



Washington Healthplanfinder Release 4.1 Update

Office of Medicaid Eligibility and Policy
Medicaid Eligibility and Community Support
April 2017

Topics

- Enrollment Cut-Off Update
- Password Requirements
- Address Updates
- Tax Filing Changes
- Partially Submitted Changes
- User Experience Updates
- Email Correspondence & My Profile Tab
- Document Center
- Mobile Application
- Correspondence Updates
- Resources

4.1 System Release - April 2017

April 2017						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

Washington Healthplanfinder will go down for maintenance on Friday, April 14th through Monday, April 17th

<http://www.wahbexchange.org/news-center/outages-maintenance/>

Enrollment Cut-off Update

QHP Enrollment Cut-Off Change

For Qualified Health Plans (QHP), the enrollment cut-off date for individual customers has been updated to the 15th of the month.

Customers who cancel household coverage will have a coverage end date of the last day of the month regardless of when they click cancel coverage.

Note: Individuals who lose Apple Health after the cutoff date will still be eligible for a special enrollment period for the first of the month.

Password Requirements

Privileged User Password Requirements

This will only impact account workers, navigators/brokers, and employers. This does not impact individual users.

No commonly used dictionary words or names can be used when creating/changing a password in Washington Healthplanfinder

Some examples of dictionary words include: Password, Password1, GoSeahawks, Football, letmein, etc.

All password screens and field level help language has been updated to reflect this change.

This will not affect existing passwords, only when changing or resetting your password.

Address Updates

Address Updates

The primary applicant is now able to identify “I don’t have a home address” or I don’t have a mailing address.” This field only requires the entry of the city, state and zip code.

- Upon selection of “I don’t have a mailing address” the system will offer a link to USPS for information related to General Delivery: [Learn more about General Delivery](#)

Dependents who are not applying for coverage will not be requested to provide their address.

Address Updates

washington
healthplanfinder
click. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

Primary Applicant's Information * REQUIRED FIELD

APPLICATION ID : 30000221

What is your home address?

I don't have a home address

ADDRESS LINE 1 ADDRESS LINE 2

1234 House Street Eg. Suite 1000

CITY * STATE * ZIP *

Olympia Washington 98512

COUNTY

What is your mailing address? ⓘ

My mailing address is the same as my home address

I don't have a mailing address ⓘ

Customers can click "I don't have a home address" if they are homeless

Address Updates

Primary Applicant's Information * REQUIRED FIELD

APPLICATION ID : 30000221

What is your home address?

I don't have a home address

ADDRESS LINE 1

ADDRESS LINE 2

CITY *

STATE *

ZIP *

COUNTY

What is your mailing address?

My mailing address is the same as my home address

I don't have a mailing address

We need a mailing address so we can send you important coverage information. The mailing address could be a friends, relatives, or a social service agency that is willing to receive your mail.

If you don't have a mailing address, General Delivery with the United States Postal Services is available. The post office in your zip code will hold your mail for up to 30 days, but you need to check with them regularly. [Learn more about General Delivery.](#)

ADDRESS LINE 1 *

ADDRESS LINE 2

CITY *

STATE *

ZIP *

Homeless individuals should still indicate a zip code to ensure they can select a managed care plan in the county where they want to seek services.

Tax Filing Updates

Tax Filing Update

There is a new question for minors under the age of 19 on the Edit Household Members screen.

The question asks if the child was or is a tax dependent of someone on the application.

If the answer is “no,” then the applicant, can select “Single Filing Taxes” as an option.

Tax Filing Update

Edit Household Member

IS THIS PERSON APPLYING FOR COVERAGE OR CONTINUING EXISTING COVERAGE THROUGH WASHINGTON HEALTHPLANFINDER? * YES NO

WAS THIS PERSON A TAX DEPENDENT OF SOMEONE ON THE APPLICATION IN TAX YEAR 2016? * YES NO

WHAT WAS THE TAX FILING STATUS OF THIS PERSON IN TAX YEAR 2016? * ▼

IS THIS PERSON PLANNING TO HAVE THE SAME TAX FILING STATUS AS THAT OF 2016 FOR TAX YEAR 2017? * YES NO

IS THIS PERSON LIVING WITH THE PRIMARY APPLICANT? * YES NO

< Cancel

Save >

Partially Submitted Applications

Partially Submitted Applications

An automatic system batch job will identify partially submitted applications that have reached the 15 calendar days that have still not been completed. On the 16th day, these applications will be denied.

There is no change to the current process and the information request as it relates to partial applications

Partially Submitted Applications

The screenshot displays the 'Primary Applicant's Information' section of the Washington Healthplanfinder application. At the top, a progress bar shows four steps: 1. Browse, 2. Apply, 3. Select, and 4. Finalize. The 'Apply' step is currently active. The form includes sections for home and mailing addresses, contact information, and language proficiency. A red box highlights the 'Submit Partial Application' button at the bottom of the form.

washington healthplanfinder
click. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

Primary Applicant's Information

What is your home address?

I don't have a home address

ADDRESS LINE 1: 1234 House Drive
ADDRESS LINE 2: Eg. Suite 100

CITY: Olympia STATE: Washington

COUNTY: THURSTON

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: 1234 House Drive
ADDRESS LINE 2: Eg. Suite 100

CITY: Olympia STATE: Washington

COUNTY: THURSTON

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: (123) 456-7989 PHONE TYPE: Call Phone

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

CAN YOU READ ENGLISH? YES (selected) NO

CAN YOU SPEAK ENGLISH? YES (selected) NO

Authorized Representative

I have an Authorized Representative

Buttons: < Back Submit Partial Application Save and Exit Next >

Customers can submit a partial application at the bottom of the Primary Applicant's Information screen of their New Application

Click Submit Partial Application

Information Request Letter

Customers will receive a correspondence once they partially submit their application informing them that they need to provide more information (EE005)

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



<<Date>>

Application ID:

<< Application ID >>

<<Individual Name>>

<<Individual Mailing Address>>

<<City, State, Zip Code>>

Subject – Washington Apple Health Information Request

Dear <<Individual Name>>,

[User Generated Apple Health Info Request Tag]

[Partial Apple Health App Tag]

[Apple Health Info Request Reason Tag]

[Free Form Text]

Once we receive the information, we will review your household's eligibility for all health care

Denial Letter

When the partially submitted application is denied through a batch or manually, Washington Healthplanfinder triggers a Washington Apple Health denial letter (EE010)

<p>Washington Health Benefit Exchange 521 Capitol Way South PO Box 657 Olympia, WA 98507</p>		 <p>washington healthplanfinder <small>powered by the Washington Health Benefit Exchange</small></p>		<p>Application ID: << Application ID >></p>	
<p><<Date>></p>					
<p><<Individual Name>> <<Individual Mailing Address>> <<City, State, Zip Code>></p>					
<p>Subject – Washington Apple Health Denial</p>					
<p>Dear << Individual Name >> ,</p>					
<p>[No Info when Requested tag]</p>					
<p>[Free Form Text Tag]</p>					
<p>[Partial Submitted: Failure To Complete Tag]</p>					
<p>Name</p>		<p>Reason</p>			
<p><<Individuals Name>></p>		<p><<Reason Code Text (Reason Code' from the Eligibility Service)>> <<Reason Code Text_2 (Reason Code' from the Eligibility Service if applicable)>> <<Reason Code Text_3 (Reason Code' from the Eligibility Service if applicable)>></p>			
<p><<Individuals _2 Name>></p>		<p><<Reason Code Text (Reason Code' from the Eligibility Service)>> <<Reason Code Text_2 (Reason Code' from the Eligibility Service if applicable)>></p>			

User Experience Updates

User Experience Updates

The Field Level Help and the Customer Support drop downs will appear on by hovering instead of clicking.

The sign-in page provides the links to Google Play and Apple Store to download the mobile application.

There is updated messaging on mixed households on the My Cart and the Plans Added Modal to advise customers that their enrollment for Washington Apple Health is complete.

A Plan Added modal will appear when users add a Washington Apple Health managed care plan to their cart.

Email Correspondence and My Profile Tab

Email Correspondence and My Profile Tab

Changes to email correspondence and My Profile Tab include:

- Account Creation Changes
- New My Profile tab for individual users; and
- Expedited change reporting flow for privileged users and account workers only

Account Creation Changes

Updated messaging for email notifications include:

- The SMS text option has been removed from application flow
- A Go Green message pops up when the customer has not selected electronic notifications

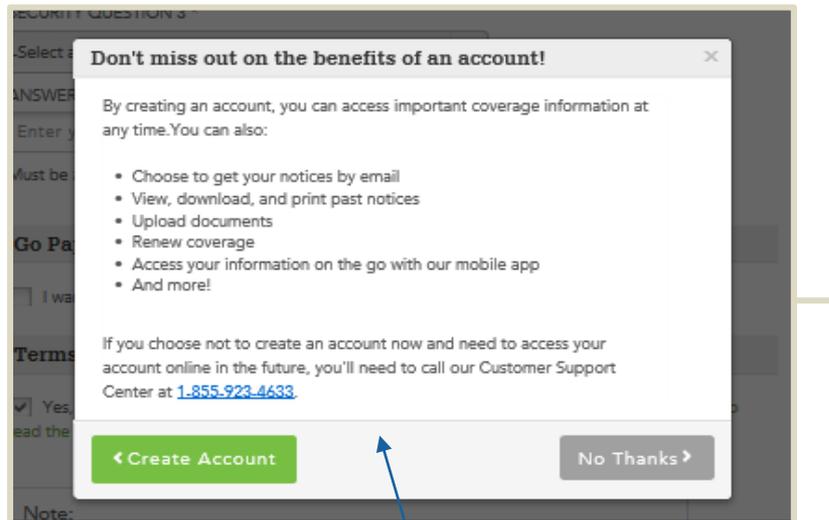
Customers can now update email notification preference by one of the following ways:

- Account creation
- Go Green modal
- My Profile tab
- WAPlanfinder (mobile application)

Email Correspondence

Customers will see the following:

- A pop-up explaining the benefits for creating an account if they click Skip Account Creation
- A Go Paperless message if they do not select to receive email notifications when they log in to their account



Don't miss out on the benefits of an account!

By creating an account, you can access important coverage information at any time. You can also:

- Choose to get your notices by email
- View, download, and print past notices
- Upload documents
- Renew coverage
- Access your information on the go with our mobile app
- And more!

If you choose not to create an account now and need to access your account online in the future, you'll need to call our Customer Support Center at [1-855-923-4633](tel:1-855-923-4633).

[← Create Account](#) [No Thanks →](#)

Go Paperless

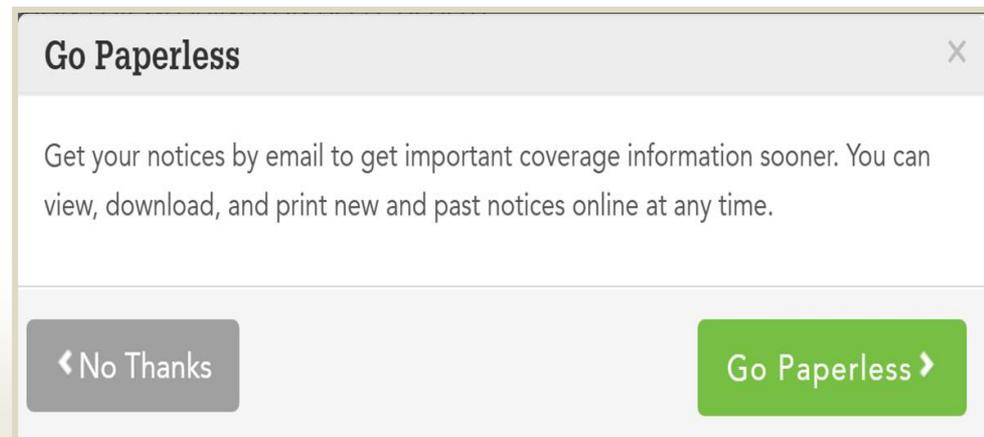
I want to receive e-mail notifications.

Terms and Conditions of Use*

Yes, I have read and accept the Washington Healthplanfinder Terms and Conditions of Use. To read the Terms and Conditions of Use, please click [here](#).

Note:
Creating your account may take several seconds. Please be patient.

[Back](#) [Skip Account Creation](#) [Create Account →](#)



Go Paperless

Get your notices by email to get important coverage information sooner. You can view, download, and print new and past notices online at any time.

[← No Thanks](#) [Go Paperless →](#)

My Profile Tab

My Profile tab for individual users will allow customers to easily update:

- Email address
- Notification preference
- Language preferences
- Security questions
- View Only Sponsor Information Displayed (if customer has one)

My Profile tab is available for customers who have a submitted application and created an account

The screenshot shows a navigation menu with the following items: Account Home, Payments, My Household, Document Center, and My Profile. The 'My Profile' tab is highlighted with a red rectangular box. Below the navigation menu, there is a message: 'An application has been drafted but it has not yet been submitted. Please complete and submit this application.' Below this message is a 'Message Center' section with a table of notices. The table has two columns: 'Notice' and 'Date/Time Received'. The first row shows a notice titled 'Plan Confirmed!' with a date of '01/31/2017, 03:32 PM' and a language dropdown set to 'English'. To the right of the message center is a 'Quick Links' section with the following items: Complete My Ap, Manage My Broker, Manage My Navigator, and Submit Document.

Notice	Date/Time Received
Plan Confirmed! English	01/31/2017, 03:32 PM

Quick Links

- Complete My Ap
- Manage My Broker
- Manage My Navigator
- Submit Document

My Profile Tab

washington healthplanfinder
click. compare. covered.

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

To update your personal information (address, phone number), click the quick link "Report a Change" on your Account Home -

USERNAME	LANCEHOPPER517	
PASSWORD	*****	EDIT
EMAIL ADDRESS	LANCEHOPPER517@AOL.COM	EDIT
NOTIFICATION	PAPERLESS (BY E-MAIL)	EDIT
SECURITY QUESTIONS		EDIT
	Question 1:	What is the month and year of your oldest sibling's birthday? (e.g., January 1970)
	Question 2:	What was the name of the company that you worked at for your first job?
	Question 3:	What was the first name of your childhood best friend?

27

This is the customer view of the My Profile tab.

They have the option to edit fields by clicking the green Edit.

Customers can follow prompts to update password, email address, notification preference or security questions.

Notification Preference

The image shows two screenshots from the Washington Healthplanfinder website. The top screenshot displays the 'Edit Notification Preference' dialog box. The dialog asks, 'Would you like to receive communications by e-mail?' and offers two options: 'No, send my notices by Paper' and 'Yes, send my notices by E-Mail'. The 'Yes' option is highlighted with a red box. A blue arrow points from this box to the 'EDIT' link on the 'My Profile' page below. The 'My Profile' page shows the user's notification preference updated to 'PAPERLESS (BY E-MAIL)'. A red box highlights a green message at the top of the page: 'Your changes have been saved successfully'.

washington healthplanfinder
click. compare. covered.

Account Home Payments My Household Action Center My Profile

To update your account information, please log in to your account.

Edit Notification Preference

Would you like to receive communications by e-mail?

Yes, send my notices by E-Mail

No, send my notices by Paper

USERNAME LANCEHOPPER517

PASSWORD *****

EMAIL ADDRESS LANCEHOPPER517@AOL.COM

NOTIFICATION PAPERLESS (BY E-MAIL)

EDIT

Your changes have been saved successfully

USERNAME LANCEHOPPER517

PASSWORD *****

EMAIL ADDRESS LANCEHOPPER517@AOL.COM

NOTIFICATION PAPERLESS (BY E-MAIL)

Customers can edit their notification preference by clicking the green Edit.

Once updated, customers will see messaging at the top in green confirming the update.

Privileged User and Account Worker

The My Profile tab will allow privileged users and account workers the ability to update the following:

- Email address
- Notification preference
- Phone number
- Mailing and physical addresses
- Language preferences
- Security questions
- Update Authorized Representative
- View Only Sponsor Information Displayed (if customer has one)

Privileged users and account workers may follow an expedited path for updating the listed application data within the My Profile tab.

My Profile Tab

Account Home	Payments	My Household	Document Center	My Profile
USERNAME	JACK_JO12			
PASSWORD	*****		EDIT	
EMAIL ADDRESS	JACK_JO@WABEX.ORG		EDIT	
NOTIFICATION PREFERENCE	PAPER (BY MAIL)		EDIT	
PHONE NUMBER	(123) 456-7899		EDIT	
ALTERNATE PHONE NUMBER	<i>Add an alternate phone number</i>		EDIT	
HOME ADDRESS	1234 HOME ADDRESS, OLYMPIA, WA 98512		EDIT	
MAILING ADDRESS	1234 HOME ADDRESS, OLYMPIA, WA 98512		EDIT	
WRITTEN LANGUAGE	ALBANIAN		EDIT	
SPOKEN LANGUAGE	ENGLISH		EDIT	
SECURITY QUESTIONS			EDIT	
	Question 1:	What is your oldest sibling's middle name?		
	Question 2:	What is your favorite author's last name?		
	Question 3:	What was the name of your high school?		

30

[← Back to Account Worker Dashboard](#)

Account workers can edit any field in the My Profile tab.

If a customer is in a renewal period, updating account information via the My Profile tab does not complete their renewal.

Scenario 1

Account Home	Payments	My Household	Document Center	My Profile
USERNAME	JACK_JO12			
PASSWORD	*****			EDIT
EMAIL ADDRESS	JACK_JO@WABEX.ORG			EDIT
NOTIFICATION PREFERENCE	PAPER (BY MAIL)			EDIT
PHONE NUMBER	(123) 456-7899			EDIT
ALTERNATE PHONE NUMBER	<i>Add an alternate phone number</i>			EDIT
HOME ADDRESS	1234 HOME ADDRESS, OLYMPIA, WA 98512			EDIT
MAILING ADDRESS	1234 HOME ADDRESS, OLYMPIA, WA 98512			EDIT
WRITTEN LANGUAGE	ALBANIAN			EDIT
SPOKEN LANGUAGE	ENGLISH			EDIT
SECURITY QUESTIONS	Question 1:	What is your oldest sibling's middle name?		EDIT
	Question 2:	What is your favorite author's last name?		
	Question 3:	What was the name of your high school?		

31

← Back to Account Worker Dashboard

Lets walk through a scenario reporting a change that will not impact our customers plan selection:

Customer reports an address change within the same county.

Account worker/privileged user clicks Edit on home address from My Profile tab.

Scenario 1 – Primary Applicant’s Information

ONE | EN ESPAÑOL WELCOME, ENROLMENT THREE (SIGN OUT) | CUSTOMER SUPPORT

washington healthfinder
click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

Primary Applicant's Information

APPLICATION ID : 30000221

What is your home address?

I don't have a home address

ADDRESS LINE 1
1234 Home Address

CITY *
Olympia

COUNTY
THURSTON

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 *
1234 Home Address

CITY *
Olympia

COUNTY
THURSTON

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
(123) 456-7899

PHONE TYPE
Cell Phone

ALTERNATE PHONE NUMBER
Eg. 123-456-7890

ALTERNATE PHONE TYPE
-Select an Option-

CAN YOU READ ENGLISH? *

YES
 NO

DO YOU NEED YOUR NOTICES TRANSLATED? *

YES
 NO

IN WHAT LANGUAGE DO YOU NEED DOCUMENTS TRANSLATED? *

Albanian

CAN YOU SPEAK ENGLISH? *

YES
 NO

Authorized Representative

I have an Authorized Representative

< Back Save and Exit Next >

Once Edit is clicked, you are taken directly to the Primary Applicant's Information screen.

Update the address.

Click Next.

Scenario 1 – Confirm Your Changes

HOME | EN ESPAÑOL WELCOME, ENROLMENT THREE (SIGN OUT) | CUSTOMER SUPPORT ?

washington healthplanfinder
click. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

As Jack Johnson's Broker, 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 checking this box and signing my name below, I confirm that I am completing e-signing this application on the applicant's behalf. *

I have read the Rights & Responsibilities *

Telephonic signature

FIRST NAME * MIDDLE INITIAL LAST NAME *

Eg. John Eg. A Eg. Smith

< Back Confirm >

33

To confirm the changes:

Check boxes on behalf of customer.

Sign first name, middle initial & last name.

Click Confirm.

Scenario 1 – Changes Successful

HOME | EN ESPAÑOL WELCOME, ENROLMENT THREE (sign out) | CUSTOMER SUPPORT

washington healthplanfinder
click. compare. covered.

Notice:
Current Year-2017: The household may qualify for a Special Enrollment Period. To see if you qualify, please provide additional information by March 12, 2017, under 'My Household Coverage', navigate to the Special Enrollment Questionnaire to provide additional information. If you are happy with your current plan, you do not have to do anything. Please note, Special Enrollment period and verification does not apply to anyone eligible for Washington Apple Health.

Notice:
 If you had a Qualified Health Plan in 2016, use your 1095-A to complete IRS Form 8962 when you file your federal income taxes. If you do not file your taxes on time and correctly, you risk not being eligible for tax credits in future years.

Account Home Payments My Household Document Center **My Profile**

Your changes have been saved successfully.

USERNAME	JACK_JO12	
PASSWORD	*****	EDIT
EMAIL ADDRESS	JACK_JO@WABEX.ORG	EDIT
NOTIFICATION PREFERENCE	PAPER (BY MAIL)	EDIT
PHONE NUMBER	(123) 456-7899	EDIT
ALTERNATE PHONE NUMBER	Add an alternate phone number	EDIT
HOME ADDRESS	1144 HOME SWEET DR, LACEY, WA 98507	EDIT

Once the changes are confirmed you will be taken to the My Profile tab.

You will see messaging confirming your changes have been saved.

Scenario 2

A customer calls to report an address change in another county and is not in a renewal period.

This change will impact the customer's plan selection.

User will click Edit on home address from My Profile tab and follow the same steps as Scenario 1 (slides 33 - 36).

After changes are confirmed the customer will have to select a new plan.

Scenario 2 – Eligibility Status

HOME | EN ESPAÑOL WELCOME, ENROLMENT THREE (sign out) | CUSTOMER SUPPORT



1 Browse 2 Apply 3 Select 4 Finalize

Eligibility Status

You applied for Qualified Health Plan coverage. To see Eligibility Status details per household member click each name below.

Jack Johnson

APPROVED

Household: Primary Applicant
Coverage: QDP+QHP
Start Date: 03/01/2017
End Date: 12/31/2017

Jack Johnson APPROVED

Qualified Dental Plan & Qualified Health Plan
Jack Johnson is eligible for Qualified Dental & Health Plan coverage. [Why this result?](#)

Coverage Start Date	Coverage End Date	Renewal Information
03/01/2017	12/31/2017	Jack Johnson will need to renew coverage by 12/31/2017. We will contact you with more information when it's time to renew.

Next Steps for Jack Johnson
Your eligibility did not change as a result of the information you reported. You do not have any next steps at this time.

36 Next >

This will result in a new Eligibility Results screen.

Click Next.

My Profile Tab

HOME | EN ESPAÑOL WELCOME, ENROLMENT THREE (SIGN OUT) | CUSTOMER SUPPORT

washington healthplanfinder
click. compare. covered.

Notice:
If you had a Qualified Health Plan in 2016, use your 1095-A to complete IRS Form 8962 when you file your federal income taxes. If you do not file your taxes on time and correctly, you risk not being eligible for tax credits in future years.

Account Home Payments My Household Document Center **My Profile**

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

Quick Links

- Complete My Application**
- Manage My Broker
- Manage My Navigator
- Submit A Document
- Verify Id Proofing
- Add/Remove Sponsor

Message Center

Notice	Date/Time Received
Plan Confirmed! English	01/31/2017, 03:32 PM
Updated Eligibility Decision English	01/31/2017, 03:32 PM
Broker/Navigator Partnership Update English	01/31/2017, 03:30 PM

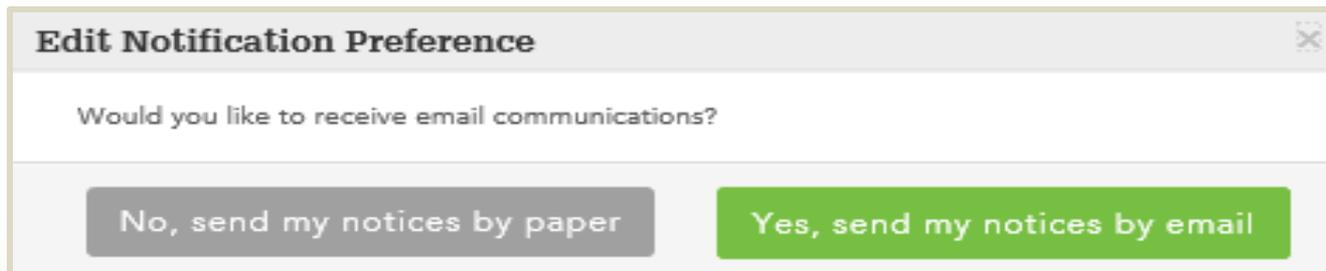
View More

“Complete My Application” under Quick Links may appear when changes made to the My Profile Tab are incomplete and not e-signed.

Email Correspondence

When customers elect email notifications, they will:

- Get one last correspondence by mail confirming they have opted for electronic correspondence (ADM010)
- Have the ability to print their PDF correspondence
- Get email notification updates when they receive a new notice posted to their account



Edit Notification Preference ✕

Would you like to receive email communications?

No, send my notices by paper

Yes, send my notices by email

Email Correspondence

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



Exchange

<< Date >>

<<Individual Name>>

<< Individual Mailing Address >>

<< City, State, Zip Code >>

Subject – Email Notices

Dear << Individual Name >>:

< Notification Preference Email >

< Email Hard Bounce >

How to Contact Washington Healthplanfinder

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

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

Navigator/Broker Partnership

Navigator/Broker Partnership

Individuals will now be able to have 1 broker and 1 navigator partnership at the same time on their own account.

Updates to Quick Links to allow customer to find a Broker and find a Navigator.

This applies to all navigator and broker roles.

Navigator/Broker Partnership

The screenshot displays a user interface for the Washington State Health Care Authority. At the top, there is a navigation bar with tabs for 'Account Home', 'Payments', 'My Household', 'Document Center', and 'My Profile'. Below this, a yellow banner with a warning icon states: 'We need additional documents to verify your eligibility.' with an 'Upload Documents' button. The 'Message Center' section shows a notice: 'You have no notice at this time.' Below this, another identical banner is present. The main 'Message Center' area contains a table of notices:

Notice	Date/Time Received
Plan Confirmed! English	01/25/2017, 02:28 PM
Coverage Termination English	01/25/2017, 02:28 PM
Eligibility Decision English	01/25/2017, 02:13 PM

Below the table is a 'View More' link. To the right of the table is a 'Quick Links' sidebar with the following items: Submit A Document, Create Another Application, View Current Eligibility Results, Manage My Broker, Manage My Navigator, Report a Change in Income or Household, and Verify Id Proofing. At the bottom of the page, there is a link for 'Your Household Coverage Summary' with a 'PRINT' icon.

Customer Quick Links displays:

- Find a Broker; and
- Find a Navigator.

Navigator/Broker Partnership Correspondence

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 857
Olympia, WA 98765



Subject: <<Broker or Navigator>> Partnership Update

Dear <<Customer Name>>,

[Pending Partnership]

[On-going Partnership]

1. Sign in to your Washington Healthplanfinder Account
2. Under Quick Links, click on “Find a Broker” or “Find a Navigator”
3. Search for a Broker/Navigator
4. Click on the “Request Help” button

To find a Broker or Navigator, you can also click on the Customer Support link in the top right corner of Washington Healthplanfinder.

There have been no other changes made to your account or your health care coverage.

□

Thank you for participating in the Washington Healthplanfinder.

How to Contact Washington Healthplanfinder

Contact us if you have any questions. Let us know if you want a free interpreter or free translations of this letter or other documents we send you. Please contact us if you need help to apply for or access your health care coverage due to a disability. You can contact us in any of the following ways:

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

Document Center

Document Center

The Action Center is now called the Document Center.

The size limit for documentation uploads has been updated from 2MB to 5MB.

Document Center Account Home



Notice:

If you had a Qualified Health Plan in 2016, use your 1095-A to complete IRS Form 8962 when you file your federal income taxes. If you do not file your taxes on time and correctly, you risk not being eligible for tax credits in future years.

[Account Home](#)

[Payments](#)

[My Household](#)

[Document Center](#)

[My Profile](#)



We need additional documents to verify your eligibility.

[Upload Documents](#)

Message Center

You have no notice at this time

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](#)

Your Household Coverage Summary [PRINT](#)

Customers will see a Document Center tab for some document requests.

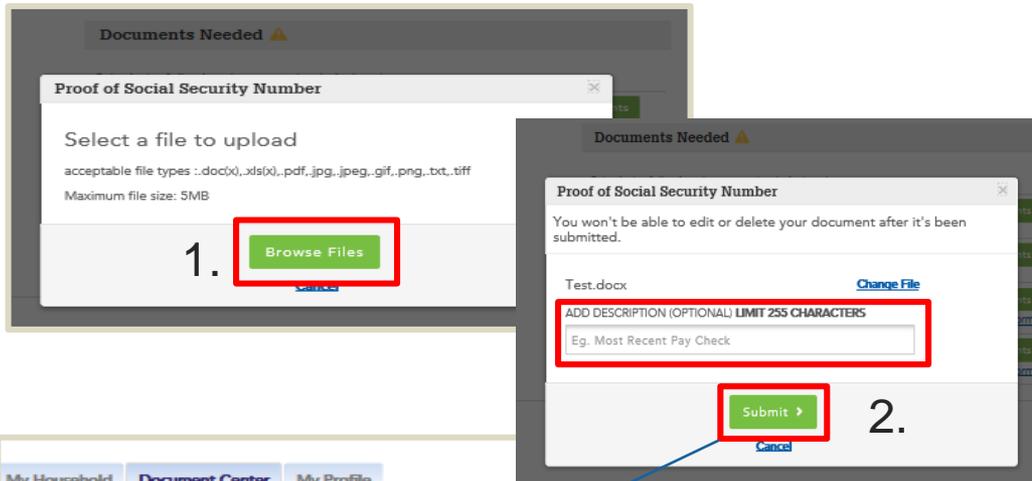
Warning text will appear on the account home when customers are required to upload some documentation.

Document Center Upload Documents

Click Upload Documents to upload documentation requested.

The screenshot displays the 'Document Center' interface for Jack Johnson. At the top, navigation tabs include 'Account Home', 'Payments', 'My Household', 'Document Center', and 'My Profile'. The user's name 'Jack' is shown with a notification: 'Your documents are being reviewed'. Below this, a 'Documents Needed' section lists several categories with due dates of 04/30/2017. A red box highlights an 'Upload Documents' button for 'Proof of Social Security Number'. A blue arrow points from this button to a similar 'Upload Documents' button in the 'Submitted Documents' section below. The 'Submitted Documents' section lists documents already submitted, including 'Proof of Social Security Number', 'Proof of Citizenship or Naturalization', 'Proof of Incarceration Status', and 'Proof of no other coverage-Medicare', each with a due date of 04/30/2017 and an 'Upload Documents' button. A 'Self-Attestation Form' link is also visible for the 'Proof of Incarceration Status' and 'Proof of no other coverage-Medicare' entries. The interface also includes sections for 'Submitted Documents', 'Pending Review', and 'Reviewed Documents'.

Document Center Upload Documents

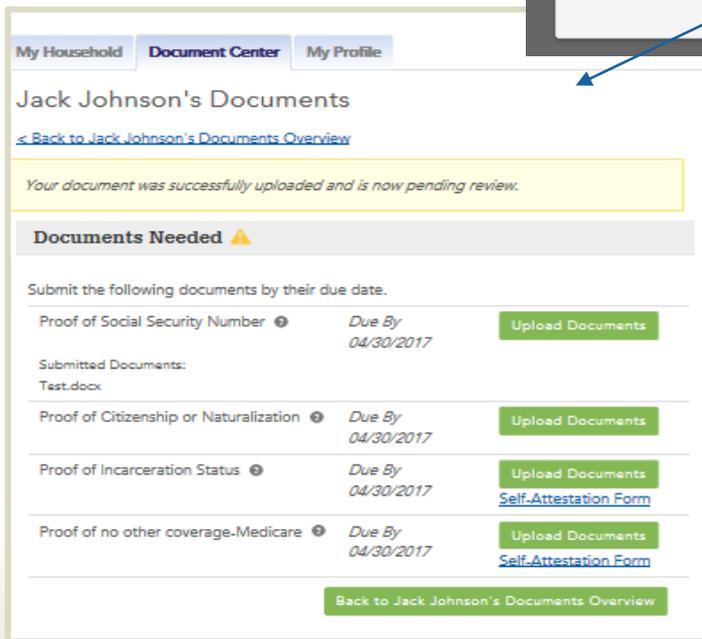


Category will be auto selected.

Click Browse Files to upload a saved file (1.).

Once the file is attached, you can add optional text (2.).

3.



Submit documentation:
Text will appear to say your document was uploaded successfully (3.).

Document Center Upload Documents

The screenshot displays the 'Document Center' interface for 'Jack Johnson's Documents'. It features a 'Documents Needed' section with a table of required documents. A red box highlights the text 'Need to submit a' in the table. A 'Browse Files' dialog box is open, showing file selection options and a 'Browse Files' button. A second 'Other Document' dialog box is also open, displaying a list of document categories for selection.

Category	Due
Proof of Citizenship or Naturalization	04/30
Proof of Incarceration Status	
Proof of no other coverage-Medicare	

Other Document

Select a file to upload

acceptable file types : .doc(x), .xls(x), .pdf, .jpg, .jpeg, .gif, .png, .txt, .tiff

Maximum file size: 5MB

[Browse Files](#)

[Cancel](#)

Other Document

You won't be able to edit or delete your document after it's been submitted.

Select Document Category *

- Document Category
- Proof of Social Security Number
- Proof of Citizenship or Naturalization
- Proof of Lawful Presence
- Proof of Incarceration Status
- Proof of no other coverage-Medicare
- Proof of Household Income and Deductions
- Proof of no other coverage-Peace Corps
- Proof of no other coverage-Veteran's Insurance
- Proof of no other coverage-Tricare
- Proof of Tribal Enrollment
- Proof of Identity
- Other Documents
- Correspondence
- Application

Customers have the option to submit a different document from what is being requested.

Identify document category from drop down and Submit.

Document Center Upload Documents

The screenshot shows the 'Document Center' tab selected in the navigation menu. The user is identified as Jack Johnson. A 'Documents Needed' section lists four categories with due dates of 04/30/2017 and an 'Upload Documents' button. Below this is a 'Submitted Documents' section with a 'Pending Review' table highlighted in red. The 'Pending Review' table has columns for Category, Name, Date Submitted, and Uploaded From. It contains two rows of test documents. Below the 'Pending Review' table is a 'Reviewed Documents' table with columns for Category, Name, Date Submitted, Status, and Rejection Reason, which is currently empty.

Category	Due By	Upload Documents
Proof of Social Security Number	04/30/2017	Upload Documents
Proof of Citizenship or Naturalization	04/30/2017	
Proof of Incarceration Status	04/30/2017	
Proof of no other coverage-Medicare	04/30/2017	

Pending Review			
Category	Name	Date Submitted	Uploaded From
Other	Test.docx	01/25/2017	Desktop
Proof of Social Security Number	Test.docx	01/25/2017	Desktop

Reviewed Documents				
Category	Name	Date Submitted	Status	Rejection Reason
None				

Once documents are uploaded the request will move out of the “Documents Needed” section of the Document Center into “Pending Review.”

As documents are reviewed they would move into “Reviewed Documents.”

Mobile Application

Mobile Application

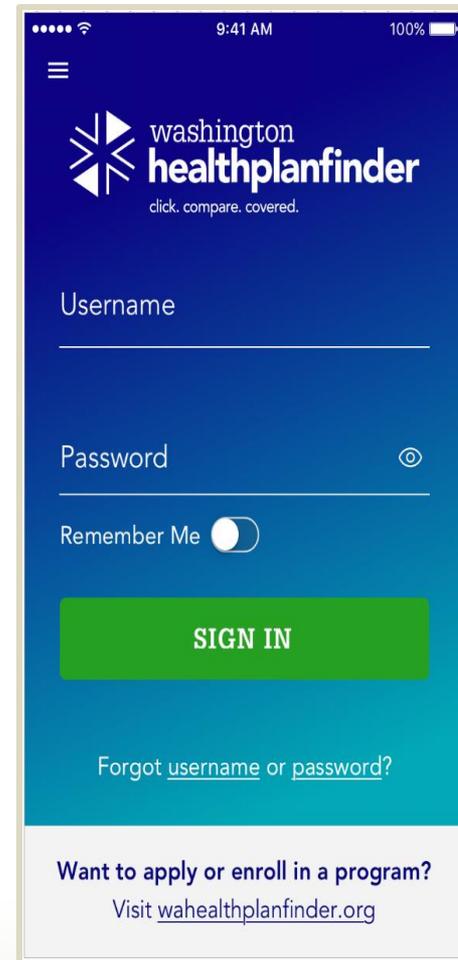
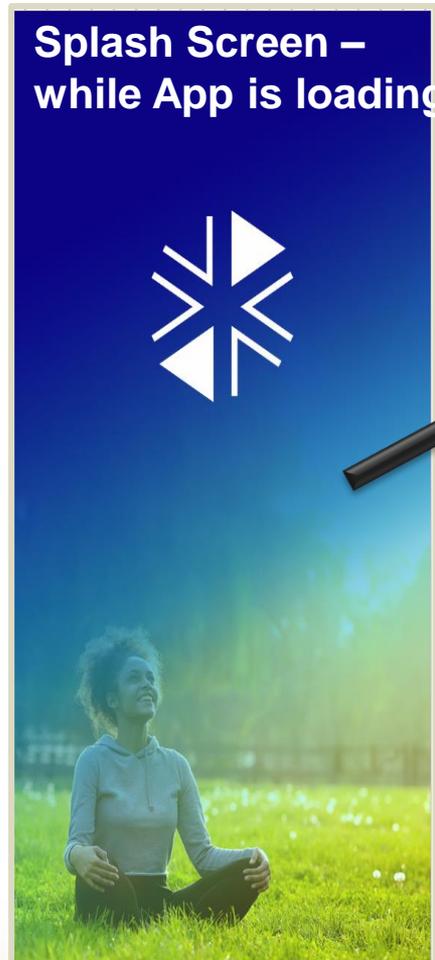
Washington Healthplanfinder's new mobile application is called WaPlanfinder.

The mobile application is only for individuals users.

It is compatible with both iPhone and Android.

Version 1.0 is scheduled to go live in Apple and Google Play stores April 2017.

WAPlanfinder App Landing Page



Same login
credentials as
website

Eye icon –
allows
customers to
hide/show
password

Remember me
– allows pre-fill
of username at
next app login

Mobile Application Overview

Mobile application allows customers to:

- Receive Push Notifications
- Manage their account
- Upload documents
- View their account dashboard and eligibility/plan summary
- View PDF from message center

Customer support is available:

- FAQ's from Washington Healthplanfinder
- Contact Customer Support
- WAPlanfinder App Demo
- Subscribe to Push Notifications

Correspondence Updates

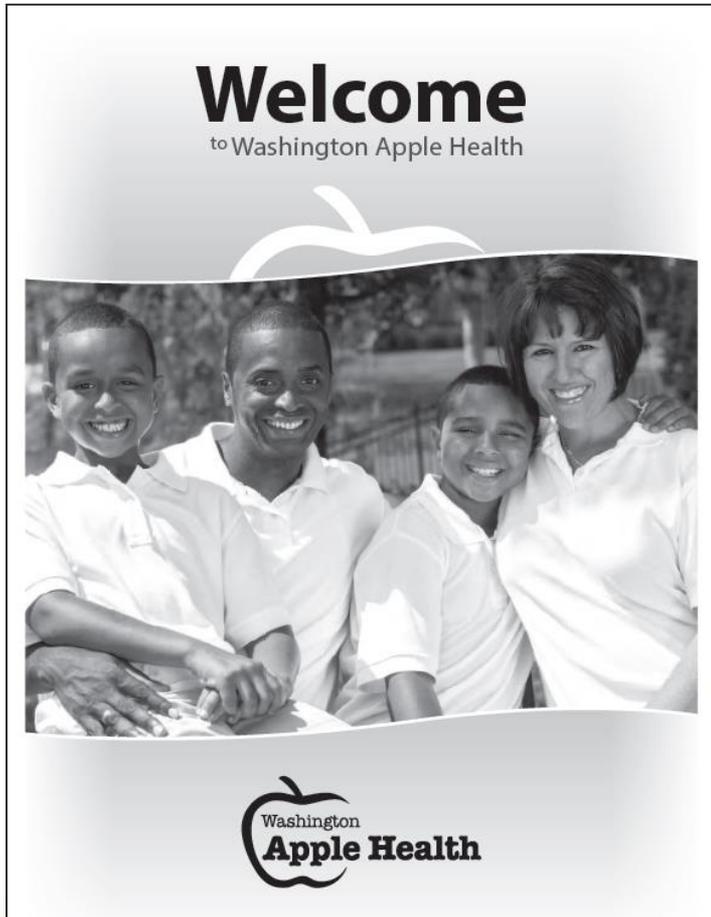
Correspondence Updates

All references to the enrollment cut-off in notices have been updated to reflect the 15th enrollment cut-off date (EE002, EE001, EE012, EE017).

Changes to the Additional Verification Required (EE001) include:

- Updated steps to upload a document to match the new screen text; and
- Updated acceptable types of documentation

Correspondence Updates



The Washington Medical Behavioral Health Treatment Benefits attachment has been removed from the Eligibility Decision (EE004) and Updated Eligibility Decision (EE015) notices.

This information on how to access behavioral health treatment can now be found in the updated Welcome to Washington Apple Health booklet.

<https://www.hca.wa.gov/assets/free-or-low-cost/22-1298.pdf>

Correspondence Updates

The “How to Contact Washington Healthplanfinder” tags have been updated:

Short Version:

For more help

- Visit www.wahealthplanfinder.org or visit www.wahbexchange.org for tips and resources
- Call our Customer Support Center at 1-855-923-4633 (TTY: 1-855-627-9604)
- Contact us by fax at 360-841-7620 or by mail at PO Box 946 Olympia WA 98507

Long Version:

For more help

- Visit www.wahealthplanfinder.org or visit www.wahbexchange.org for tips and resources
- Call our Customer Support Center at 1-855-923-4633 (TTY: 1-855-627-9604)
- Contact us by fax at 360-841-7620 or by mail at PO Box 946 Olympia WA 98507

You can drop off an application, renewal form, or any other documents we need at a local DSHS Community Service Office. To find the nearest Community Service Office, call the Washington Healthplanfinder number above or go online at <http://www.dshs.wa.gov/onlinecso/findservice.shtml>.

Resources

Resource Information

HCA Training & Education Resources

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

Cross-agency Desk Aid

http://www.hca.wa.gov/assets/free-or-low-cost/customer_support_center_referrals.pdf

HCA Community-Based Specialists

http://www.hca.wa.gov/assets/free-or-low-cost/community_based_staff_contact.pdf

Contact your local HCA Area representative:

http://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf