

**Deloitte.**



# Healthplanfinder Release 3.1 Overview for HCA Community Partners

# Topics

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## Release 3.1 Overview

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### Lesson 1: System Updates

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### Lesson 2: Action Center Updates

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### Lesson 3: Special Enrollment Process

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### Lesson 4: Client Initiated Change Reporting to Close WAH/HIPTC

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# 3.1 Go-Live coming February 15, 2016

February 2016						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	 3.1 Go Live	16	17	18	19	20
21	22	23	24	25	26	27
28	29					

*Washington Healthplanfinder will go down for maintenance at 2am PST*

# Lesson 1

## *System Updates*

# Enhancements to Password Creation and Reset



When a user enters a new password on the **Create Account**, **Forgot Password**, or **Change my Password** screens, there are several new enhancements that will assist the user in this process.

When entering the new password into the 'Password' and 'Re-enter Password' fields, **each character will be displayed as it is typed**. It will then **be masked by a 'dot'** when the next character is typed

Create an Account \* REQUIRED FIELD

Create a user account to find a plan and save your information.

Account Information

**Note:**  
Your username must contain: 6-20 characters with at least one letter and one number.  
You may use:

- Letters A through Z (upper and/or lower case)
- Special Characters . \_ \$

USERNAME \*

Eg. jsmith123

PASSWORD \* RE-ENTER PASSWORD \*

....d

# Enhancements to Password Creation and Reset



In addition to displaying the password as it is typed, these screens will also display the necessary password requirements to the user.

**Five requirements for passwords will be listed beneath the Password field.** As the user types an entry, an indication next to the rules will show whether or not the user has complied

PASSWORD \*

RE-ENTER PASSWORD \*

.....

.....

- ✓ Password is 8-20 characters long
- ✓ Password contains at least:
- ✓ one number
- ✓ one uppercase letter "A-Z"
- ✓ one lowercase letter "a-z"
- ✓ one of the following special characters ! \$ #

✗ Passwords match

**One requirement will also be listed beneath the 'Re-enter Password' field** to ensure that it matches the 'Password' field

# Indications on Questions not Impacting WAH Eligibility

## Current State

During application data collecting, Washington Healthplanfinder currently **does not inform customers which questions will or will not impact** their Washington Apple Health (WAH) eligibility

## Future State

- The system will now inform the customer using a disclaimer on the **questions that do not impact WAH eligibility determination**
- The questions that will be impacted by this change include those on:
  - Tobacco
  - Adult disabled dependent
  - Other coverage
  - Affordable Employer Sponsored Insurance

Has any household member on this application regularly used tobacco products in the past 6 months? \*  YES  NO

(Note: Your answer to this question will not be used to check your eligibility for Washington Apple Health or Health Insurance Premium Tax Credits.)

# Enhancements to System Integration between HPF and ProviderOne

## Current State

- ProviderOne is the system of record for Health Care Authority (HCA)
- ProviderOne and Washington Healthplanfinder are integrated to process and exchange information for Washington Apple Health (WAH) customers

## Future State

In preparation for changes **effective April 1, 2016**,:

- Two enhancements to ProviderOne must be integrated with Washington Healthplanfinder so:
  1. Clark and Skamania county residents will be offered the new **Managed Care Program (Fully Integrated Managed Care)** that can be selected in HPF on their EYO page
  2. In select locations, enroll customers **on the same day or earlier** in a Managed Care Plan.



## Summary of Impacts

- This new Managed Care Plan (MCP) developed by the Health Care Authority will incorporate medical, mental, and chemical dependencies into **one plan** for WAH customers to select
- Allowing customers to enroll in an Managed Care Plan on the same day or earlier will minimize the amount of time customers will be covered by a Non-Managed Care Plan (fee-for-service) **and** reduce the overall occurrence of dual QHP/MCP coverage



# Enhancement to Navigator Search

- When an individual searches for a navigator on the Washington Healthplanfinder using the option to search by “**organization name**” they will now see a drop down menu to select an existing navigator organization

### Broker Search

Healthplanfinder has a network of support across Washington State. Please use the search fields below to find a Broker who, at no additional cost, can help you find, compare and select a health plan.

ORGANIZATION NAME      LAST NAME

- Select an Option -      Eg.: Smith

- Select an Option -

454efsd

AAA

AAA broker

AAA corp

AAABC Corps

ABC

ABC

ABC Corp

ABC Corporation

ABC Corps

ABC Corps B

ABC Corps C

### Navigator Search

Healthplanfinder has a network of support across Washington State. Please use the search fields below to find a Navigator who, at no additional cost, can help you find, compare and select a health plan.

ORGANIZATION NAME      LAST NAME

- Select an Option -      Eg.: Smith

Finance corp

Financial Corp

Financial Corp

Frankolene

GCABC Corps

GO Co

Gen Info

HBE

HBENav

Hacker Agency

ITS Corp

Inc. Inc.

JBC Corps

Jackling Agency

# Enhancements to Navigator Portal

Navigator enhancements include:

- Will be able to find any client regardless of who they are partnered with
- Navigators within the same organization will have access to assist each others clients

The system will cancel requests to Navigators from customers who have not been responded to within 7 consecutive days.

# Enhanced Search Access – Find New Client's Account



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click. compare. covered.

## Add New Client

\* REQUIRED FIELD

FIRST NAME *	LAST NAME
<input type="text" value="E.g.: John"/>	<input type="text" value="E.g.: Smith"/>
SOCIAL SECURITY NUMBER *	DATE OF BIRTH *
<input type="text" value="E.g.: 123-45-6789"/>	<input type="text" value="E.g.: 01/20/2012"/>
APPLICATION ID	
<input type="text" value="Eg. 654156"/>	

[← Back](#)

# Client Search Results – Customer Partnered with Someone

When a navigator searches for a client who is already partnered or sent a help request to another navigator the client search results will include the name of the existing Navigator and Action

### Client Search Results

First Name	Last Name	Date Of Birth	Application Id	Existing Broker/Navigator	Action
Jones	Testing	01/01/1980	263130	ArvindKotaruUATOne BrokerLevelThree[ABC Corporation]	Pending

[← Back](#)

# Enhancements to Navigators within the same Organization

By selecting this action, the Navigator can perform tasks for the customer in the place of their existing Navigator

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**healthfinder**  
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## Client Search Results

First Name	Last Name	Date of Birth	Application ID	Existing Broker/Navigator	Action
BrokerWithOrg	Demo	03/01/1988	3001	James Smith [WA Brokers INC]	<a href="#">Act on Behalf of Organization</a>

# Enhancements to Navigators within the same Organization

After selecting this checkbox, all relevant individuals searched for within that Organization Name will be listed below and their associated Navigator

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Account Home My Clients

### Search My Clients

FIRST NAME E.g.: John	LAST NAME E.g.: Smith	PHONE E.g.: 888-123-8888
EMAIL ADDRESS jdoe@mail.com	USER TYPE - Select an Option -	RELATIONSHIP TYPE - Select an Option -
CURRENT STATUS E.g.: App Submitted	CLIENT SINCE ⓘ E.g.: 11/12/2014	APPLICATION ID E.g. 123456

Search for All Clients in My Organization

Reset Search

# Enhancements to Navigators within the same Organization

After selecting the checkbox and the **Search** button, the results will list out below

The search results will list the **current Navigator partnership** of that customer

Clicking the **hyperlink** will navigate the Navigator to the dashboard of the customer

### Search My Clients

FIRST NAME:  LAST NAME:  PHONE:

EMAIL ADDRESS:  USER TYPE:  RELATIONSHIP TYPE:

CURRENT STATUS:  CLIENT SINCE:  APPLICATION ID:

Search for All Clients in My Organization

### My Clients

App Id	Name	User Type	Email	Phone	Relationship Type	Client Since	Renewal Deadline	Current Status	Broker Name
1812	<a href="#">Chantal Lynn</a>	Individual	r_2015123_175528@yopmail.com		Ongoing	11/13/2015		Draft	sagar sksk
1970	<a href="#">Earl Warner</a>	Individual	earlwarner1@mailinator.com		Ongoing	11/24/2015	12/31/2016	Submitted	Self

# Enhancements to Navigators within the same Organization

## Client Search Results

First Name	Last Name	Date of Birth	Application ID	Existing Broker/Navigator	Action
BrokerWithOrg	Demo	03/01/1988	3001	James Smith [WA Brokers INC.]	Act on Behalf of Organization

## My Clients

App Id	Name	User Type	Email	Phone	Relationship Type	Client Since	Renewal Deadline	Current Status	Broker Name
1812	Chantal Lynn	Individual	r_20151123_175528@yopmail.com		Ongoing	11/13/2015		Draft	sagar sksk
1970	Earl Warner	Individual	earlwarner1@mainline.com		Ongoing	11/24/2015	12/31/2016	Submitted	Self
1815	Gordon Macias	Individual	r_20151123_175		Ongoing	11/13/2015		Draft	sagar sksk

Account Home Payments My Household Action Center

## Message Center

Notice

Date/Time Received

[View More >](#)

At the dashboard, they will be able to perform tasks on behalf of the customer

# Lesson 2

## *Action Center Updates*

# Individual Dashboard

To get to the Action Center, a customer can click on the Action Center tab from the individual dashboard or click on Submit a Document

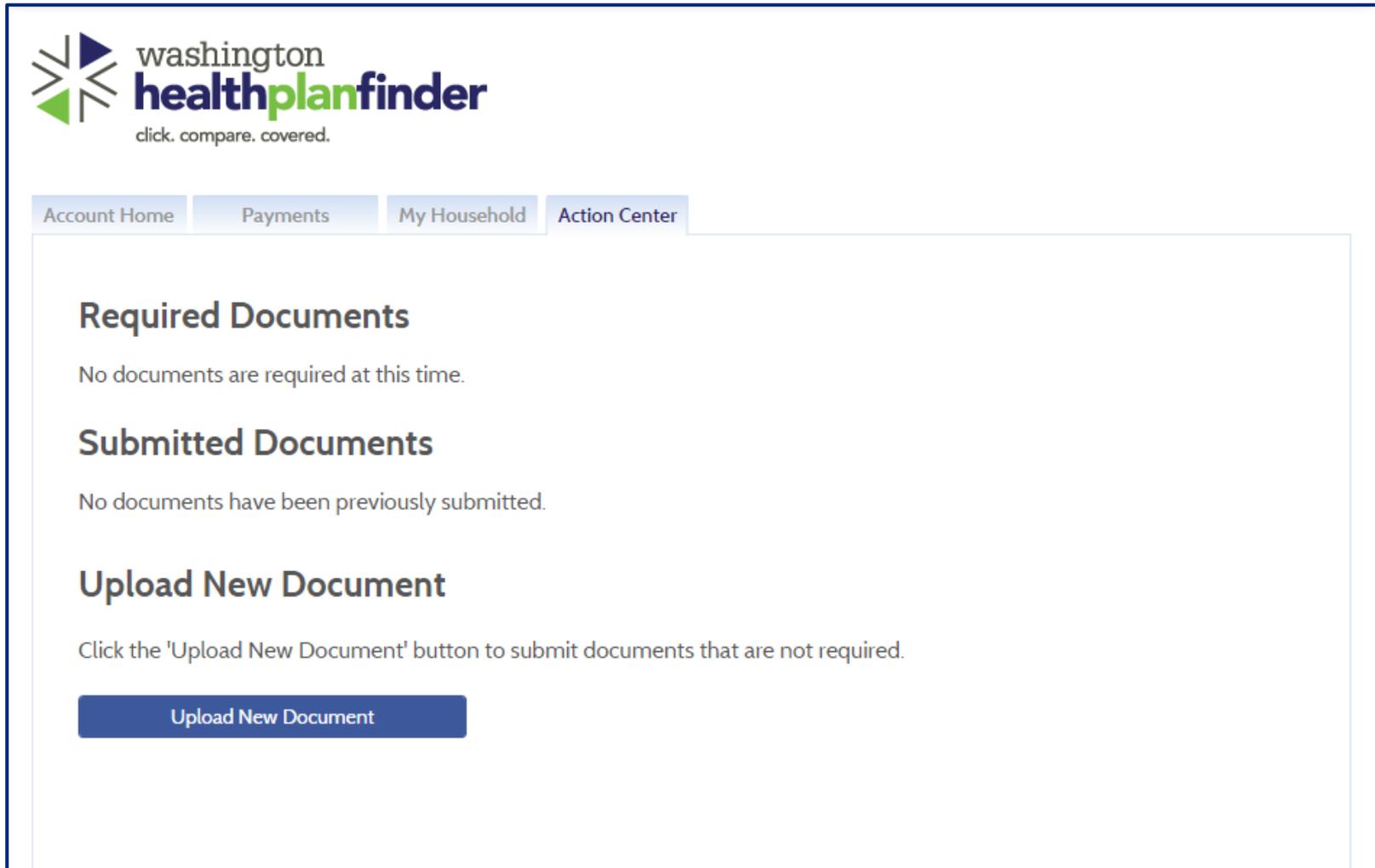
The screenshot displays the 'Individual Dashboard' interface. At the top, there are four navigation tabs: 'Account Home', 'Payments', 'My Household', and 'Action Center'. The 'Action Center' tab is highlighted with a red border. Below the tabs is the 'Message Center' section, which includes a table with columns for 'Notice' and 'Date/Time Received', and a 'View More >' link. To the right of the Message Center is a list of actions, with 'Submit A Document' highlighted by a red border. Other actions in the list include 'Generate 1095-A Form', 'Create Another Application', 'View Current Eligibility Results', 'Find a Broker', 'Find a Navigator', 'Report a Change in Income or Household', 'Change Account Settings', 'Verify Id Proofing', 'Add/Remove Sponsor', 'Update Email Address', and 'Update Coverage Dates'.

Notice	Date/Time Received
<a href="#">View More &gt;</a>	

- Generate 1095-A Form
- Create Another Application
- View Current Eligibility Results
- Find a Broker
- Find a Navigator
- Report a Change in Income or Household
- Change Account Settings
- Submit A Document**
- Verify Id Proofing
- Add/Remove Sponsor
- Update Email Address
- Update Coverage Dates

# New Action Center – Customer View (No Documents)

This screen shows the Action Center from a customer view without any document requests



The screenshot displays the Washington Healthplanfinder interface. At the top left is the logo with the text "washington healthplanfinder" and the tagline "click. compare. covered." Below the logo is a navigation bar with four tabs: "Account Home", "Payments", "My Household", and "Action Center". The "Action Center" tab is selected. The main content area is divided into three sections: "Required Documents" with the message "No documents are required at this time.", "Submitted Documents" with the message "No documents have been previously submitted.", and "Upload New Document" with the instruction "Click the 'Upload New Document' button to submit documents that are not required." A blue button labeled "Upload New Document" is positioned at the bottom of the third section.

*Customer View*

# New Action Center – Customer View (With Documents)

Required Documents section is the first section of the Action Center

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**healthplanfinder**  
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Account Home Payments My Household Action Center

## Required Documents

Please submit the below required documents to avoid losing coverage.

Name	Document Category	Due Date	Upload Document
John Doe	Conditional Eligibility - Lawful Presence Unverified	2/1/2016	Upload
John Doe	Conditional Eligibility - Household Income Unverified	2/1/2016	Upload
Emilio Doe	Conditional Eligibility - Citizenship Unverified	2/1/2016	Upload

Customer clicks to upload document

Customer View

# Document Upload – Customer View

## Document Upload \* REQUIRED FIELD

Use this page to upload and submit documents to the Washington Healthplanfinder. You may also submit documents in hard copy via the following ways:

**By mail or in-person:** Washington Healthplanfinder  
PO Box 946  
Olympia, WA 98507

**By Fax -** 360-841-7620

CATEGORY \* TYPE OF DOCUMENT \*

Conditional Eligibility - Signed Self-Attested L

REGARDING  
HOUSEHOLD MEMBER \*

Kermit Frog

PROVIDE ADDITIONAL INFORMATION ABOUT THE DOCUMENT

UPLOAD DOCUMENT \*

[Choose File](#)

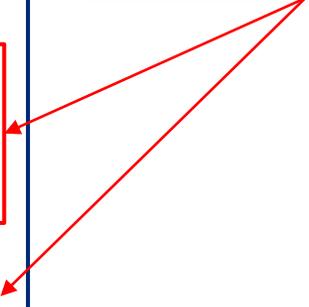
Max File size: 2 MB (.doc(x).xls(x).pdf.jpg.gif.png.txt.tiff)

Number	Document Name	Category	Type of Document	Household Member	Edit
1	4.JPG	Conditional Eligibility - Other Health Insurance Coverage Unverified (Medicare)	Signed Self-Attested Letter	Kermit Frog	

If you would like to upload another document please browse for another document.

[Return to Dashboard](#) [Submit](#)

Customers can edit the document after uploading, but once they click the "Submit" button, they will not be able to view or edit the document



# New Action Center – Customer View (With Documents)

Customer can view the date and status of Submitted Documents and upload optional documents

## Submitted Documents

View the status of documents that have been previously submitted.

Name	Document Category	Submitted Date	Reviewed Date	Status
Henry Doe	Conditional Eligibility - Lawful Presence Unverified	1/1/2016		Pending Reivew
Henry Doe	Conditional Eligibility - Tribal Nation Status Unverified	1/1/2016		Pending Reivew
Fido Doe	Conditional Eligibility - Tribal Nation Status Unverified	3/1/2016	3/5/2016	Invalid
Fido Doe	Conditional Eligibility - Citizenship Unverified	2/1/2016	3/5/2016	Invalid
Bo Reallylonglastname	Conditional Eligibility - Other Health Insurance Coverage Unverified (Medicare, Tricare, Peace Corps, Verteran's Insurance)	3/1/2016	3/5/2016	Approved

## Upload New Document

Click the 'Upload New Document' button to submit documents that are not required.

[Upload New Document](#)

Customer View

# Lesson 3

## *Special Enrollment Process*

# Qualifying Life Events

To open a Special Enrollment Period, the individual may qualify for one of the events below. While the event categories are qualifying, additional parameters are looked at before determining final eligibility for a SEP.

Marriage



Birth / Adoption

Removal of  
Household Member



Losing Minimum  
Essential Coverage  
(MEC)

Reporting  
Domestic Violence



Permanent Move to  
& within WA

Change in  
Household Taxes



Change in Lawful  
Presence /  
Citizenship Status

Change in  
Eligibility

# Special Enrollment Questionnaire (SEQ) – New Customer



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healthplanfinder  
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1 Brows 2 Apply 3 Select 4 Finalize

## Special Enrollment Questionnaire \* REQUIRED FIELD

Before you can shop and select a Qualified Health Plan, you'll need to provide information about a Special Enrollment qualifying life event. Some information may be prepopulated based on information you reported. Select "Yes" to all that apply.

**Notice:**

Reporting false information below could result in a loss of insurance, if you are approved for a Special Enrollment Period.

Your insurance company may ask for records that prove you qualify for Special Enrollment. Make you have those papers ready in case you need to show proof

I lost or will soon lose my health coverage for one of the following reasons:  Yes  No

- I lost my Washington Apple Health coverage
- I lost my coverage through work
- My COBRA coverage ran out
- I am no longer eligible for student health coverage
- I turned 26 and am no longer eligible to be covered by my parents
- I recently joined/left AmeriCorps/VISTA/National Civilian Community Corp
- I recently was released from jail or prison

I got married or entered into a *registered* domestic partnership  Yes  No

I had a change in my household size due to one of the following reasons  Yes  No

- I had a baby
- I adopted a child
- I placed a child up for adoption or placed in foster care
- I am under court order for child support or other support

I am a survivor or victim of domestic violence  Yes  No

I have moved to or within Washington State  Yes  No

I or someone on my application has had a change in lawful presence/citizenship status  Yes  No

- This includes becoming a citizen, national, or lawfully present non-citizens

Visit [www.wahbexchange.org/sep](http://www.wahbexchange.org/sep) to learn more.

◀ Cancel Next

# Special Enrollment Questionnaire (SEQ) – Existing Customer

There are additional questions for existing customers. Some questions may come with prepopulated answers depending on changes reported during the application flow.



washington healthfinder  
click. compare. covered.

1 Brows 2 Apply 3 Select 4 Finalize

## Special Enrollment Questionnaire \* REQUIRED FIELD

Before you can shop and select a Qualified Health Plan, you'll need to provide information about a Special Enrollment qualifying life event. Some information may be prepopulated based on information you reported. Select "Yes" to all that apply.

**Notice:**

Reporting false information below could result in a loss of insurance, if you are approved for a Special Enrollment Period.

Your insurance company may ask for records that prove you qualify for Special Enrollment. Make you have those papers ready in case you need to show proof

I lost or will soon lose my health coverage for one of the following reasons:  Yes  No

- I lost my Washington Apple Health coverage
- I lost my coverage through work
- My COBRA coverage ran out
- I am no longer eligible for student health coverage
- I turned 26 and am no longer eligible to be covered by my parents
- I recently joined/left AmeriCorps/VISTA/National Civilian Community Corp
- I recently was released from jail or prison

I got married or entered into a *registered* domestic partnership  Yes  No

I had a change in my household size due to one of the following reasons  Yes  No

- I had a baby
- I adopted a child
- I placed a child up for adoption or placed in foster care
- I am under court order for child support or other support

I am a survivor or victim of domestic violence  Yes  No

My dependents changed due to death  Yes  No

My dependents changed due to one of the following reasons:  Yes  No

- Divorce
- Legal separation

I have reconciled my taxes for a year that I had received health insurance premium tax credits  Yes  No

I have moved to or within Washington State  Yes  No

I had an income change  Yes  No

I or someone on my application has had a change in lawful presence/citizenship status  Yes  No

- This includes becoming a citizen, national, or lawfully present non-citizens

Visit [www.wahbexchange.org/sep](http://www.wahbexchange.org/sep) to learn more.

Cancel Next

# View Special Enrollment Events

The Special Enrollment Events page can be accessed by clicking on the View Special Enrollment Events link under Reported Household Income section on the My Household tab.

The screenshot displays the Washington Healthplanfinder interface. At the top left is the logo with the tagline "click. compare. covered." Below the logo is a yellow notice box containing information about the 2015 Special Enrollment period. A navigation bar includes tabs for "Account Home", "Payments", "My Household", and "Action Center". The "My Household" tab is active, showing two main sections: "Household Info" and "Reported Household Income". The "Household Info" section lists address details for 238 E ALDER ST, WALLA WALLA, WA, 99362, with an "Update My Address" link. The "Reported Household Income" section shows a value of \$2,970.00 and includes several links: "Report Income or Eligibility Change", "View Your Household's Eligibility Information", "View Your Household's Coverage History", "View Change History", and "View Special Enrollment Events". The "View Special Enrollment Events" link is highlighted with a red rectangular border.

**washington healthplanfinder**  
click. compare. covered.

**Notice:**

**Current Year-2015:** Your Qualified Health Plan Special Enrollment period is October 24, 2015 to November 23, 2015. Under "My Household Coverage," select a new health plan or confirm your existing health plan by November 23, 2015. Please note, Special Enrollment period and verification does not apply to anyone eligible for Washington Apple Health.

Account Home Payments **My Household** Action Center

**Household Info**

Address Line 1: 238 E ALDER ST  
Address Line 2:  
City: WALLA WALLA  
State: WA  
ZIP: 99362

[Update My Address >](#)

**Reported Household Income**

\$2,970.00

[Report Income or Eligibility Change >](#)

[View Your Household's Eligibility Information >](#)

[View Your Household's Coverage History >](#)

[View Change History >](#)

[View Special Enrollment Events >](#)

# Lesson 4

*Client Initiated Change  
Reporting to Close  
WAH/HIPTC*

# Switching from WAH/HIPTC to QHP Coverage

## Current State

- When moving from an affordable application to non-affordable application, HPF does not make a ES call.
- Due to this, individuals can have dual enrollment in WAH and QHP.

## Future State

- After eSign, HPF will close WAH enrollment to prevent dual enrollment



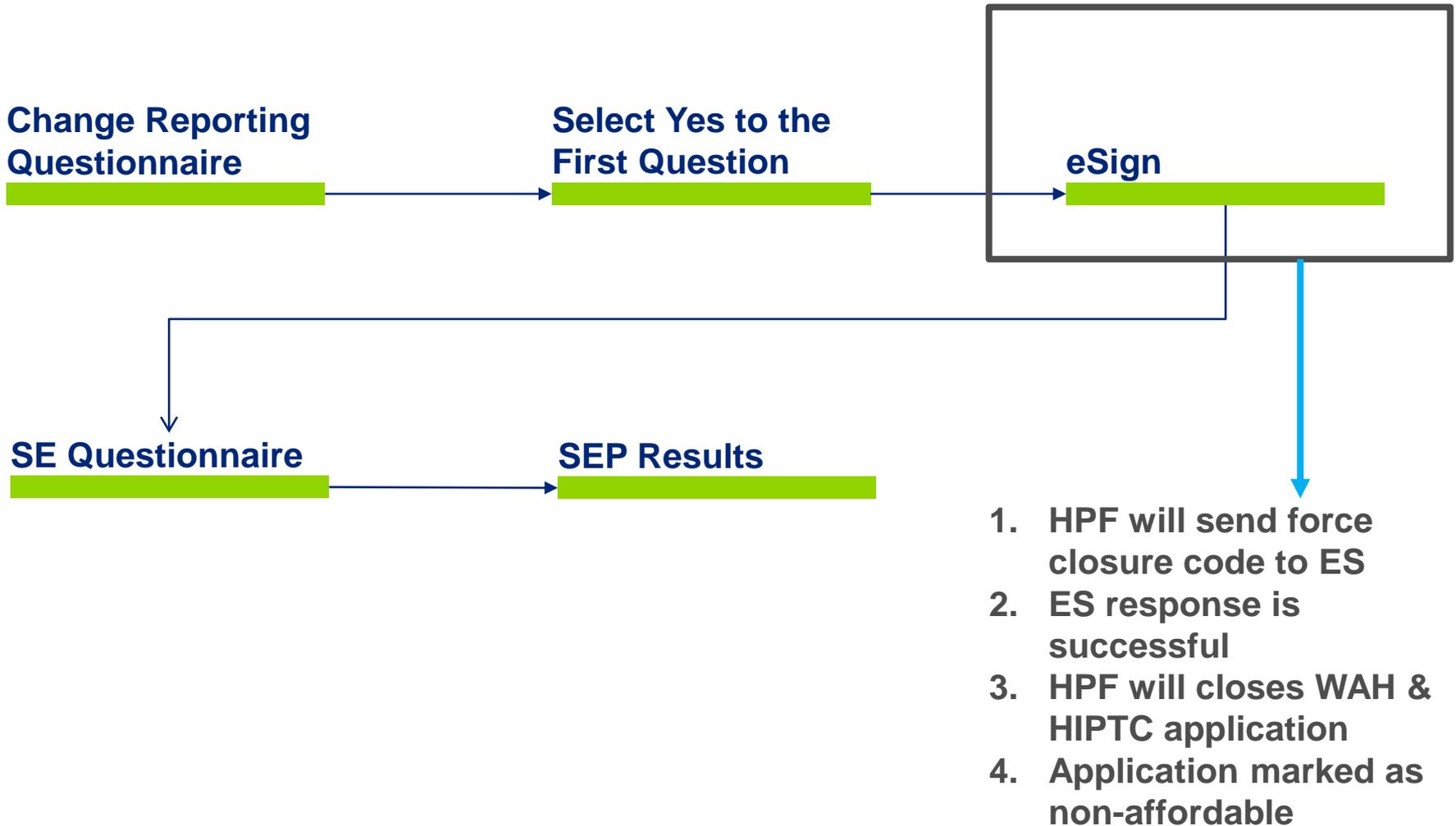
## Summary of Impacts

- This change applies to customers who are voluntarily closing their WAH eligibility on their own and denying HIPTC in order to be eligible for QHP
- Customers will need to be wary of timing. When switching to the non-affordable application from affordable outside of OE, a Special Enrollment Period will not automatically open
- If the customer has a Qualifying Life Event, he/she can report that in order to select a QHP outside of OE



# Backend View: From Affordable to Non-Affordable Plan

After the eSign page, backend processes will be enabled to eliminate instances of dual enrollment.



# Change Reporting Questionnaire

“My household wants to apply for a full cost Qualified Health Plan and no longer wants Health Insurance Premium Tax Credits, cost sharing reductions, or Washington Apple Health.”

HOME | EN ESPAÑOL WELCOME, CHARLES SMITH (SIGN OUT) | CUSTOMER SUPPORT

 **washington healthplanfinder**  
click. compare. covered.

## Report Changes / Life Event

Please select from the following options below to report a change or changes to your circumstances. You may make more than one selection.

In order to report a change you will need to complete all screens and finalize your selection by providing your electronic signature.

If you have questions about your coverage, please contact the Washington Healthplanfinder via the help options shown above.

YES  NO

My household wants to apply for a full cost Qualified Health Plan and no longer wants Health Insurance Premium Tax Credits, cost sharing reductions, or Washington Apple Health

YES  NO

Someone needs to be added to or removed from my list of household members to be considered for coverage

YES  NO

My household income has changed by \$150 or more, and is expected to last for at least two consecutive months

YES  NO

Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant

YES  NO

My address has changed

YES  NO

Someone in my household has gained or lost health coverage

YES  NO

Something else has changed. Examples include:

- I need to change tax filing status for myself or others in my household
- My citizenship or tribal status has changed
- Someone has moved out of state

[← Back](#) [Next](#)

Select “Yes” to no longer be considered for WAH or HIPTC eligibility

# Select Yes to Question

 **washington healthplanfinder**  
click. compare. covered.

## Report Changes / Life Event

Please select from the following options below to report a change or changes to your circumstances. You may make more than one selection.

In order to report a change you will need to complete all screens and finalize your selection by providing your electronic signature.

If you have questions about your coverage, please contact the Washington Healthplanfinder via the help options shown above.

YES  NO  
My household wants to apply for a full cost Qualified Health Plan and no longer wants Health Insurance Premium Tax Credits, cost sharing reductions, or Washington Apple Health.

YES  NO  
Someone needs to be added to or removed from my list of household members to be considered for coverage

YES  NO  
My household income has changed by \$150 or more, and is expected to last for at least two consecutive months.

YES  NO  
Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant.

YES  NO  
My address has changed

YES  NO  
Someone in my household has gained or lost health coverage

YES  NO  
Something else has changed. Examples include:

- I need to change tax filing status for myself or others in my household
- My citizenship or tribal status has changed
- Someone has moved out of state.

[← Back](#) [Next](#)

By selecting Yes to switch to QHP coverage instead, all other questions will be disabled in order to process this change and close out prior WAH or HIPTC plan.

# Switching to Non-Affordability Modal

## Are You Sure You Want to Make This Change?

You have chosen to no longer apply for free or low cost coverage options. If you continue with this change, your household:

- Will be terminated from Washington Apple Health, if you are currently enrolled
- Will not be eligible for Health Insurance Premium Tax Credits in advance to be applied to the cost of your monthly premiums
- Will not be eligible for a Special Enrollment Period if making this change outside of the Open Enrollment Period

By clicking 'Continue,' you will be taken to the E-Signature screen to confirm this action.

[← Cancel](#) [Continue](#)

Language warns customer that if it is not during Open Enrollment, he/she will “not be eligible for a SEP”

# eSignature

## Primary Applicant's Signature \* REQUIRED FIELD

I agree to submit this application electronically. By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I also certify that:

- I understand the questions and statements within this application.
- I understand the penalties for giving false information or breaking the law.
- I understand that the Washington Healthplanfinder may contact other persons or organizations on my behalf.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

By checking this box and signing my name below, I am electronically signing my application \*

In order to simplify the application redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for a period of no more than five years. I can change my consent any time through Washington Healthplanfinder.

I have read the [Rights & Responsibilities](#) \*

FIRST NAME *	MIDDLE INITIAL	LAST NAME *
<input type="text" value="Charles"/>	<input type="text" value="Eg. A"/>	<input type="text" value="Galle"/>

Back button has been reconfigured to take the customer back to Change Reporting Questionnaire

ES will cancel WAH eligibility & HPF will close HIPTC upon application submission

# Eligibility Results

## Eligibility Status

You applied for free or low-cost health insurance coverage. Thank you for providing your household information. To see Eligibility Status details per household member click each name below. Clicking "Next" will give you a summary of your household's next steps to finalize your coverage.

**Charles Galle** ✓ APPROVED

✓ APPROVED  
Household: Primary Applicant  
Coverage: QHP  
Start Date: 08/01/2015  
End Date: 12/31/2015

**Charles Galle** ✓ APPROVED

**Qualified Health Plan**  
Washington Apple Health Adult Coverage ends on 07/31/2015. Starting on 08/01/2015. Charles Galle will be eligible for Qualified Health Plan coverage. [Why this result?](#)

Coverage Dates	Program	Renewal Information
07/01/2015 to 07/31/2015	Washington Apple Health Adult	Not Applicable
Coverage Dates	Program	Renewal Information
08/01/2015 to 12/31/2015	Qualified Health Plan	Charles Galle will need to renew coverage by 12/31/2015. We will contact you with more information when it's time to renew.

**Next Steps for Charles Galle**  
On the next page, please review and purchase a Qualified Health Plan.

[Next](#)

Eligibility Results will indicate the end of WAH/HIPTC coverage and start date of QHP coverage.

# Switching Back to an Affordable Plan

HOME | SIGN IN | ESPAÑOL | CUSTOMER SUPPORT

washington healthplanfinder  
click. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

## About You \* REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options

FIRST NAME \* M.I. LAST NAME \* SUFFIX

Eg. John Eg. J Eg. Smith

**Notice:**  
Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER \* DATE OF BIRTH \*

Eg. 123-45-6789 Eg. 01/20/2012

SOCIAL SECURITY DISCLOSURE

SEX \*

MALE  
 FEMALE

WHO ARE YOU APPLYING FOR? \*

-Select an Option-

DO YOU WANT TO APPLY FOR HEALTH INSURANCE PREMIUM TAX CREDITS, COST SHARING REDUCTIONS AND WASHINGTON APPLE HEALTH?  
(NOTE: WASHINGTON APPLE HEALTH IS PUBLICLY FUNDED HEALTH INSURANCE PROVIDED THROUGH THE WASHINGTON STATE HEALTH CARE AUTHORITY.) \* \*

YES  
 NO

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE? \* \*

YES  
 NO

Yes, I have read the Washington Healthplanfinder Privacy Policy\*

Next

Select "Yes" for affordability for ES to re-determine customer's eligibility

# Renewals

WAH/HIPTC customers will not be able to switch to a QHP plan when going through the renewal process. They will need to renew and then report a change.

During Renewals, WAH or HIPTC customers will not be able to change their preference on the About You page

**About You** \* REQUIRED FIELD

We are now going to collect some information about you and your household to help you find health coverage options

FIRST NAME \*    M.I    LAST NAME \*    SUFFIX

Charles    Eg. J    Smith   

**Notice:**  
Please provide your official name such as the name on your social security card.

SOCIAL SECURITY NUMBER \*    DATE OF BIRTH \* \*

105-57-0391    01/01/1980

SOCIAL SECURITY DISCLOSURE

SEX \*

MALE  
 FEMALE

WHO ARE YOU APPLYING FOR? \*

Myself

**YOU ARE APPLYING FOR HEALTH INSURANCE PREMIUM TAX CREDITS, COST-SHARING REDUCTIONS, AND WASHINGTON APPLE HEALTH.  
(NOTE: WASHINGTON APPLE HEALTH IS PUBLICLY FUNDED HEALTH INSURANCE PROVIDED THROUGH THE WASHINGTON STATE HEALTH CARE AUTHORITY). \* \***

RACE    HISPANIC ORIGIN \*

- Select an Option -  
Aleut  
Asian Indian  
Black/African American    Not Reported

ARE YOU AN AMERICAN INDIAN OR ALASKAN NATIVE? \* \*

YES  
 NO  
 Yes, I have read the Washington Healthplanfinder Privacy Policy\*

Next

# Questions?

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

For Qualified Health Plan questions, please contact [customersupport@wahbexchange.org](mailto:customersupport@wahbexchange.org).

For the Navigator program, please contact your Lead Organization or [navigator@wahbexchange.org](mailto:navigator@wahbexchange.org).

For Brokers, please contact [producer@wahbexchange.org](mailto:producer@wahbexchange.org).

**You have completed the Healthplanfinder Release 3.1  
Overview for HCA Community Partners!**

**This presentation will be posted to the HCA Training &  
Education web page:**

**<http://www.hca.wa.gov/hcr/me/Pages/Reference-Guides.aspx>**

**Thank You!**