

Open: OMNI

ProviderOne <https://www.providerone.wa.gov>

ACA Releasing or WR SharePoint

Health Plan Finder <https://www.wahealthplanfinder.org>

Application folder (W:\Health Care Services\Healthcare Finance Unit\ACA)

When an account is temporarily locked, you can:

- A. After 5 minutes have passed, select the "Unlock Account" button below and answer the security questions
- B. Wait for 30 minutes and the account will automatically unlock
- C. Call customer support 1-855-923-4633

## Preparing the Application for HPF

1. Search in the ACA folder for the application by DOC number (W:\Health Care Services\Healthcare Finance Unit\ACA\Release Applications). If it's not there, search the inbox, etc.
2. **Suspension:**
  - A. Check in ProviderOne and ensure that there is not already "Suspended" benefits with an end date of mm/dd/2999.
    - If there is, make a note in SharePoint and Encounter. The address may need to be updated to match the ORP. Mark as "Approved" and resolve the encounter in OMNI. Skip to the section on "Making a change" and update the address there to match the ORP/application if we have it. You should not need to answer any of the other questions.
    - If there is an end date or there is no suspension, continue on to apply through HPF.
3. **Check application to ensure:**
  - A. Check the date the application was signed. If was signed over a year ago, a new application should be requested and submitted.

If there is an end date or there is no suspension, continue on to apply through HPF.
  - B. If the facility submitted both the Classic and the ACA application, submit through HPF first, regardless if the offender things they had SSI/Disability previously. We need a conditional approval prior to entering into WA Conn, unless the offender is over 64.
  - C. Mailing address matches what is OMNI –
    - WR addresses are used for WR Offenders (can find these on the DOC Website – [www.doc.wa.gov](http://www.doc.wa.gov) , facilities, work release.
    - For missing addresses or if the application was received more than a month ago, check the ORP in OMNI by clicking on the Plans tab, then click on Offender Release Plan and look for the most recent Offender Release Plan with a status of In-Effect, Complete.
    - Scroll through the ORP check for release address and any other notes to see if the offender will be releasing to ICE detainer or US Marshall (these are denied automatically)

- Homeless: Look to see what County of the offender will be releasing to and if they will be on supervision. We can use the Field Office as an address to send Medicaid information too. Homeless shelters in the area also work.

D. Check Marital status, citizenship, will they be residing with dependents, Native American status, work release information and signature are filled in. If the offender marked “living with dependents” If the offender reports income over the poverty amount of \$1396.00 or more, we cannot apply.

- Tribal – Google the tribe to ensure it is federally verified.
- If the offender is reporting income, we really should be reaching out the facility to verify because this will affect their benefits and possibility of receiving medications.

4. Do not submit an application if:

A. ProviderOne already shows open benefits.

B. If the offender reports income over the poverty amount of \$1387.00 or more, we cannot apply. Update SharePoint with “Denied – Over resource limit/income” after reaching out the facility to confirm this income.

C. Tribal income - exempt certain tribal distributions are exempt from state deductions and my understanding is the distributions cannot be considered as income for federal taxable purposes.

1. Tribal List

a. Laws Exempting funds

b. Indian Tribal Judgment Funds Use or Distribution Act, 25 U.S.C. 1410, 1401-07 and 25 U.S.C. 117a-117b, in particular 25 U.S.C. 1408

c. PL 97-458 is also a public law that relates to the Indian Tribal Judgment Funds Use or Distribution Act

2. Exempt Fund (REXTR) (Tribal Form not Needed)

a. Any Alaskan Tribe or Alaska Native Corp. distributions (Alaska does not have gaming revenues) *Except for proxy incentive checks*. Please post those as Non-exempt.

b. **Alaska Native Claims Settlement Act** - 43 U.S.C. 1606 (h) (1) (b) – Settlement Common Stock of Native Regional Corporations - Dividends are sent to offenders on a routine basis. This is a corporation that is using Indian lands and has an agreement approved by the Federal Government to make payments in the form of dividends to tribal members. The corporations that fall under this are:

- 13TH Region
- Ahtna Incorporated
- Aleut Corporation
- Arctic Slope Regional Corporation
- Bering Straits Native Corporation
- Bristol Bay Native Corporation
- Calista Corporation
- Chugach Alaska Corporation
- Cook Inlet Region, Inc. (CIRI)
- Doyon, Limited
- Goldbelt, Inc.
- Koniag Incorporated
- NANA Regional Corporation, Inc
- NIMA Corporation, Inc.

- Sealaska Corporation
- c. Colville Indian Tribe - \$1868 distribution is exempt
  - d. Office of the Special Trustee for American Indians (US Treasury check) **\*\*Note** - All funds distributed are only qualified trust monies. They do not accept gaming revenue funds to distribute, therefore funds received will always be exempt
  - e. Yakima Nation - exempt per capita checks only distributed from their checking account ending in \*\*\*\*9114

3. Non-exempt Fund (RNETR)

- a. **Alaskan tribes'** proxy incentive checks.
- b. **Canadian** tribes are not federally recognized tribes that would be considered exempt from deductions (also please note that foreign funds are no longer accepted. Monies must be drawn in US dollars.)
- c. **Yakima Nation** - fund drawn on any other checking account other than the account ending in \*\*\*\*9114
- d. **Casino revenues** - if tribe is listed as exempt above but you have information that a portion is from gaming, the check needs to be split exempt and non-exempt  
**\*\*Note** - 25 USC 2710 is Gaming revenue sources. These are NOT exempt from any deductions

**Specific Notes – info subject to change at anytime**

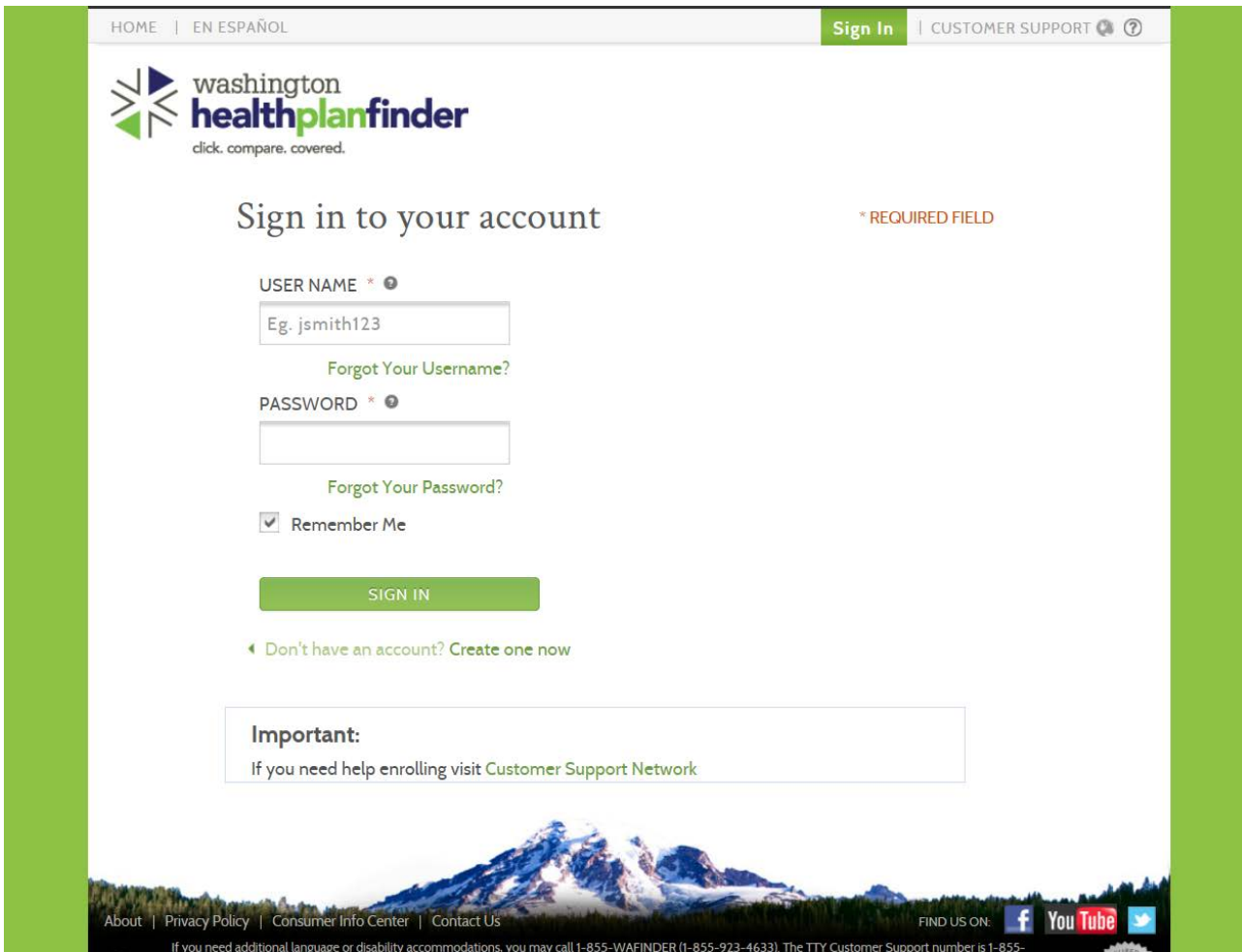
- A. Tribes operating casinos are linked below. Any tribe on this list must submit a tribal exemption form with the source of the funds clearly identified as not from gaming. If the form is not received the funds are posted as RNETR  
tribal\_casinos.pdf
  - Blackfeet Tribe - \$100 per Capita post as REXTR
  - Chehalis Tribe - \$1060.88 RNETR gaming distribution
  - Puyallup Tribe - The monthly checks received for Offenders are from Gaming Revenue. They are either \$1460 or \$1600 RNETR. There will be a onetime bonus check of \$908.12 from land use settlement post as REXTR. Each November every adult member receives a \$75 turkey bonus and each December a \$1000 Christmas bonus. Both are funded with gaming revenues and therefore post as non-exempt
  - Siletz Indians, Confederated Tribes - \$1368 yearly gaming revenue distribution post as RNETR – non-exempt
  - Spirit Lake Sioux Tribe – Forms marked as “Per Capita Social Impact” are gaming revenue and should be posted as non-exempt funds RNETR
  - Yakama Nation – \$133.90 gaming revenue distribution post as RNETR amount was \$102.79, still post as RNETR); \$115.05 trust per capita post as REXTR

- D.** If the offender reports other insurance such, Private insurance, under Family, etc. Deny and updated SharePoint with “Denied – Covered under Anther Policy.” VA, Tricare, SSI/A we should reach out the facilities on these too, the benefits may have been shut off at incarceration and will not activate until the offender applies. Send appropriate denial letter.
- E.** The top of the application is showing **“Refused”**
- Update SharePoint reason, add notes, add Chrono, update the encounter
  - Move application to “Refused” folder
- F.** If there is anything in “other income” listed on the application, bring to the supervisor to help determine it counts towards the threshold.
- G.** If the offender will be residing out of Washington state.
- Update SharePoint reason, add Chrono, create or update the encounter, send appropriate denial letter
- H.** If OMNI shows him going to ICE detainer or US Marshal:
- In OMNI, select ‘Warrant Detainer Status’ from the menu on the left
  - ‘Detainer’ should be the category
  - Look for resolution date—if no date then it is still active **\*\*Except when the Resolution date is that of their PRD date\*\*\***
    1. ICE Detainers –the offender may or not be legal to be here, if the warrant is no longer open, look and see where the offender was born, if (s)he had previous benefits. Do not automatically apply!!
      - a. Need to find out legal status with Kent Feaster.
      - b. Send email to and from the unit inbox requesting confirmation on the legal status
    2. This section can get confusing if you don’t understand Warrants and Extraditions **\*\*Please ask your supervisor if you have any questions or concerns.**
  - If you have denied the application
    1. Enter a Chrono stating they are releasing to Law Enforcement
    2. Update the Notes in SharePoint
      - a. “will release to ICE Detainer or US Marshal”
    3. Mail a Denial Letter
      - a. Unless they are releasing to and ICE DETAINER Detainer
      - b. I say this because we don’t have address for their new place of release, plus they either aren’t coming back to the US getting released to ICE, or they are FELONY detainers in another state and we have no mailing address.
    4. Update your SP
    5. Update your encounter with appropriate information.
- I.** Living with Dependents (spouse or children). Check the ORP and OMNI chronos.
- Did they check “yes” to living with these dependents?
  - Are they really releasing to their dependents. Some write that they are not married and have no kids and say they are releasing to their dependents because they are releasing to their mom or dad. That is not a dependent; with detailed notes and verified from the facility; submit this application.

- Are they releasing to a half-way house (you will see “Using Housing Voucher in the ORP section) You must note this in the SP and encounter, and you can submit their application, they will not be living with any dependents even though they are releasing. Email confirmation is good, please note the specifics (date, from who, other details) in the notes section.
  - Update SharePoint reason, add Chrono, create or update the encounter
- J.** If the offender is 65 or Older, submit the application through Washington Connections and use your partner account. See Washington Connections Instructions
- K.** If you have entered them into HPF and they are coming up Conditionally Approved, resubmit the application into Washington Connections after requesting the long app.
- We must make an attempt, if possible, to get the long form from the facility. If we are unable to the long application, please note this in the SharePoint (ex: “offender already, released unable to get,” “facility emailed there is not enough time to meet with the offender, etc).
  - Do not mark the event as approved, marked in ‘pending’ or “pending WA Conn” until the WA Conn benefits are confirmed in ProviderOne
- L.** Extraordinary Medical Placement (EMP)/High Risk/Needs Cases
- See WA CONN directions
- M.** If there is anything else, unusual or should be questioned, bring the supervisor.

# Health Plan Finder

1. Sign In green tab at the top and it will take you to the sign-in screen



The screenshot shows the Washington Health Plan Finder sign-in page. At the top, there are navigation links for 'HOME | EN ESPAÑOL' and 'Sign In | CUSTOMER SUPPORT'. The Washington Health Plan Finder logo is prominently displayed, with the tagline 'click. compare. covered.'. The main heading is 'Sign in to your account', with a red asterisk indicating a required field. Below this, there are two input fields: 'USER NAME \*' and 'PASSWORD \*'. The user name field contains the example text 'Eg. jsmith123'. There are links for 'Forgot Your Username?' and 'Forgot Your Password?'. A 'Remember Me' checkbox is checked. A green 'SIGN IN' button is located below the password field. A link for 'Don't have an account? Create one now' is positioned below the sign-in button. An 'Important:' box contains the text: 'If you need help enrolling visit Customer Support Network'. The footer includes links for 'About | Privacy Policy | Consumer Info Center | Contact Us', social media icons for Facebook, YouTube, and Twitter, and contact information: 'If you need additional language or disability accommodations, you may call 1-855-WAFINDER (1-855-923-4633). The TTY Customer Support number is 1-855-...'.

2. Enter USERNAME, assigned by HCA and PASSWORD. These are case sensitive.
3. HPF will send a notification or alert you when you sign in. If you have any problems signing in, forget your password or get locked out from the program itself, you can call 1-855-256-9598. This is for technical questions only. Billing or benefits questions are sent to HCA.

## Additional Authorization Required

**WARNING:**

THIS SYSTEM MAY CONTAIN U.S. GOVERNMENT INFORMATION WHICH IS RESTRICTED TO AUTHORIZED USERS ONLY. UNAUTHORIZED ACCESS, USE, OR MISUSE, OR MODIFICATION OF THIS COMPUTER SYSTEM OR OF THE DATA CONTAINED HEREIN OR IN TRANSIT TO/FROM THIS SYSTEM CONSTITUTES A VIOLATION OF TITLE 18, UNITED STATES CODE, SECTION 1030, AND MAY SUBJECT THE INDIVIDUAL TO CRIMINAL AND CIVIL PENALTIES PURSUANT TO TITLE 26, UNITED STATES CODE, SECTIONS 7213, 7213A (THE TAXPAYER BROWSING PROTECTION ACT), AND 7431. THIS SYSTEM AND EQUIPMENT ARE SUBJECT TO MONITORING TO ENSURE PROPER PERFORMANCE OF APPLICABLE SECURITY FEATURES OR PROCEDURES. SUCH MONITORING MAY RESULT IN THE ACQUISITION, RECORDING AND ANALYSIS OF ALL DATA BEING COMMUNICATED, TRANSMITTED, PROCESSED OR STORED IN THIS SYSTEM BY A USER. IF MONITORING REVEALS POSSIBLE EVIDENCE OF CRIMINAL ACTIVITY, SUCH EVIDENCE MAY BE PROVIDED TO LAW ENFORCEMENT PERSONNEL.

ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

Enter the authorization code sent to your email address.

AUTHORIZATION CODE \*

4. Every time you log in, it will be a different code.
  - a. The authorization code will be sent to your email address, it is a 5 number code. Once the code is entered, press 'Enter.' The email can be deleted afterwards.
  - b. If it is incorrectly entered or there are problems with the system, they will automatically send a new number. Always use the most recently sent authorization number.
  
5. Once logged in, the main page is:



Account Home **My Clients**

## Message Center

Notice	Date/Time Received
<b>Washington Apple Health Termination Notice</b> English	01/11/2016, 02:27 AM
<b>Washington Apple Health Termination Notice</b> English	01/11/2016, 02:15 AM
<b>Washington Apple Health Termination Notice</b> English	01/11/2016, 01:26 AM

[View More >](#)

### Quick Links

- [Manage My Account](#)
- [My Clients](#)
- [Find New Client's Account](#)
- [Start New Application](#)
- [Print Paper Application](#)
- [Renew Certification](#)
- [Update Contact Information](#)
- [Browse and Quote Group Plans](#)

## Help Requests

No Help Requests found at this time.

6. This is called the account dashboard. You will see your name at the top and a list of "Quick Links" to start entering the information from the applications assigned to you. Any time you want to return to this page, just click on your name at the top.
7. "Click "Find New Client's Account"
8. Fill in First Name, Last Name, Social Security Number and Date of Birth (look in P1 first, or OMNI) and click "Search"



## Add New Client

\* REQUIRED FIELD

FIRST NAME * <input type="text" value="Raymond"/>	LAST NAME <input type="text" value="E.g.: Smith"/>
SOCIAL SECURITY NUMBER * <input type="text" value="533-98-8887"/>	DATE OF BIRTH * <input type="text" value="09/04/1985"/>
APPLICATION ID <input type="text" value=""/>	

[← Back](#)

[Search](#)

## Partnering



- Client agrees to disclose personal information, such as financial resources and family situation to a Program Navigator. Client understands the information will not be further disclosed without their permission.
- Client grants the Navigator permission to access, enter, and update information in their on-line application. Client further grants permission to the Navigator to submit their completed application, including activating an e-signature on their behalf.
- Client understand that they may end their partnership with the Navigator or change their duration or notification preferences at any time through their Healthplanfinder account or by calling 1-855-WAFINDER (1-855-923-4633).

Client understands and agrees to these terms. \*

WOULD YOU LIKE TO RECEIVE COPIES OF ALL WASHINGTON HEALTHPLANFINDER NOTIFICATIONS SENT TO EDWARD PELTON? \*

- YES  
 NO

To formally partner with this client, click "Partner" below.

- A. \_\_\_\_\_  
 B. Click on My Clients

Account Home **My Clients**

### Search My Clients

FIRST NAME:   LAST NAME:  PHONE:

EMAIL ADDRESS:  USER TYPE:  RELATIONSHIP TYPE:

CURRENT STATUS:  CLIENT SINCE:  APPLICATION ID:

### My Clients

App Id	Name	User Type	Email	Phone	Relationship Type	Client Since	Renewal Deadline	Current Status
743693	Raymond Contreras	Individual		253-312-2475	Ongoing	04/07/2015	03/31/2016	Submitted
1322815	Raymond Patee	Individual		253-455-5365	Ongoing	12/01/2014	11/30/2016	Submitted

- C. Enter first and last name and the list will be populated based on the information entered.
- If unable find the name you are looking for, expand the list using the drop down on the bottom of the page.
  - If the name still does not show up on the list, return to the main menu and 'Start a New Application.'

D. Once you click on the offender/client you were searching for, you will see:



Account Home | Payments | My Household | Action Center

### Message Center

Notice	Date/Time Received
<b>Eligibility Decision</b> <a href="#">English</a>	09/29/2015, 02:12 AM

[View More >](#)

#### Quick Links

- [Create Another Application](#)
- [View Current Eligibility Results](#)
- [Manage My Broker/Navigator](#)
- [Report a Change in Income or Household](#)
- [Submit A Document](#)
- [Verify Id Proofing](#)

### My Household Coverage [PRINT](#)

Current Year-2015

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status
Raymond C Erickson	Washington Apple Health	09/01/2015	08/31/2016	08/31/2016	<b>Enrolled</b>

E. Select "Create Another Application"

VIEWING APPLICATION 845050 Brandon Philpot Created On -03/12/2014

**Account Home** Payments My Household Action Center

## Message Center

Notice	Date/Time Received
<p><b>Updated Eligibility Decision</b></p> <p>English</p>	09/09/2015, 01:46 AM
<p><b>Eligibility Decision</b></p> <p>English</p>	08/27/2015, 01:30 AM
<p>Eligibility Decision</p> <p>English</p>	03/13/2014, 01:23 AM

[View More >](#)

### Quick Links

- [Create Another Application](#)
- [Manage My Broker/Navigator](#)
- [Change Account Settings](#)
- [Submit A Document](#)
- [Verify Id Proofing](#)
- [Update Email Address](#)

- F. Occasionally you will also see 'Update my Application or Renew my Benefits' choice in the Quick Links. This choice is the quickest and easiest one as the fields are all completed. Just need to verify and change any necessary information (ex: current address)
- G. Otherwise, "Create Another Application" is your choice for entering information for benefits.

## Starting a New Application

1. To start a new application, click on **Start New Application** link. The Create Account page will show up scroll to the bottom of the page and click 'Skip Account Creation:' Another box will appear, continue with "No Thanks"
2. Using the application enter the information about offender.
  - A. If they have a middle name/initial – enter it.
  - B. Certain areas will be "stock" answers –
    - "Who are you applying for?" will always be **myself**,
    - You can skip Race
    - "Are you American Indian or Alaskan Native" the answer will be on the application
  - C. Be sure to enter the check on the "Yes, I have read the Washington Healthplanfinder Privacy Policy" and then go to the next page:

HOME | EN ESPAÑOL

WELCOME, REBECCA FAIRALL ( SIGN OUT ) | CUSTOMER SUPPORT



### 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
Joseph	S	Bolduc	

#### Notice:

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

SOCIAL SECURITY NUMBER ⓘ

531 - 70 - 1019

DATE OF BIRTH \* ⓘ

04/29/1960

SOCIAL SECURITY DISCLOSURE

SEX \*

- MALE  
 FEMALE

WHO ARE YOU APPLYING FOR? \*

Myself

DO YOU WANT TO APPLY FOR HEALTH INSURANCE PREMIUM TAX CREDIT, COST-SHARING REDUCTIONS OR WASHINGTON APPLE HEALTH?

(NOTE: WASHINGTON APPLE HEALTH IS PUBLICLY FUNDED HEALTH INSURANCE PROVIDED THROUGH THE WASHINGTON STATE HEALTH CARE AUTHORITY). \* ⓘ

- YES  
 NO

RACE

-Select an Option-  
Aleut  
Asian Indian  
Black/African American

HISPANIC ORIGIN ⓘ

-Select an Option-

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

- YES  
 NO

Yes, I have read the [Washington Healthplanfinder Privacy Policy](#)\*

Next

- D. "Confirmation to Partner with Client" screen will show next.
- Check the box in the gray area "Client Agrees and Understands terms"
  - Select "NO" on "Would you like to Receive Copies of All Washington HealthPlanFinder notifications sent to the Offender Name?"

- E. Next screen will be the Dashboard again. Select "Complete my Application"

HOME | EN ESPAÑOL WELCOME, BIANCA FINLEY (SIGN OUT) | CUSTOMER SUPPORT

washington healthplanfinder  
click. compare. covered.

Account Home Document Center My Profile

An application has been drafted but it has not yet been submitted. Please complete and submit this application.

Message Center

You have no notice at this time

Quick Links

- Complete My Application
- Manage My Navigator
- Find a Broker
- Submit A Document
- Verify Id Proofing

Your Household Coverage Summary [PRINT](#)

No Plans to show

You can get help from a [Broker](#) ⓘ

← Back to Navigator Dashboard

- F. The first page of the application will show again. Check the box "Yes, I have read the Washington HealthPlanFinder Policy" and "Next"
- G. Address Screen – Compare the address to the ORP in OMNI. You which over is more recent if it doesn't match. See above for offenders releasing "homeless" If the mailing address will be same, check this box too.

**Primary Applicant's Information**

\* REQUIRED FIELD

APPLICATION ID : 2314201

**What is your home address?**

I don't have a home address

ADDRESS LINE 1: 1225 Billups ADDRESS LINE 2: E.g. Suite 1000

CITY \*: Clarkston STATE \*: Washington ZIP \*: 99403

COUNTY: -Select a County-

**What is your mailing address? \***

My mailing address is the same as my home address

I don't have a mailing address \*

ADDRESS LINE 1 \*: 1225 Billups ADDRESS LINE 2: E.g. Suite 1000

CITY \*: Clarkston STATE \*: Washington ZIP \*: 99403

- Do not have to work about entering phone numbers
- Can you Read English “Yes”
- Can you Speak English “Yes”

**How may we reach you?**

We will only use this contact information to reach you regarding your account and will only share it for official uses by health insurance carriers.

PHONE NUMBER: E.g. 123-456-7890 PHONE TYPE: Select an Option

ALTERNATE PHONE NUMBER: E.g. 123-456-7890 ALTERNATE PHONE TYPE: Select an Option

CAN YOU READ ENGLISH? \*

YES

NO

CAN YOU SPEAK ENGLISH? \*

YES

NO

**Authorized Representative**


I have an Authorized Representative \*

← Back Submit Partial Application \* Finish Later Next →

- Click on “Next” If another box pops up to “Confirm” select one and click on “Next”
- H. Primary Applicants Taxes**
- Drop down box select “Person has neither filed taxes..”
  - “Is this person planning to have the same tax filing status as that in 20XX for tax year 20XX (next year) Select “YES”

\*\*At the end of the year, another question will show. “Is this person planning to have the same tax filing status as that of 2016 for 2018?” Select “YES”

HOME | EN ESPAÑOL WELCOME, BIANCA FINLEY (SIGN OUT) | CUSTOMER SUPPORT



1 Browse 2 Apply 3 Select 4 Finalize

### Primary Applicant's Taxes \* REQUIRED FIELD

We need to collect some tax information about you and your household from last year to verify your income and provide you accurate information about health insurance available to you.

WHAT WAS YOUR TAX FILING STATUS FOR TAX YEAR 2016? \* Tax Filing Status Definitions

Person has neither filed taxes

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2016 FOR TAX YEAR 2017? \*

YES  
 NO

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2016 FOR TAX YEAR 2018? \*

YES  
 NO


[← Back](#) [Next →](#)

I. You may get an “Unable to Process” **\*\*\*MICHELLE\*\*\***

J. Do you have other household members or tax dependents

- Click “Next”

HOME | EN ESPAÑOL WELCOME, BIANCA FINLEY (SIGN OUT) | CUSTOMER SUPPORT



1 Browse 2 Apply 3 Select 4 Finalize

### Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage

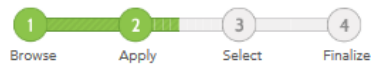
Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Ralph Whitlock	Edit	Remove
Ralph E Whitlock	Male	XXX-XX-1689	02/28/1978	Yes	N/A		

[Add Member](#)

[← Back](#) [Finish Later](#) [Next →](#)

K. Additional Questions

- See screenshot.
- Only answer yes to “Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S nationals? and “Are all the members listed above residents of the state of Washington?”
- Voter Registration will “NO”



## Additional Questions

\* REQUIRED FIELD

The information below is needed to determine eligibility for those applying for coverage. Please respond to the questions below for the members of your application who are applying for coverage:

\* Ralph E Whitlock

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S nationals? \*  YES  NO

Are any of the members listed above currently incarcerated? \*  YES  NO

Have any of the members listed above regularly used tobacco products in the last 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.)

Do any of the members listed above have health insurance? \*  YES  NO  
Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. \*

Are all the members listed above residents of the state of Washington? \*  YES  NO

### Voter Registration

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE? \*

YES  
 NO

If you click "Yes" you will be able to register online or request a registration form to be sent to you.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided, or your eligibility.

*If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, 1-800-448-4881. The decision whether to seek or accept help is yours. You may fill out the application in private.*

*If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email [elections@sos.wa.gov](mailto:elections@sos.wa.gov), or call 1-800-448-4881.*

◀ Back


Finish Later

Next ▶

## L. Additional Screen Questions

- Select "NO" to these questions. See screenshot





 1 Browse   2 Apply   3 Select   4 Finalize

### Additional Screening Questions \* REQUIRED FIELD

#### Long Term Care Coverage

Do any of the members applying for coverage need any of these services?

\* Ralph E Whitlock

Long-term care services because they are living in a medical facility, such as a nursing home?  YES  NO

In-home care-giver?  YES  NO

Assisted Living services?  YES  NO

Services through the Division of Developmental Disabilities?  YES  NO

Hospice care?  YES  NO

A disability determination because of a disabling condition expected to last at least 12 months or result in death?  YES  NO


#### Unpaid Medical Expenses

Do any of these members have unpaid medical expenses from the last three months, not including this month?  YES  NO

## M. Household Income

- Answer "NO" to these questions as well.

HOME | EN ESPAÑOL
WELCOME, **BIANCA PINLEY** (SIGN OUT) | CUSTOMER SUPPORT



 1 Browse   2 Apply   3 Select   4 Finalize

### Household Income \* REQUIRED FIELD

In this section, answer the following questions for all household members as accurately as you can. Only enter information about the types of income listed.

Report income of minors and tax dependents regardless of age unless the minor or tax dependent will not be required to file taxes. For more information about tax filing requirements, please click [here](#).

You will have the opportunity to review a summary of your household income and deductions before submitting your application.

#### Household Income

Are you or someone in your household currently employed not including any self-employment? (see question below for self-employment)?  YES  NO

Are you or someone in your household currently self-employed?  YES  NO

Have you or someone in your household received dividend payments from companies in which you held stock, shares or ownership, interest payments (both taxable and tax-exempt), capital gains or losses, farm income or losses, or income from partnerships, S corporations, trusts, etc., other than what you reported above for self-employment?  YES  NO

Do you or someone in your household receive income from renting a home or royalties that was not included in your self-employment income?  YES  NO

Do you or someone in your household expect to receive unemployment income this month?  YES  NO

Do you or someone in your household receive social security or railroad retirement benefits?  YES  NO

Do you or someone in your household receive an annuity or pension (including military retirement that is not disability related) or IRA distribution income?  YES  NO

Do you or someone in your household receive alimony/spousal support, foreign earned income, other claimable gains or losses, or Economic Development funds from tribes (for example, per capita distributions from gaming)?  YES  NO

#### Deductions

You are being asked additional questions regarding deductions the IRS may allow you. These deductions may lower the amount of your countable income. If you do not want to answer these questions, you may still qualify for free or low cost health insurance through Washington Healthplanfinder.

If you or someone in your household is a student attending a college of higher education, do you pay tuition or other school related fees?  YES  NO

Do you or someone in your household contribute monthly to a Health Savings Account?  YES  NO

Do you or someone in your household have any of the following expenses: alimony/spousal support, student loan interest, educator expenses, moving costs since January of the current year, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-based government officials? For each of these categories, please provide the amount that the IRS would allow you to subtract from total income to calculate your adjusted gross income.  YES  NO

N. Review Application – scroll to bottom and click “Next”

O. Primary Applicant’s Signature

- Check the box for “By clicking this box and typing my client's name below, I confirm that I am this applicant's navigator and I am e-signing on his/her behalf”
- Mark this box according the application. If the offender marked “YES” to “In order to simply the application /redetermination process.....” on the application, check the box. Leave blank if “No” is checked.

**READ CAREFULLY BEFORE SIGNING**

Disclosure of information to other state and federal agencies:  
In order to simplify the application/redetermination process, I authorize Washington Healthplanfinder to obtain my updated federal tax information for period of no more than five years.  Yes  No I can change my consent at any time through the Washington Healthplanfinder.

I have read or had explained to me my rights and responsibilities and received a copy of *Client Rights and Responsibilities*.

**DECLARATION AND SIGNATURE**

I have read and understood the information in this application. I declare, under penalty of perjury, the information I have given in this application is true, correct, and complete to the best of my knowledge. Additional, if I am eligible I wish to receive Washington Appl-

- Check the last box for “Client has read the Rights & Responsibilities.”

### Primary Applicant's Signature \* REQUIRED FIELD

As Ralph Whitlock's Navigator, I have reviewed the eSignature terms with them.

They have verified that I have their permission to submit this application electronically. The client understands that by my signing of their application electronically, they certify under penalty of perjury that their answers are correct and complete to the best of their knowledge.

The client certifies that:

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

- By clicking this box and typing my client's name below, I confirm that I am this applicant's navigator and I am e-signing on his/her behalf. \*
- I authorize Washington Healthplanfinder to electronically verify my tax return information during the annual renewal process for up to 5 years. I understand that I am able to change my consent at any time. By checking this box, I permit tax credits to be applied to my annual renewal without my taking further action.
- Client has read the Rights & Responsibilities \*

Please enter the primary applicant's name below.

FIRST NAME *	MIDDLE INITIAL	LAST NAME *
E.g. John	E.g. A	E.g. Smith

- Enter the offender’s name
- Click “Submit My Application”

P. Eligibility Status

- Will show “Approval” or “Denial”

### Eligibility Status

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below.

<p><b>Ralph E. Whitlock</b></p> <p>APPROVED</p> <p>Household: Primary Applicant Coverage: WAH - Adult Start Date: 11/01/2017 End Date: 10/31/2018</p>	<p><b>Ralph E. Whitlock</b> APPROVED</p> <p><b>Washington Apple Health Adult</b> Ralph E. Whitlock has been enrolled in Washington Apple Health Adult Coverage. <a href="#">Why this result?</a></p> <table border="1"> <tr> <td>Coverage Start Date</td> <td>Coverage End Date</td> <td>Renewal Information</td> </tr> <tr> <td>11/01/2017</td> <td>10/31/2018</td> <td>Ralph E. Whitlock will need to renew coverage by 10/31/2018. We will contact you with more information when it's time to renew.</td> </tr> </table> <p>Next Steps for Ralph E. Whitlock Starting 11/01/2017 Washington Apple Health Adult Coverage will cover Ralph E. Whitlock. Click 'Next' to see Washington Apple Health Managed Care Plan options.</p> <p>Next &gt;</p>	Coverage Start Date	Coverage End Date	Renewal Information	11/01/2017	10/31/2018	Ralph E. Whitlock will need to renew coverage by 10/31/2018. We will contact you with more information when it's time to renew.
Coverage Start Date	Coverage End Date	Renewal Information					
11/01/2017	10/31/2018	Ralph E. Whitlock will need to renew coverage by 10/31/2018. We will contact you with more information when it's time to renew.					

### 3. You may be ask to “Confirm your Identity

- A.** You will first attempt to verify ID proofing before emailing Deb Saunders. Otherwise if that doesn't work you can email her.
- Look in ProviderOne and see if the social security number is verified
  - Look in Onbase for the social security card –Identification sheet in Onbase is not a valid source!
  - To update manually verified, if confirmed in P1 or copy social security card, select the Verification Status and select “Manually Verified” and enter the date.

- Email Deb Saunders at HCA to assist in completing the process from the Medicaid Applications email from the Medicaid Inbox (and cc the Medicaid Inbox), if needed.

### 4. The next page is for address and mailing information.

- A.** For releasing offenders the “What is your home address” will be address on the application or listed in the ORP. For IP offenders, it is the facility that they are currently assigned to. For Work Release use the address of the Work Release.
- B.** The Mailing Address is the address they are most assured to receive their medical card and benefits information packet.
- C.** If they are releasing homeless: if no address can be found, see who the assigned CCO for their supervision you can find this in OMNI under their ORP. Look up the CCO's mailing address using your Outlook and searching to Address Book for the CCO's name. If the offender will not be on supervision, use the Field Office of the county the offender is releasing to.
- D.** Everything with **red asterisks** need to be filled out.

## Primary Applicant's Taxes

\* REQUIRED FIELD

We need to collect some tax information about you and your household from last year to verify your income and provide you accurate information about health insurance available to you.

WHAT WAS YOUR TAX FILING STATUS FOR TAX YEAR 2015? \* [Tax Filing Status Definitions](#)

Person has neither filed taxes nor was tax dependent

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2015 FOR TAX YEAR 2016? \*

- YES  
 NO

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\*\*\*\* Depending on the time of year it may ask about other tax years

## Do you have other household members or tax dependents?

Note: All household and tax dependents must be listed, even if they do not need health care coverage

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Frank Barbaro	Edit	Remove
Frank A Barbaro	Male	XXX-XX-7288	01/19/1963	Yes	N/A		

[Add Member](#)

[← Back](#)

[Save and Exit](#)


[Next](#)

5. The next section has the same responses for releasing offenders (tip: tab and arrow down to fill in):
  - A. "Yes" for first,
  - B. The next 3 are "No,"
  - C. "Yes" for residents of State
  - D. Pregnancy question only shows up with females' applicants- Mark No unless there is a note on the application stating the offender is pregnant.
  - E. "No" under VOTER REGISTRATION
  
6. The additional screening questions for 'Long-Term Care' are always 'No'


## Additional Screening Questions \* REQUIRED FIELD


### Long Term Care Coverage

If you or someone in your household needs long-term care or Hospice services, please answer the following questions


Someone in my household needs long-term care services because they are currently living in or expect to move to a medical facility, like a nursing home? \*   YES  NO

Someone in my household needs an in-home care-giver? \*   YES  NO


Someone in my household needs Assisted Living services? \*   YES  NO

Someone in my household needs services through the Division of Developmental Disabilities? \*   YES  NO

Someone in my household needs Hospice care? \*   YES  NO

Do you need a disability determination because of a disabling condition expected to last 12 months or longer or result in death? \* 

### Unpaid Medical Expenses Coverage

Do you or someone in your household have any unpaid medical expenses incurred within three months of this application? \*   YES  NO

[◀ Back](#)

[Save and Exit](#)

[Next](#)

7. The answers for 'Household Income' will all generally be "NO" on this page.
  - A. However, if they are employed at this time (not possibly future employment) the first question will be 'yes'
  - B. On the next page enter their monthly gross income and employer information – business name and address. If you don't have it listed on the application, let the Supervisor work with coordinators at WR. If they are not at a work release, then they are not currently employed.
8. Confirm all information entered is correct. Any misspelled words or incorrect dates, click on the edit box for that section and it will take you back to make corrections. Then go through each page again, clicking 'next' until this page shows again.

## Application Review

Please review the information you have provided so far in your application. You may make changes to any area where there is an edit option. Selecting the edit option will take you back to that section of the application. Selecting 'Next' from this screen takes you to the signature page so you can submit this application.

Please review the information you have entered before you submit your application.

ID Proofing

### Primary Account Holder

First Name **Frank**  
 Middle Initial **A**  
 Last Name **Barbaro**  
 Social Security Number **XXX-XX-7288**  
 Date of Birth **01/19/1963**  
 Sex **Male**  
 Email

Edit

### Physical Address

Address Line 1 **General Delivery**  
 Address Line 2  
 City **Shelton**  
 State **WA**  
 ZIP **98584**

### Household Income

Name	Total Monthly Income	Total Monthly Deductions	Total Monthly Net Income
Frank A Barbaro	\$ 0	\$ 0	\$ 0
TOTAL	\$ 0	\$ 0	\$ 0

Edit

### Additional Screening Questions

Name	Long Term Care Services	In-home care-giver	Assisted Living Care Services	Division of Developmental Disabilities Services	Hospice Care	Medical Personal Care Services	Unpaid Medical Expenses	Emergency Hospitalization
Frank A Barbaro	No	No	No	No	No	No	No	

Edit

← Back

Next →

You may see certain areas in the Application Review that is highlighted in red. This is information that HPF is unable to verify at this time. The answers regarding currently incarcerated or Native American background will be highlighted. This will not prevent the application from being processed. However, if the areas pertaining to citizenship or the social

security number is highlighted, you will probably get an error code at the end. Now is the time to check the SS number and the spelling of the name you entered and make changes if needed.

9. On this page, check the first and third box but DO NOT check the middle, UNLESS, on the main application the offender has 'YES' check for the 'Disclosure of Information' box.
10. Type in the offender's name in the boxes as an electronic signature exactly as it was entered – if an initial was enter, it must entered in the signature as well.
11. Select 'Submit My Application'

Primary Applicant's Signature | Washington Healthplanfinder - Microsoft Internet Explorer provided by WA State Dept. of Correct

https://www.wahealthplanfinder.org/HBEWeb/AdvanceApplicationReview.action

Convert Select

Favorites cms Check Status of Requ... Training materials & pres... omni Offender Info PROVIDER1 HBCU - ACA Release Medi... Washington Healthplanfi... Blackboard Learn TAS

Primary Applicant's Sig... OMNE Offender Info HBCU - ACA Release Medi...

HOME | WELCOME, KELLY COUNTRYMAN (SIGN OUT) | ESPAÑOL CUSTOMER SUPPORT

washington healthplanfinder  
click. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

## Primary Applicant's Signature \* REQUIRED FIELD

As Anthony Bovan's Navigator, I have reviewed the eSignature terms with them.

They have verified that I have their permission to submit this application electronically. The client understands that by my signing of their application electronically, they certify under penalty of perjury that their answers are correct and complete to the best of their knowledge.

The client certifies that:

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

By clicking this box and typing my client's name below, I confirm that I am this applicant's Navigator and I am e-signing on his/her behalf. \*

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.

Client has read the [Rights & Responsibilities](#) \*

Please enter the primary applicant's name below.

FIRST NAME \* MIDDLE INITIAL LAST NAME \*

Back Submit My Application

Done Internet | Protected Mode: On 95%

12. After submitted a decision will appear – “Approved”, “Conditional” or “Denied.”
  - A. Click next and the page may give a list of choices of different insurance plans. Scroll to the bottom and click skip.
13. The final page should show the offender's name and activated benefits.
14. Click on your name to go to the main page to start a new application.

## Updating OMNI - After the application is submitted:

1. Enter Chrono into Omni:
  - A. In OMNI select 'Chronological Events / Notifications / Check dates
  - B. Click the gray box 'Add New Chrono's
  - C. A new window box will appear – in the menu select 'Health Services' and click 'Add'
  - D. In the text box type one of these entries:
    - 1) General approval: "Approved for Medicaid benefits upon release. Notification letter sent."
    - 2) CONDITIONAL APPROVAL: If a conditional approval is received, note in SharePoint and Encounter that this approval was conditional. If there is time to request the long form prior to release, send the facility a request for one. If not, go head and use the application on hand with notes. We must do our due diligence. Same vice versa – if we receive a long app but need the short form. If the offender is 64 and under, we must receive a conditional approval prior to submitting in WA Conn. Note in SP the Conditional Approval and notes requesting the longer form, if necessary.
    - 3) Submitted Washington Connections: Department of Corrections applied on your behalf for health insurance benefits when you release from prison and submitted your Community Health Care Coverage Worksheet in Washington Connections for your health benefits.  
**Your confirmation number is 207487817 (change this to the appropriate number) and date of submission**
  - E. Denied:
    - 4) Unable to submit application for WA Apple Health Care for Adults as offender has indicated on the Community Coverage Worksheet (DOC 14-170) that he/she is planning to reside with dependents upon release. Offender will need to apply in person once released. A notification letter was mailed with an explanation, instructions and a list of community agencies for more information
    - 5) Unable to submit application for WA Apple Health for Adults as offender has indicated on the Community Coverage Worksheet (DOC 14-170) he will be residing outside the state of WA.
    - 6) Unable to complete submission for WA Apple Health Care for Adults. Applicant's SSN could not be verified per WA Health Plan Finder. Offender will need to apply in person once released with proper identification. A notification letter was mailed with an explanation, instructions and a list of community agencies for more information.
    - 7) Unable to complete submission for WA Apple Health Care as information indicates the offender is not a US citizen. If offender is here lawfully and meets other criteria established by the Health Care Authority, they may apply in person at any community agency with proper documentation. A letter was mailed to the offender with an explanation and a list of community agencies for more information.
    - 8) Unable to submit application for WA Apple Health Care for Adults as offender refused to complete the application (insert reason, if known). A letter was mailed to the offender with an explanation and a list of community agencies for more information.
    - 9) WA Health Benefits Exchange was unable to verify citizenship for this offender. Offender will need to apply in person with proper documentation upon release. A letter was mailed to the offender with an explanation and a list of community agencies for more information.



- 10)** Due to income standards, offender does not qualify for NO cost health insurance. He/she will need to apply for themselves and choose a qualified health plan upon release. A letter was mailed to the offender with an explanation and a list of community agencies for more information.
  - 11)** Unable to complete submission for WA Apple Health Care for Adults. Applicant is covered under another's policy per WA Apple Health. A letter was mailed to the offender with an explanation.
  - 12)** We are unable to submit ACA Medicaid application without a SSN. Offender will need to supply a copy of his SS card to his CC or upon release, apply for a SSN. He can then take the receipt and picture ID to apply for WA Apple Health in person at a community agency or online. A letter was mailed to the offender with an explanation and a list of community agencies for more information.
  - 13)** Unable to submit ACA Medicaid application. Offender will release on detainer to other Law Enforcement and is still considered incarcerated. Once released into the community, offender will be able to apply online or in person. A letter has been sent to the offender with an explanation and further instructions
- F.** Complete an encounter in OMNI, be sure to add the mailing address and any notes from SP to the encounter before saving, then click submit.

## **Updating SharePoint –After the application is submitted:**

1. Mailing Address: enter the address you used in HPF for mailing address.
2. Notes
3. The date the application was started-
4. Application Status:
  - a. Pending –Missing information, ORP in work or Effect, No ORP, has ERD- This mean the app is being worked on.
  - b. Pending ISRB
  - c. Approved – the app is completed and benefits are open
  - d. Denied:
    - i. Residing with Dependent – will be living partner/children
    - ii. Residing outside of Washington – offender will be living out of state
    - iii. No SSN – no SSN is OMNI and unable to get it the from facility
    - iv. Unable to Collect Required information – the app is missing something and we are unable to get a response to emails to facilities
    - v. Releasing to Law Enforcement – offender will be going ICE or to another jurisdiction to serve time
    - vi. Exceeds income/resource limit – the offender claims to make more than allowed for benefits
    - vii. SSN not Verifiable, Can to loop this with no SSN.
    - viii. Covered under another Policy – when the offender states Military, VA, Tricare, under private insurance through work or family, etc. This is not a refusal
  - e. Not Received/Submitted:
    - i. offender refused to apply (must document in notes section the email with this information)
    - ii. No Show to Callout – offender did not go to meeting with staff to complete application. Document in SharePoint the email information in the notes section
    - iii. Missed scheduling to due facility transfer – when current facility state the offender wasn't on callout and OMNI movement can confirm offender was at a different facility at the CallOut date (date in SharePoint)
    - iv. Releasing to Law Enforcement – no app received but the facility had notified the offender will be releasing ICE or other jurisdiction
    - v. Died Before Release – offender passed away and an application wasn't completed or submitted
  - f. Submitted Classic
  - g. Suspended – “Benefits Stopped” offender not released.
  - h. Tech Error – the applications doesn't go in HPF for some reason. An email to HCA/DSHE needs to be documented in the SharePoint notes. Once resolved, changed to Approved or Denied.
5. The date the letter was sent (which should be the date the app was completed)
6. Any pertinent notes: Conditional approval, for classics tracking number, any requests/emails to facility staff, etc

7. Check the box for Chrono added.
  8. Check the box encounter created (if not done)
- Send the offender the letter that matches the eligibility result. The letters are in the ACA folder, under communications, select approval or denials.