



# Healthplanfinder Release 4.0 Overview for HCA Community Partners

Office of Medical Eligibility and Policy  
Medicaid Eligibility & Community Support  
September 2016

# Topics

- Overview
- Customer Experience Updates
- Updates to Lawful Presence Questions
- Security Enhancements
- Other Application Updates
- Washington Apple Health Correspondence Updates



# Overview

# Overview

Washington Healthplanfinder Release 4.0 is scheduled for:

**September 29, 2016**



# Customer Experience Updates

# Plan Shopping Changes

- Individuals enrolled in a Qualified Health Plan (QHP) can now purchase a Qualified Dental Plan (QDP)
- Shopping Tip modals are now available during anonymous (pre-application) shopping as well as during post application plan selection in English and Spanish

Please note: QDP shopping will not impact Washington Apple Health (WAH). Individuals approved for WAH will still have dental coverage included and do not need to take separate action to get or keep their dental coverage. Individuals eligible for AEM and QHP can also choose a QDP.

# Partial Match Updates

## Improvements to the Person ID Partial Match:

- If an individual is being added to a new *-or-* existing application and they receive a partial match in Washington Healthplanfinder, they will be prompted to contact the HBE call center
- Changes to what is being matched will decrease the number of partial matches being triggered by the system



# Standard Design Elements

Improvements will be made to the overall look of Washington Healthplanfinder including standardizing:

- Colors
- Fonts
- Navigation buttons

Please note: this does not have any impact on process flow

# Updates to Lawful Presence Questions

# Updates to Lawful Presence

- New users will first be asked for an immigration document before being asked for their foreign passport
- Existing users' information will be prepopulated into the lawful presence verification questions depending on their previous documentation
- Users who enter unverifiable citizenship information will not be looped back



# Updates to Lawful Presence

HOME | EN ESPAÑOL WELCOME, HARRY SMITH [sign out] | CUSTOMER SUPPORT

washington healthplanfinder  
click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

### Additional Questions

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

- \* Harry Smith
- \* Natalie Smith
- \* Ronny Smith
- \* Pat Smith

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S nationals? \*

Please check the box below for any member who is not a US citizen or national.

Harry Smith

Is this person lawfully present in the US? \*  YES  NO

Date of entry to U.S. \*

Eg: MM/DD/YYYY

YES  NO

Permanent Reside

Alien Number

Receipt Number

YES  NO

Pat Smith

**The lawful presence questions will only populate if the user indicates that one or more of the applicants seeking coverage is not a U.S. citizen**

# Updates to Lawful Presence

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

Please check the box below for any member who is not a US citizen or national.

Dion Wilkinson

Is this person lawfully present in the US? \* ?  YES  NO

Date of entry to U.S. \* ?

Eg: MM/DD/YYYY

Does this person have an immigration document? \*  YES  NO

Immigration Document Type \* ?

-Select an Option-

- Select an Option-
- Permanent Resident Card with photograph (Form I-551)
- I-20 Certificate of Eligibility for non-immigrant student
- I-327 Reentry Permit
- I-571 Refugee Travel Document
- DS2019 Certificate of Eligibility for Exchange Visitor
- I-766 Employment Authorization Card
- Temporary I-551 Stamp
- I-94 Arrival or Departure Record
- Machine Readable Immigrant Visa (with Temp I-551 Language)
- Other

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.)

User will be instructed to enter the available immigration document type



# Updates to Lawful Presence

Once user selects “Yes” to having an immigration document, the following document types display:

Accepted Documents:	
I-327 Reentry Permit	I-766 Employment Authorization Card
I-551 Permanent Resident Card	Temporary I-551 Stamp
I-571 Refugee Travel Document	I-94 Arrival or Departure Record
I-20 Non-Immigrant students	Machine Readable Immigrant Visa
DS2019 Certificate of Exchange Students	Other

*The next slide captures what additional questions display depending on what document type is selected*

If this document type is selected:	HPF will ask for:	Is passport asked for?
I-327 Reentry Permit	Alien Number	No
I-551 Permanent Resident Card	Alien Number	No
	Receipt Number	
I-571 Refugee Travel Document	Alien Number	No
I-20 Non-Immigrant Students	Sevis ID	Yes-Optional
DS2019 Certificate of Exchange Students	Sevis ID	Yes-Optional
Other	Alien Number	Yes-Optional
	Description	
I-766 Employment Authorization Card	Alien Number	No
	Expiration Date	
	Receipt Number	
Temporary I-551 Stamp	Alien Number	Yes- Optional
I-94 Arrival or Departure Record	I-94 Number	Yes- Optional
	SEVIS Number	
Machine Readable Immigrant Visa (with Temp I-551 Language)	Alien Number	Yes – Required
	Visa Number	
	Doc Expiration Date	

# Updates to Lawful Presence

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

Please check the box below for any member who is not a US citizen or national.

Harry Smith

Is this person lawfully present in the US?  YES  NO

Date of entry to U.S.

Do you have an Immigration Document?  YES  NO

Immigration Document Type

Alien Number

Receipt Number

Does this person have a foreign passport?  YES  NO

Natalie Smith

Ronny Smith

Pat Smith

Passport question has been moved to the end of the lawful presence questions

This process will be the same for each applicant who is not a US citizen



# Demo: Lawful Presence Questions:

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? Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. \* 

YES  NO

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



# Security Enhancements

# Security Enhancements

- Users are given warnings on number of failed attempts before being locked out
- Once locked out of their account, a user can unlock their account by:
  - Clicking on the “Forgot Password” link
  - Wait 35 minutes for their account to unlock and retry
- There are now 20 security questions to choose from of which only three need to be answered with a minimum of 5 characters
- Account workers can update or change client email addresses without submitting the application



# Failed Password Attempt Notification

A warning message after the failed attempt will display for users. The attempts must occur within a 120-minute window.

**Sign in to your account** \* REQUIRED FIELD

*An incorrect Username or Password was specified.*

*You have 2 password attempts remaining.*

---

USERNAME \* ⓘ

[Forgot Your Username?](#)

PASSWORD \* ⓘ

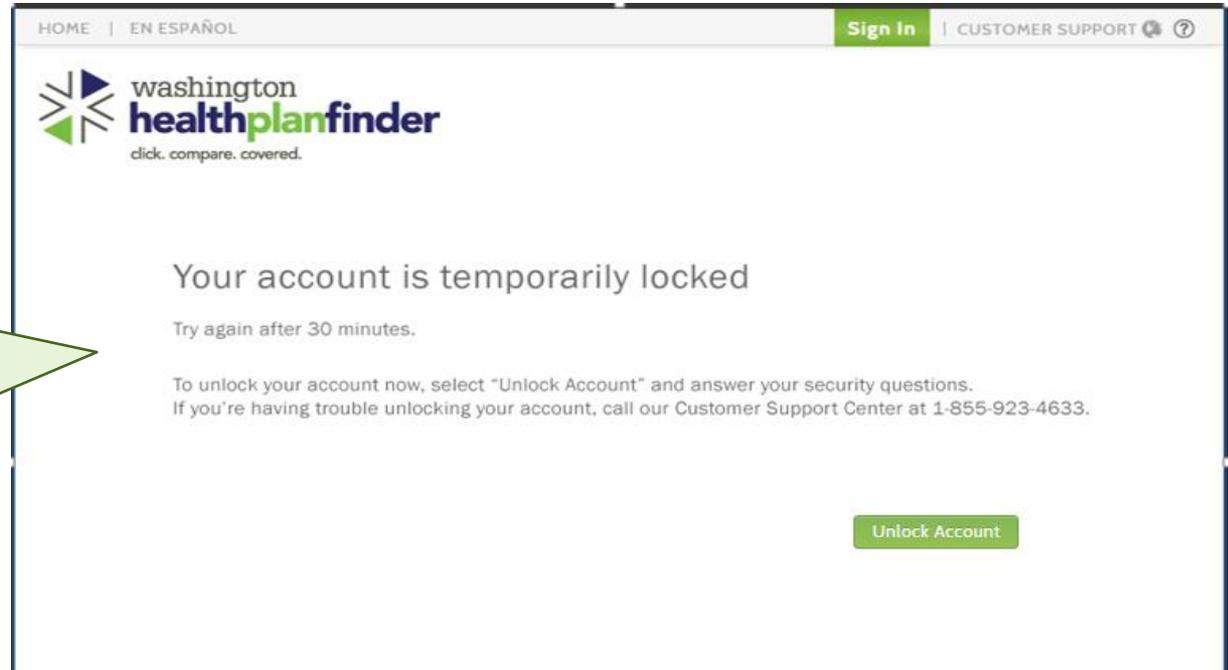
[Forgot Your Password?](#)

Remember Me

**SIGN IN >**

# User Unlock Account Screen

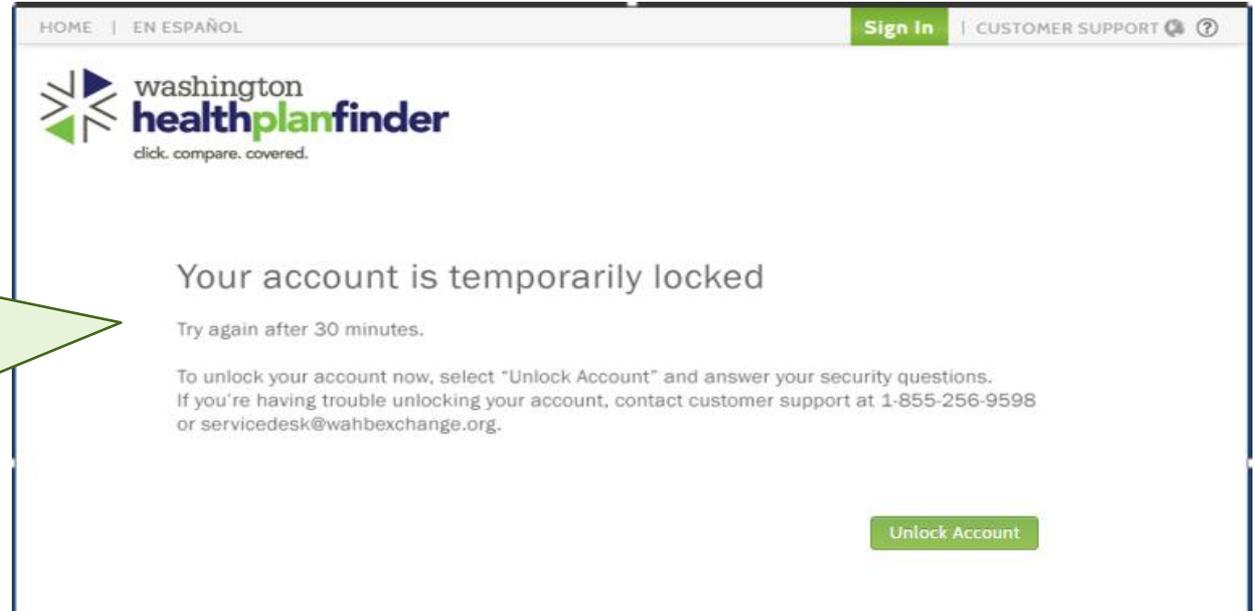
After 3 failed attempts, standard users are automatically directed to the account locked screen



Standard user (non-privileged) accounts will **automatically** unlock after approximately 35 minutes.

# Privileged User Unlock Account Screen

Privileged users are given the option to contact the service desk to automatically unlock their account



Privileged Accounts will **automatically** unlock after approximately 35 minutes.

# Unlock Your Account Screen

Clicking “Unlock Account” will take users to the Unlock Your Account screen where they can unlock their account.

If the user answers the security question incorrectly, an error message will appear and another random question will be listed

To ensure you are not a robot, the user will be prompted to answer a question by selecting images

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Unlock your account \* REQUIRED FIELD

Account Information

USERNAME \*  
Test123\$  
Must be 6-20 characters.

Security Question

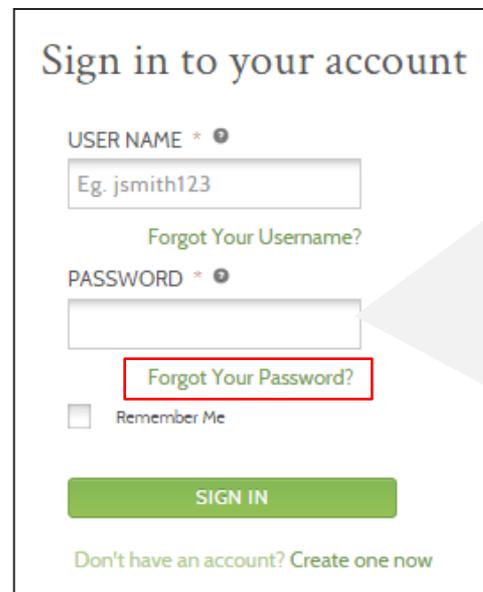
To unlock your account, please answer the following security question.  
WHAT IS YOUR OLDEST SIBLING'S MIDDLE NAME? \*  
Enter your answer here.

I'm not a robot reCAPTCHA  
Privacy - Terms

Back Unlock Account

# Forgot Password Screen

If a user successfully unlocks their account, they can return to the sign-in screen and click on “Forgot Your Password.”



Sign in to your account

USER NAME \* 

[Forgot Your Username?](#)

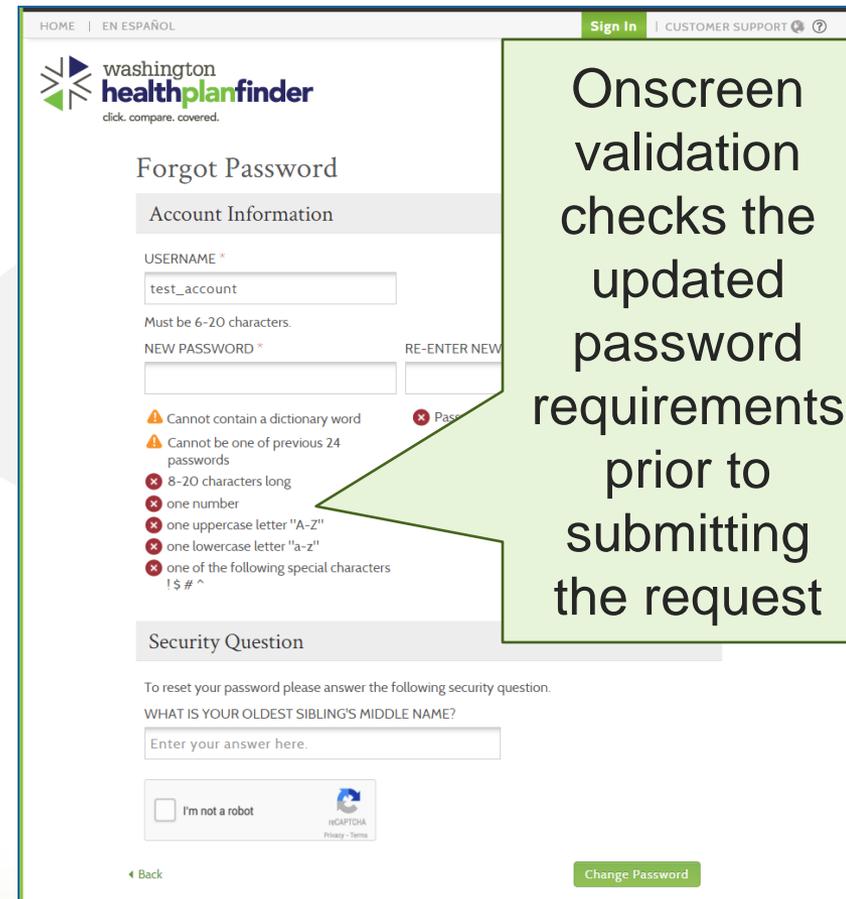
PASSWORD \* 

**Forgot Your Password?**

Remember Me

**SIGN IN**

[Don't have an account? Create one now](#)



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## Forgot Password

Account Information

USERNAME \*

Must be 6-20 characters.

NEW PASSWORD \* RE-ENTER NEW

 Cannot contain a dictionary word  Pas

 Cannot be one of previous 24 passwords

-  8-20 characters long
-  one number
-  one uppercase letter "A-Z"
-  one lowercase letter "a-z"
-  one of the following special characters: ! \$ # ^

Security Question

To reset your password please answer the following security question.

WHAT IS YOUR OLDEST SIBLING'S MIDDLE NAME?

I'm not a robot 

[Back](#) **Change Password**

Onscreen validation checks the updated password requirements prior to submitting the request



# Policy Password Changes

## Character Requirements

- Users cannot have dictionary words in the password (*i.e. BFavre#04*)
- Enforces at least a minimum of four changed characters when new passwords are created
- Special characters must be one of the following: \$ # ^
- Cannot copy and paste temporary or ongoing password

## Lifetime Requirements

- Users are restricted from re-using any of the last 24 passwords they have created
- Users are not be able to change their password more than once in a 24-hour period
- Non-privileged users are required to change their password at least every 90 days
- Privileged users are required to change their password at least every 60 days

# Privileged User Security Questions

All Privileged Users will be required to create security questions and will be prompted to set-up security questions their first time logging in after the 4.0 release. They will not be able to fully access their account until 3 security questions have been created.



The screenshot shows a web browser window with the Washington Health Plan Finder interface. The page title is "Update Security Questions" with a red asterisk and the text "\* REQUIRED FIELD". Below the title is a grey box labeled "Security Questions and Answers". A message states: "For your security, you will need to answer these questions if you forget your sign-in information." The form includes a dropdown menu for "QUESTION 1" with the text "Select an Option" and a red asterisk. Below it is a text input field for "ANSWER TO QUESTION 1" with the text "Answer 1" and a red asterisk. The browser's address bar shows "HOME | EN ESPAÑOL" and "WELCOME, KRISHNA KARTHIKEYAN (SIGN OUT) | CUSTOMER SUPPORT".

Privileged Users can add security questions prior to the 4.0 release!

# Update Client Email Address

Account Workers will have the option to update or change a client's email address without having to submit the application.

Quick Links

- Manage Your Account
- Create Application
- Print Application
- Submit A Document
- Manage User Preferences
- Create Account
- User Account Maintenance
- Update Client Email**

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## Update Client Email

Changing the e-mail address for this account will change the correspondence e-mail address destination on all applications. Please note if a client is the primary applicant with an active application.

USER NAME: SOPHIATownsend869  
EMAIL ADDRESS: Eg. username@domain.com

[Search](#)

### Search Results

User Name: SOPHIATownsend869  
Email: SOPHIATownsend869@mailinator.com [Edit Email Address](#)  
Last Updated Date: 14-Jul-2016  
Last Updated By: Sophia Townsend  
Applications: 1

S.No	Application ID	Application Status	Is Primary Applicant	User Role
1	25476	Submitted	Yes	Individual

[Back](#)

System Time: 11/15/2016  
Elig Service: N Provider One Server: N

DEVI-3.2.0.857 (07/13/2016 11:39:55 PST)  
[DEV\_ManagedServer1]

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# Demo: Unlock Account/Forgot Password

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### Sign in to your account

REFRESH FIELD

USER NAME

[Forgot Your Username?](#)

PASSWORD

[Forgot Your Password?](#)

Remember Me

**SIGN IN**

[Don't have an account? Create one now.](#)

# Other Application Updates

# Other Application Updates

- User can choose to either start a new application or re-use an existing application that was previously closed or denied
- If the primary applicant/head of household is age 19 or older, the Dependent of Someone Outside the Home (DSO) status will not be available in the tax filing drop down menu
- Applications with a primary applicant who is 19 or older with DSO tax filing status enrolled in WAH will not be auto-renewed



# Quick Link Updates

Account Home Payments My Household Action Center

## Message Center

Notice	Date/Time Received
<a href="#">Updated Eligibility Decision</a> <a href="#">English</a>	06/20/2017, 01:00 AM
<a href="#">Upcoming Enrollment Deadline</a> <a href="#">English</a>	06/20/2017, 01:00 AM
<a href="#">Eligibility Decision</a> <a href="#">English</a>	06/20/2017, 01:00 AM

[View More >](#)

### Quick Links

- Submit A Document
- 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

Users can reuse an application that has been denied or closed

# Renewing Existing Coverage

Primary applicants active on WAH who are 19 and older who were previously coded as DSO will not be auto-renewed. The tax filing status update page will not be populated and the user will need to select from the available options in the dropdown menu.

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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.

Please select an option for your tax filing status for last year

WHAT WAS YOUR TAX FILING STATUS FOR TAX YEAR 2015? \* Tax Filing Status Definitions ⓘ

-Select an Option-

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

YES

# Tax Filing Status Update Prompt

When renewing their coverage or reporting a change, if they have missed adding information on their tax filing status, a modal will appear on the Application Review screen.

The screenshot shows the Washington Healthplanfinder 'Application Review' screen. A modal window is open, displaying the following text:

The Following Application Errors Have Been Found

Your tax filing status is missing, doesn't match, or needs to be updated. Please update the tax filing status for:  
Xenia Franks

Next Steps :  
Click "Next" to go to your application and update information. Fields that need to be updated will be marked.

Next >

Below the modal, the following information is visible:

Last Name: Franks  
Social Security Number: XXX-XX-8968  
Date of Birth: 11/10/1997  
Sex: Female

# WAH Correspondence Updates

# Renewal Notices

- The WAH Notices Consumer Workgroup has finalized their language changes for the renewal notices EE008 and EE009
- These changes will become effective for the November renewal cycle that begins in October



Jane Doe  
123 Box Car Street  
Olympia, WA, 98504

01/01/2016

Application ID:  
1234567

# EE008 Auto- Renewal Notice

Subject – Washington Apple Health Renewed – Review Only

Dear Jane Doe,

Please review your attached application. Based on this information you previously reported, the Washington Apple Health coverage for the following individuals was **renewed automatically**:

	<b>Begin Date</b>	<b>End Date</b>
Baby Doe	01/01/2016	12/31/2016

If the information on your attached account information is still correct, **you do not need to do anything**.

If any of this information is incorrect, update your account by:

1. **Go online** <http://www.wahealthplanfinder.org>
  - o From your dashboard under "Quick Links," click on "Report a Change in Income or Household" to make any necessary changes to your application
2. **Call 1-855-WAFINDER** (1-855-923-4633)
  - o Let us know if you want a free interpreter or if you need extra assistance accessing your healthcare coverage due to a disability
3. You can also make changes on the attached application, sign, and return:
  - o **By Mail:** Washington Healthplanfinder  
PO Box 946  
Olympia, WA 98507
  - o **By Fax:** 1-855-867-4467

Please be aware, completing any changes by mail or fax may delay processing.



Jane Doe  
123 Box Car Street  
Olympia, WA, 98504

01/01/2016

Application ID:  
1234567

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

Dear Jane Doe,

You must take action to keep getting health care coverage for the individuals listed below:

- Jane Doe
- John Doe

If you do not complete your renewal by 2/29/2016, the health care coverage for the individuals listed above will end 02/29/2016.

Please review your attached account information and **to avoid a gap in coverage, complete your renewal by doing one of the following:**

1. **Go online** <http://www.wahealthplanfinder.org>
  - From your dashboard under "Quick Links," click on "Update My Application and Renew My Coverage" to make any necessary changes to your application
2. **Call 1-855-WAFINDER** (1-855-923-4633)
  - Let us know if you want a free interpreter or if you need extra assistance accessing your healthcare coverage due to a disability
3. You can also make changes on the attached application, sign, and return:
  - **By Mail:** Washington Healthplanfinder  
PO Box 946  
Olympia, WA 98507
  - **By Fax:** 1-855-867-4467

Please be aware, completing your renewal by mail or fax may delay processing.

If your income has increased or you believe you no longer qualify for Washington Apple Health, you may be able to purchase health care, with or without a subsidy. To see if you qualify, you must complete your renewal.

# EE009 Manual Renewal Notice



# Updated Eligibility Notice

- When an application is submitted that results in no changes in program eligibility or certification periods, the Updated Eligibility Notice (EE015) will generate a few sentences explaining eligibility has not changed
- This will considerably decrease the length of this notice when no change occurs



# Updated Eligibility Notice

Jane Doe  
123 Box Car Street  
Olympia, WA, 98504

01/01/2016

Application ID:  
1234567

Subject – Updated Eligibility Decision

Dear Jane Doe,

Your Washington Healthplanfinder application has been updated with your new information. These updates did not change anyone's coverage.

Keeping your information current in Washington Healthplanfinder is important. If you have a change, you must report it within 30 days. For more details about changes you should report, visit [www.wahbeexchange.org/report-changes](http://www.wahbeexchange.org/report-changes).

# Non-Discrimination Notice

- To be in compliance with Section 1557 of the Patient Protection and Affordable Care Act, all eligibility and enrollment notices being sent out of Washington Healthplanfinder will include a new Non-Discrimination attachment

# Non-Discrimination Notice

ATTENTION: If you speak [insert language], language assistance services, free of charge, are available to you. Call 1-855-923-4633 (TTY: 1-855-627-9604).

[Spanish] ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-923-4633 (TTY: 1-855-627-9604).

[Chinese] 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-923-4633 (TTY: 1-855-627-9604)。

[Vietnamese] CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-923-4633 (TTY: 1-855-627-9604).

[Korean] 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-923-4633 (TTY: 1-855-627-9604)번으로 전화해 주십시오.

[Russian] ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-923-4633 (телетайп: TTY: 1-855-627-9604).

[Tagalog] PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-923-4633 (TTY: 1-855-627-9604).

[Ukrainian] УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-923-4633 (телетайп: 1-855-627-9604).

[Cambodian (Khmer)] ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរសេរីជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមាន, ទូរស័ព្ទ សំរាប់បម្រើអ្នក។ ចុះ 1-855-923-4633 (TTY: 1-855-627-9604)។

[Japanese] 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-855-923-4633 (TTY: 1-855-627-9604) まで、お電話にてご連絡ください。

[Amharic] ጥቅም: የድርጅቱ ቋንቋ አጠናቆ ከሆነ የትርጉም አገልግሎት ድርጅቱን በገንዘብ ለማግኘት ተዘጋጅተዎልዎት። ወደ ሜትሮፖሊታን ቅጥር ይደውሉ 1-855-923-4633 (ግንኙነት ስተሳፍሎ: 1-855-627-9604)።

[Oromo] XIYYEEFFANNAA: Afaan dubbattu Oromiiffa, tajaajila gargaarsa afaanii, kanfaliidhaan ala, ni argama. Biibilaa 1-855-923-4633 (TTY: 1-855-627-9604).

[Somali] MUHIIM AH: Haddii aad ku hadashid Af-soomaali, adeegaha caawimaada luuqada, ee lacag la'aanta ah, ayaad heli kartaa. Wac 1-855-923-4633 (TTY: 1-855-627-9604).

ملحوظة: [cibarA] إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-855-923-4633 (رقم هاتف الصم والبكم: 1-855-627-9604-1).

[Punjabi] ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-923-4633 (TTY: 1-855-627-9604) 'ਤੇ ਕਾਲ ਕਰੋ।

[German] ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-923-4633 (TTY: 1-855-627-9604).

[Lao] ໂປດຄຳບອກ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອຕໍ່ພາສາລາວ, ໂດຍບໍ່ຄ່ອງຄ່າ, ຈະມີຮັບໄດ້ໃຫ້ທ່ານ. ໂທ 1-855-923-4633 (TTY: 1-855-627-9604).

[French] ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-923-4633 (ATS: 1-855-627-9604).

[Hindi] ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-923-4633 (TTY: 1-855-627-9604) पर कॉल करें।

[Farsi (Persian)] توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-923-4633 (1-855-627-9604) تماس بگیرید.

[Romanian] ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-923-4633 (TTY: 1-855-627-9604).

## Discrimination is Against the Law

The Washington Health Benefit Exchange/Health Care Authority complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Washington Health Benefit Exchange/Health Care Authority does not exclude people or treat them differently because of their race, color, national origin, age, disability, or sex.

The Washington Health Benefit Exchange/Health Care Authority:

- Provides free aids and services to people with disabilities so they can communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact 1-855-923-4633.

If you believe that the Washington Health Benefit Exchange/Health Care Authority has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Washington Health Benefit Exchange Legal Department ATTN: Legal Division Equal Access/Equal Opportunity Coordinator PO Box 1757 Olympia, WA 98507-1757 1-855-859-2512 Fax: 360-841-7653 <a href="mailto:appeals@wahbexchange.org">appeals@wahbexchange.org</a>	Health Care Authority Division of Legal Services ATTN: Compliance Officer  PO Box 42700 Olympia, WA 98504-2700 1-855-682-0787 Fax: 360-586-9551 <a href="mailto:Compliance@hca.wa.gov">Compliance@hca.wa.gov</a>
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You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Washington Health Benefit Exchange Legal Department/Health Care Authority Division of Legal Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html).

# Questions?

- **HCA Training & Education Resources**

<http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/stakeholder-training-and-education>

- **Washington Apple Health Eligibility Manual**

<http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/apple-health-eligibility-manual>

- **HCA Community-Based Specialists**

[http://www.hca.wa.gov/assets/free-or-low-cost/community\\_based\\_staff\\_contact.pdf](http://www.hca.wa.gov/assets/free-or-low-cost/community_based_staff_contact.pdf)

- **HCA Area Representatives**

[http://www.hca.wa.gov/assets/free-or-low-cost/area\\_representatives.pdf](http://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf)



# Resources

**Inquiries made regarding Washington Apple Health (Medicaid) coverage may be directed to your HCA Area Representative:**

[http://www.hca.wa.gov/assets/free-or-low-cost/area\\_representatives.pdf](http://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf)

**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)

