



# Washington Healthplanfinder Release 4.1 Update

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

Decorative wavy lines in blue and green at the bottom right corner of the slide.

# 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						
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Washington Healthplanfinder will go down for maintenance on Friday, April 14<sup>th</sup> through Monday, April 17<sup>th</sup>

<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 15<sup>th</sup> 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

The screenshot shows the 'Primary Applicant's Information' section of the Washington Healthplanfinder application. At the top, there is a progress bar with four steps: 1. Browse, 2. Apply (highlighted in green), 3. Select, and 4. Finalize. The Washington Healthplanfinder logo is on the left, and the text 'click, compare, covered.' is below it. The application ID is 30000221. The form asks for the home address, with options for 'I don't have a home address' and fields for Address Line 1, Address Line 2, City, State, ZIP, and County. The ZIP field is highlighted with a blue border. Below this, there is a section for the mailing address with options for 'My mailing address is the same as my home address' and 'I don't have a mailing address'.

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 \*

Olympia Washington 98512

COUNTY

THURSTON

### 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

GENERAL DELIVERY

CITY \* STATE \* ZIP \*

Eg. Everett -Select an Option- Eg. 98501

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? \* ? Single filing 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 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 16<sup>th</sup> 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 Washington Healthplanfinder application interface. At the top, a progress bar indicates four steps: 1. Browse, 2. Apply (highlighted in green), 3. Select, and 4. Finalize. The main section is titled 'Primary Applicant's Information'. It includes a 'What is your home address?' section with a checkbox for 'I don't have a home address' and fields for ADDRESS LINE 1, ADDRESS LINE 2, CITY, STATE, and COUNTY. Below this is a 'What is your mailing address?' section with a checkbox for 'My mailing address is the same as my home address' and similar address fields. A 'How may we reach you?' section contains fields for PHONE NUMBER, PHONE TYPE, ALTERNATE PHONE NUMBER, and ALTERNATE PHONE TYPE, along with checkboxes for 'CAN YOU READ ENGLISH?' and 'CAN YOU SPEAK ENGLISH?'. An 'Authorized Representative' section has a checkbox for 'I have an Authorized Representative'. At the bottom, there are three buttons: 'Back', 'Submit Partial Application' (highlighted with a red box), and '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)

<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>&lt;&lt;Date&gt;&gt; Application ID: &lt;&lt; Application ID &gt;&gt;</p>
<p>&lt;&lt;Individual Name&gt;&gt; &lt;&lt;Individual Mailing Address&gt;&gt; &lt;&lt;City, State, Zip Code&gt;&gt;</p>		
<p><b>Subject – Washington Apple Health Information Request</b></p>		
<p>Dear &lt;&lt;Individual Name&gt;&gt;,</p>		
<p>[User Generated Apple Health Info Request Tag]</p>		
<p>[Partial Apple Health App Tag]</p>		
<p>[Apple Health Info Request Reason Tag]</p>		
<p>[Free Form Text]</p>		
<p>Once we receive the information, we will review your household's eligibility for all health care</p>		

# Denial Letter

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

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 Denial**

Dear << Individual Name >>,

[No Info when Requested tag]

[Free Form Text Tag]

[Partial Submitted: Failure To Complete Tag]

Name	Reason
<<Individuals Name>>	<<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)>>
<<Individuals _2 Name>>	<<Reason Code Text (Reason Code' from the Eligibility Service)>> <<Reason Code Text_2 (Reason Code' from the Eligibility Service if applicable)>>

# 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

The screenshot shows a web interface for account creation. A pop-up window titled "Don't miss out on the benefits of an account!" is displayed over the main form. The pop-up lists benefits of creating an account, such as receiving notices by email, viewing past notices, and uploading documents. It includes a "Create Account" button and a "No Thanks" button. The main form below the pop-up has a "Go Paperless" section with a checked box for "I want to receive e-mail notifications." and a "Terms and Conditions of Use" section with an unchecked box for "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". At the bottom of the main form, there is a "Back" button, a "Skip Account Creation" button (highlighted with a red box), and a "Create Account" button. A blue arrow points from the "Skip Account Creation" button in the main form to the "No Thanks" button in the pop-up.

**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](#)

The screenshot shows a "Go Paperless" pop-up window. It contains the text: "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." At the bottom, there are two buttons: "No Thanks" and "Go Paperless".

**Go Paperless**

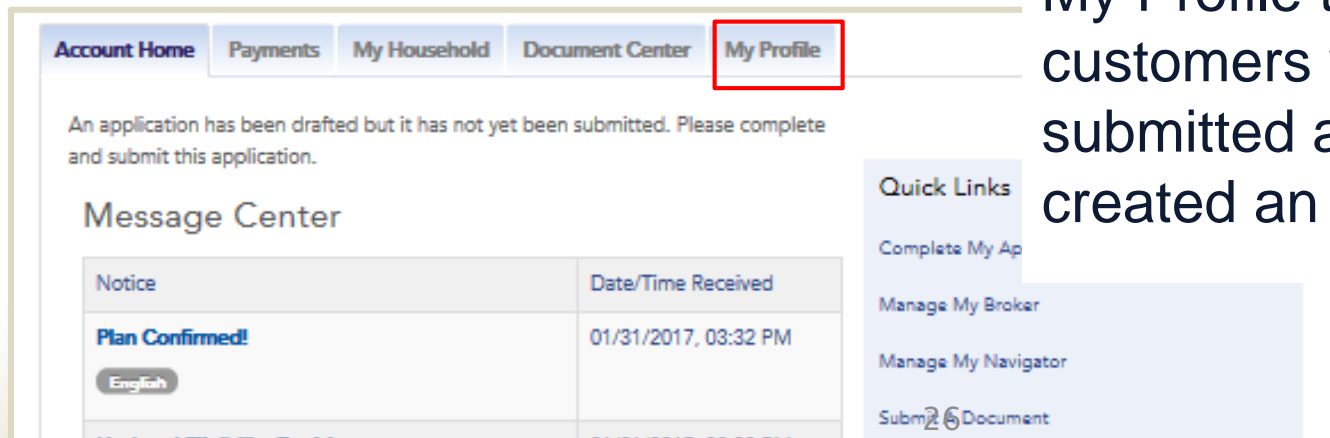
Get your notices by email to get important coverage information sooner. You can view, download, and print new and past notices online at any time.

[No Thanks](#) [Go Paperless](#)

# My Profile Tab

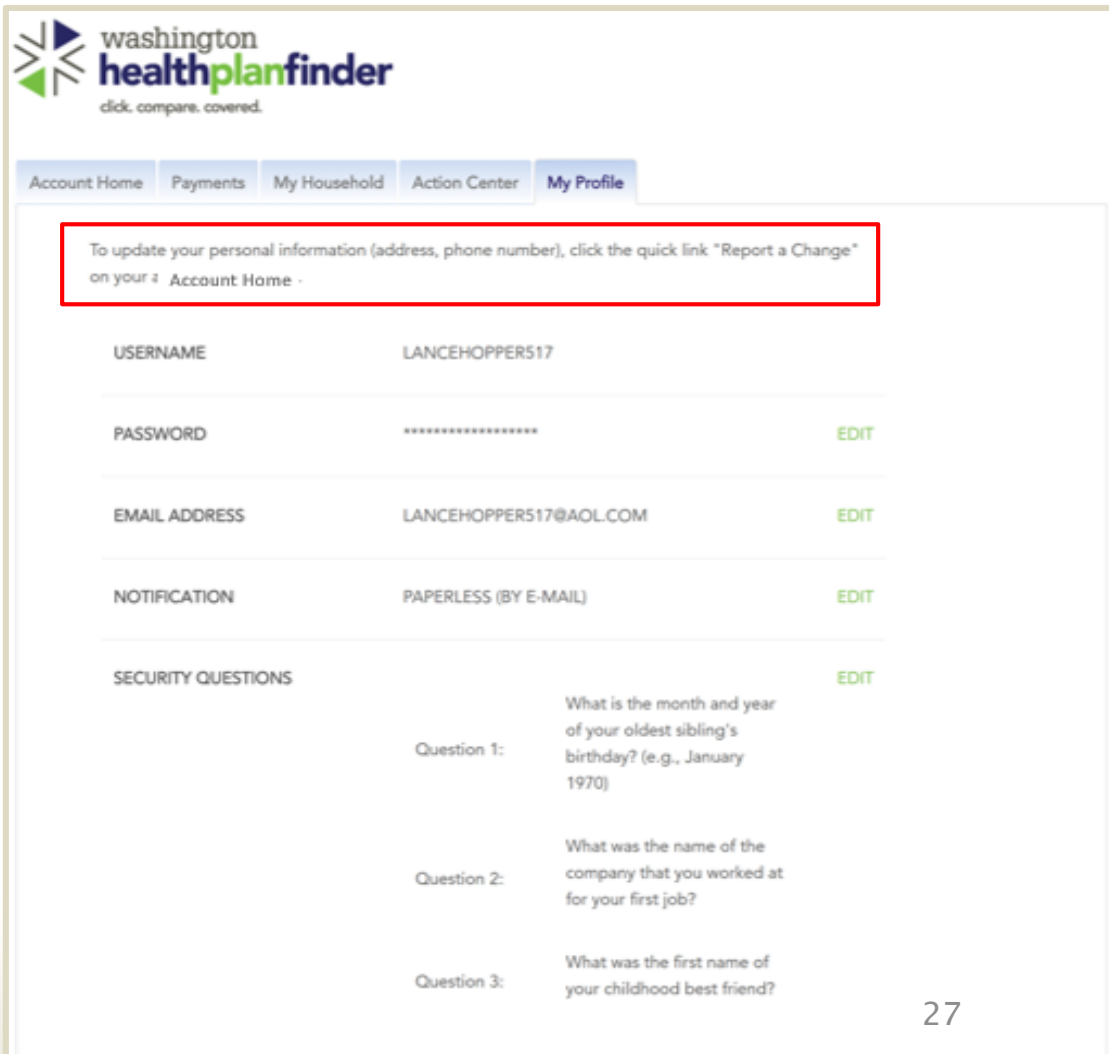
My Profile tab for individual users will allow customers to easily update:

- 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

# 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	*****	<a href="#">EDIT</a>
EMAIL ADDRESS	LANCEHOPPER517@AOL.COM	<a href="#">EDIT</a>
NOTIFICATION	PAPERLESS (BY E-MAIL)	<a href="#">EDIT</a>
SECURITY QUESTIONS		<a href="#">EDIT</a>
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?	

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

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.

The top screenshot shows the 'Edit Notification Preference' modal. It asks 'Would you like to receive communications by e-mail?'. There are two buttons: 'No, send my notices by Paper' and 'Yes, send my notices by E-Mail'. The 'Yes' button is highlighted with a red box. A blue arrow points from this button to the 'EDIT' link next to the 'PAPERLESS (BY E-MAIL)' notification preference in the background profile table.

The bottom screenshot shows the 'My Profile' page after the update. A green message box at the top says 'Your changes have been saved successfully'. The profile table below shows the 'NOTIFICATION' preference has been updated to 'PAPERLESS (BY E-MAIL)'.

Field	Value	Action
USERNAME	LANCEHOPPER517	
PASSWORD	*****	EDIT
EMAIL ADDRESS	LANCEHOPPER517@AOL.COM	EDIT
NOTIFICATION	PAPERLESS (BY E-MAIL)	EDIT

# 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	Add an alternate phone number			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	<p>Question 1: What is your oldest sibling's middle name?</p> <p>Question 2: What is your favorite author's last name?</p> <p>Question 3: What was the name of your high school?</p>			EDIT

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← 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	Add an alternate phone number			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? Question 2: What is your favorite author's last name? Question 3: What was the name of your high school?			EDIT

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

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 >

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.

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.

**Message Center**

Notice	Date/Time Received
<b>Plan Confirmed!</b> <a href="#">English</a>	01/31/2017, 03:32 PM
<b>Updated Eligibility Decision</b> <a href="#">English</a>	01/31/2017, 03:32 PM
<b>Broker/Navigator Partnership Update</b> <a href="#">English</a>	01/31/2017, 03:30 PM

[View More](#)

**Quick Links**

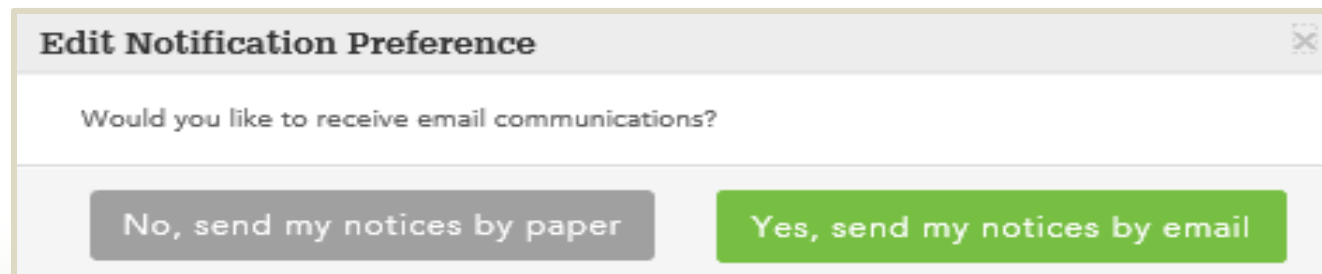
- Complete My Application**
- Manage My Broker
- Manage My Navigator
- Submit A Document
- Verify Id Proofing
- Add/Remove Sponsor

“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



The screenshot shows a web form titled "Edit Notification Preference" with a close button in the top right corner. Below the title is the question "Would you like to receive email communications?". At the bottom of the form are two buttons: a grey button labeled "No, send my notices by paper" and a green button labeled "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

Customer Quick Links displays:

- Find a Broker; and
- Find a Navigator.

The screenshot displays the Washington State Health Care Authority website interface. At the top, there is a navigation bar with links: Account Home, Payments, My Household, Document Center, and My Profile. Below the navigation bar, a yellow banner with a warning icon states: "We need additional documents to verify your eligibility." with an "Upload Documents" button. The main content area is titled "Message Center" and includes a sub-header "You have no notice at this time." Below this, there is a table of notices and a "Quick Links" section.

Notice	Date/Time Received
<b>Plan Confirmed!</b> <a href="#">English</a>	01/25/2017, 02:28 PM
<b>Coverage Termination</b> <a href="#">English</a>	01/25/2017, 02:28 PM
<b>Eligibility Decision</b> <a href="#">English</a>	01/25/2017, 02:13 PM

[View More](#)

**Quick Links**

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

Your Household Coverage Summary [PRINT](#)

# 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.

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

Jack  
Your documents are being reviewed

Jillian ⚠️ **Documents Needed**

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

**My Household Document Center My Profile**

Jack Johnson's Documents

[Back to Jack Johnson's Documents Overview](#)

Need to submit a different document? [Upload one now](#)

[Learn more about additional verification](#)

**Submitted Documents**

Category	Name	Date Submitted
None		

**Reviewed Documents**

Category	Name	Date Submitted	Status	Rejection Reason

Submit the following documents by their due date.

Document	Due By	Action
Proof of Social Security Number ⓘ	Due By 04/30/2017	<a href="#">Upload Documents</a>
Proof of Citizenship or Naturalization ⓘ	Due By 04/30/2017	<a href="#">Upload Documents</a>
Proof of Incarceration Status ⓘ	Due By 04/30/2017	<a href="#">Upload Documents</a> <a href="#">Self-Attestation Form</a>
Proof of no other coverage-Medicare ⓘ	Due By 04/30/2017	<a href="#">Upload Documents</a> <a href="#">Self-Attestation Form</a>

# Document Center Upload Documents

**Documents Needed** ⚠

**Proof of Social Security Number**

Select a file to upload

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

Maximum file size: 5MB

1. **Browse Files**

**Documents Needed** ⚠

**Proof of Social Security Number**

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

Test.docx [Change File](#)

**ADD DESCRIPTION (OPTIONAL) LIMIT 255 CHARACTERS**

Eg. Most Recent Pay Check

**Submit** 2. [Cancel](#)

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.

**My Household** **Document Center** **My Profile**

**Jack Johnson's Documents**

[Back to Jack Johnson's Documents Overview](#)

Your document was successfully uploaded and is now pending review.

**Documents Needed** ⚠

Submit the following documents by their due date.

Document Type	Due By	Action
Proof of Social Security Number ⓘ	Due By 04/30/2017	<b>Upload Documents</b>
Submitted Documents: Test.docx		
Proof of Citizenship or Naturalization ⓘ	Due By 04/30/2017	<b>Upload Documents</b>
Proof of Incarceration Status ⓘ	Due By 04/30/2017	<b>Upload Documents</b> <a href="#">Self-Attestation Form</a>
Proof of no other coverage-Medicare ⓘ	Due By 04/30/2017	<b>Upload Documents</b> <a href="#">Self-Attestation Form</a>

[Back to Jack Johnson's Documents Overview](#)

Submit documentation:

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



# Document Center Upload Documents

The screenshot displays the 'Document Center' tab for 'Jack Johnson's Documents'. A 'Documents Needed' section lists categories like 'Proof of Citizenship or Naturalization' with a due date of '04/30'. A red box highlights the text 'Need to submit a'. A 'Learn more about' link is visible. Two 'Other Document' modal windows are overlaid. The top modal prompts to 'Select a file to upload' with acceptable file types (.docx, .xlsx, .pdf, .jpg, .jpeg, .gif, .png, .txt, .tiff) and a maximum file size of 5MB, featuring 'Browse Files' and 'Cancel' buttons. The bottom modal displays a 'Select Document Category' dropdown menu with the following options: 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, and 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

Account Home
Payments
My Household
Document Center
My Profile

Jack  
Your documents are being reviewed

Jillian

Jack Johnson's Documents Overview

Documents Needed

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

Need to submit a different document? [Upload one now](#)

[Learn more about additional verification](#)

Submitted Documents

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				

Upload Documents

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

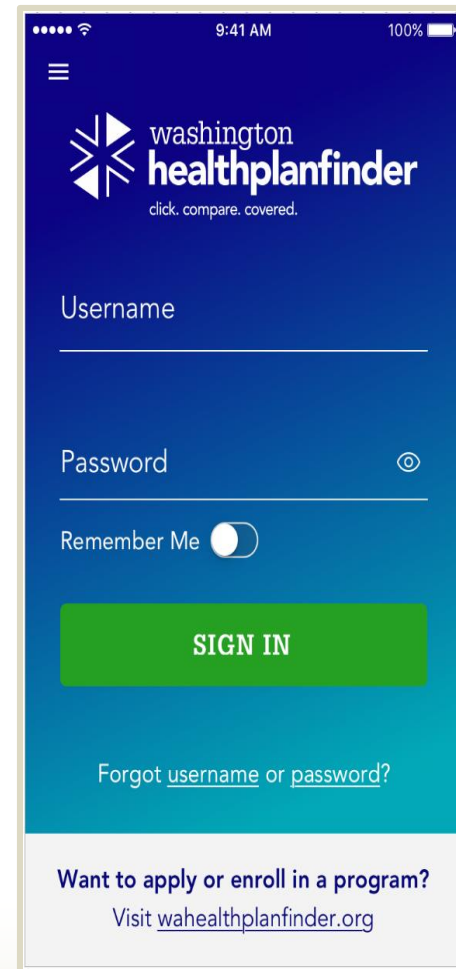
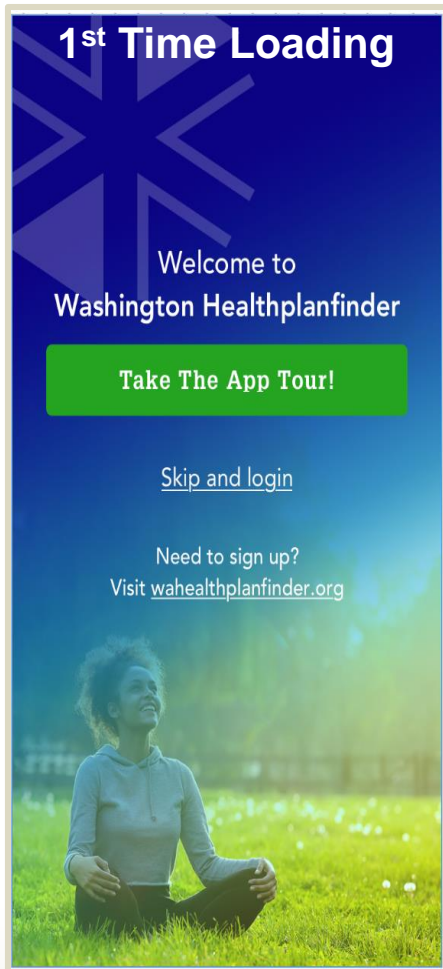
Washington Healthplanfinder's new mobile application is called WaPlanfinder.

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

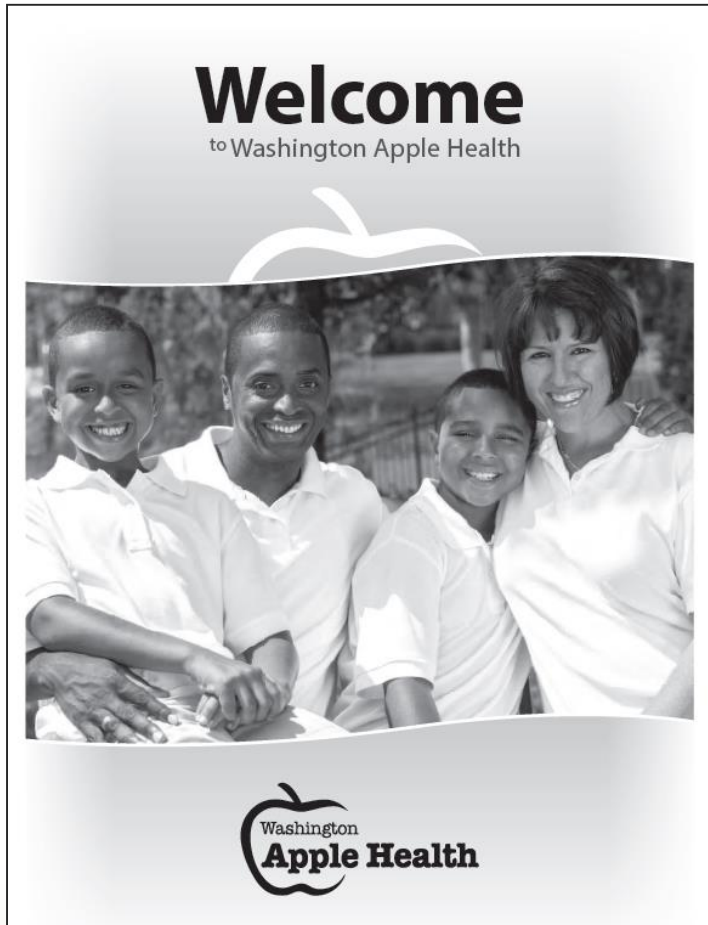
All references to the enrollment cut-off in notices have been updated to reflect the 15<sup>th</sup> enrollment cut-off date (EE002, EE001, EE012, EE017).

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](http://www.wahealthplanfinder.org) or visit [www.wahbexchange.org](http://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](http://www.wahealthplanfinder.org) or visit [www.wahbexchange.org](http://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/onlinecs/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](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](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](http://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf)