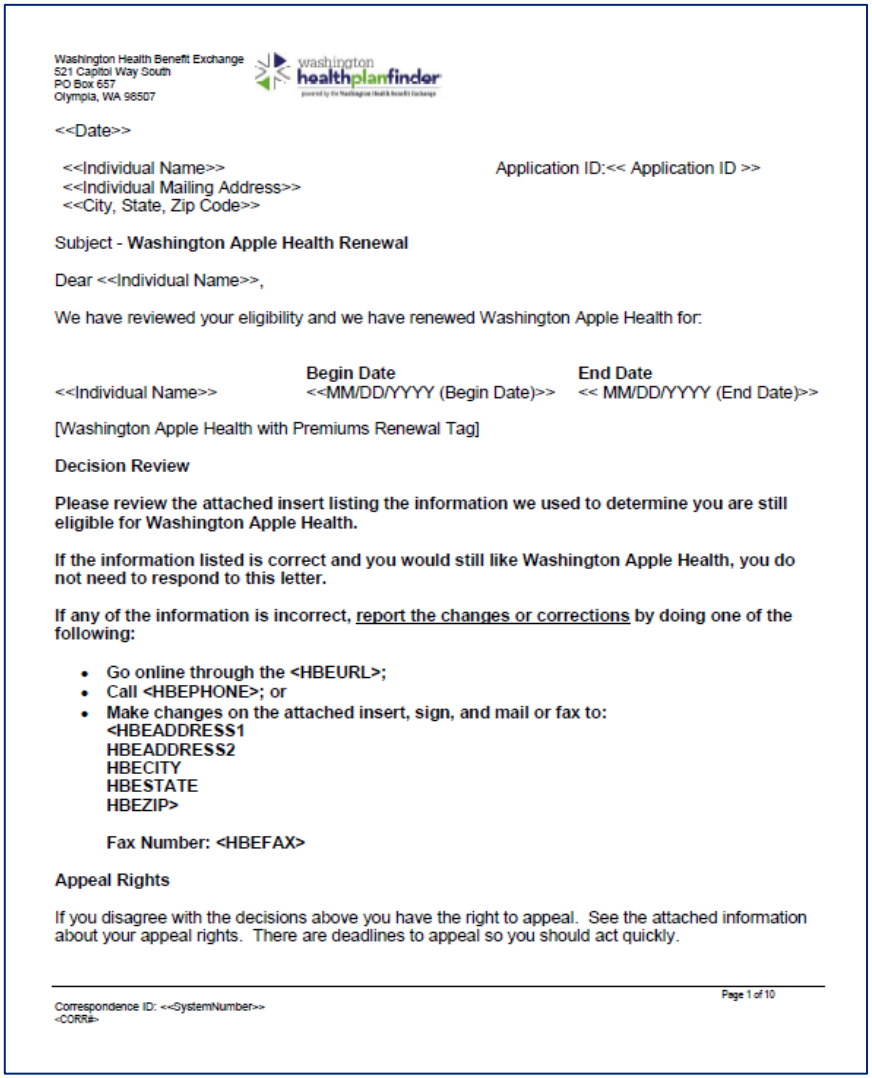
Renewals

Auto-Renewal

- **Approximately 60 days prior to coverage end date, Healthplanfinder will attempt to auto-renew the individual's Apple Health coverage**
  - Healthplanfinder sends information to **Eligibility Service (ES)**, which determines whether applicant is still eligible for Apple Health
- If the individual is still eligible, the application is auto-renewed and a **notification is sent to inform the individual**
- Even if the individual is auto-renewed, the individual can go onto his/her dashboard and change their Apple Health managed care plan, if desired



Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507

<<Date>>

<<Individual Name>>
<<Individual Mailing Address>>
<<City, State, Zip Code>>

Application ID:<< Application ID >>

Subject - **Washington Apple Health Renewal**

Dear <<Individual Name>>,

We have reviewed your eligibility and we have renewed Washington Apple Health for:

	Begin Date	End Date
<<Individual Name>>	<<MM/DD/YYYY (Begin Date)>>	<< MM/DD/YYYY (End Date)>>

[Washington Apple Health with Premiums Renewal Tag]

Decision Review

Please review the attached insert listing the information we used to determine you are still eligible for Washington Apple Health.

If the information listed is correct and you would still like Washington Apple Health, you do not need to respond to this letter.

If any of the information is incorrect, report the changes or corrections by doing one of the following:

- **Go online through the <HBEURL>;**
- **Call <HBEPHONE>; or**
- **Make changes on the attached insert, sign, and mail or fax to:**
  <HBEADDRESS1
  HBEADDRESS2
  HBECITY
  HBESTATE
  HBEZIP>

  Fax Number: <HBEFAX>

Appeal Rights

If you disagree with the decisions above you have the right to appeal. See the attached information about your appeal rights. There are deadlines to appeal so you should act quickly.

Page 1 of 10

Correspondence ID: <<SystemNumber>>
<CORR#>

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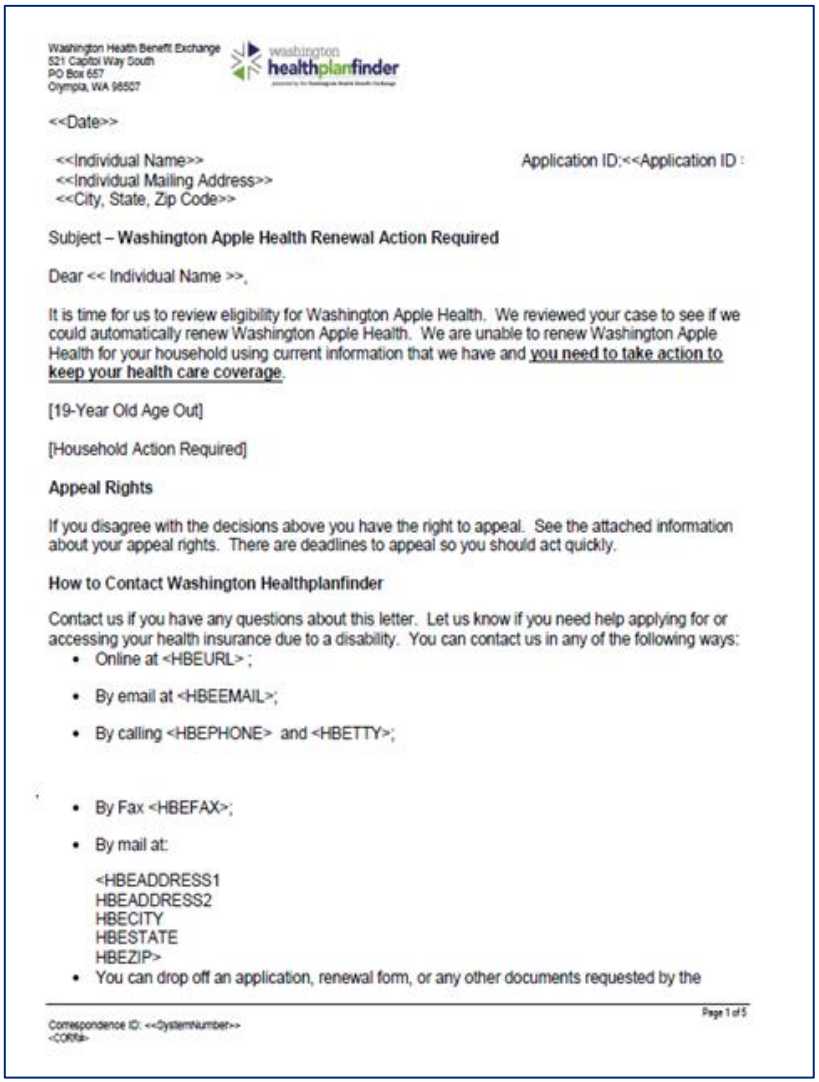
Manual Renewal Process



Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507

<<Date>>

<<Individual Name>>
<<Individual Mailing Address>>
<<City, State, Zip Code>>

Application ID:<<Application ID

Subject – **Washington Apple Health Renewal Action Required**

Dear << Individual Name >>,

It is time for us to review eligibility for Washington Apple Health. We reviewed your case to see if we could automatically renew Washington Apple Health. We are unable to renew Washington Apple Health for your household using current information that we have and you need to take action to keep your health care coverage.

[19-Year Old Age Out]

[Household Action Required]

Appeal Rights

If you disagree with the decisions above you have the right to appeal. See the attached information about your appeal rights. There are deadlines to appeal so you should act quickly.

How to Contact Washington Healthplanfinder

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL> ;
- By email at <HBEEMAIL>;
- By calling <HBEPHONE> and <HBETTY>;
- By Fax <HBEFAX>;
- By mail at:

  <HBEADDRESS1
  HBEADDRESS2
  HBECITY
  HBESTATE
  HBEZIP>
- You can drop off an application, renewal form, or any other documents requested by the

Page 1 of 5

Correspondence ID: <<SystemNumber>>
<CORRa>

If the Apple Health individual is not automatically renewed, the following process occurs:

Individual receives **Apple Health Renewal – Action Required correspondence** telling them to take action to renew

Individual logs onto their Healthplanfinder account and navigates to **Update Application and Renew Coverage**

Individual goes through the manual renewal application process online and submits application

Individual views Eligibility Status for household; if household still qualifies for Apple Health, **they will go through the plan selection process**

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Example Scenarios

Change Reporting – Switching Plans

Johnny recently moved from Spokane Valley to Bellevue. He was previously enrolled in Apple Health (Molina) and now logs on to Healthplanfinder to report the change to his account on 5/15/2015. **After going through the standard change reporting process, he e-signs to submit the change.**

Johnny decides to switch plans since his original Apple Health plan is not available in Bellevue. **He selects a new plan, Coordinated Care.** He will see the following details on his Washington Apple Health modal the next day:

Name	Plan Name	Start Date	End Date	Status
Johnny Q.	**Molina**	1/1/2015	5/31/2015	Enrolled
Johnny Q.	**Coordinated Care**	6/1/2015	Ongoing	Enrolled

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Change Reporting – Mixed Household

Julie recently had her daughter, Kaylee, move back into her home and reports the change in Healthplanfinder on 5/15/2015. Julie was previously enrolled in a QHP with tax credits. **She completes the standard change reporting process, submits the change, and sees Kaylee is qualified for Apple Health for Kids.**

Eligibility Status: Apple Health for Kids + QHP with tax credits

Household Summary

Explore Your Options + Select Plan for Apple Health

Explore Your Options + Select QHP

Julie will see the following when she logs into her account the *following day*:

Name	Plan Name	Start Date	End Date	Status
Julie	**Lifewise Essential Silver (QHP w/tax credits)**	1/1/2015	12/31/2015	Enrolled
Kaylee	**Coverage without a Managed Care Plan**	5/1/2015	5/31/2015	Enrolled
Kaylee	**Molina**	6/1/2015	Ongoing	Enrolled

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Questions?

Inquiries regarding Apple Health (Medicaid) coverage, Medicaid Plan Selection or the volunteer HCA Community Partner with Enhanced Access program may be directed to medicaidexpansion@hca.wa.gov.

For Qualified Health Plan questions, please contact customersupport@wahbexchange.org.

For the In-person Assister program, please contact your Lead Organization or navigator@wahbexchange.org.

For Brokers, please contact producer@wahbexchange.org.

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You have completed the Healthplanfinder 2.2 Overview for Medicaid Plan Selection!

The recorded webinar will be posted to the HCA Training & Education web page:

http://www.hca.wa.gov/hcr/me/Pages/training_education.aspx

Thank You!

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