Responsive Design
Responsive Design

Individuals accessing Washington Healthplanfinder via mobile application, tablet or desktop will see an updated design for all customer facing screens.

The updated responsive design includes:

- Screen layout, color, and compatibility with screen reader tools.
- Close/Open All feature added to the Application Review screen.

Brokers, navigators and account workers will see the updated responsive screens when logging into a customer’s dashboard. Screens exclusive to account workers, brokers and navigators will not be included in this update to responsive design.
Customer Dashboard Video

Coverage details

We need additional documents to verify your eligibility.

Quick Links
- Submit a Document
- Create Another Application
- View Current Eligibility Results
- Find a Broker
- Find a Navigator
- Report a Change

YOUR HOUSEHOLD COVERAGE SUMMARY

Washington Apple Health (except Allen Emergency Medical) includes dental coverage.

CURRENT YEAR - 2019

HEALTH COVERAGE

Joanie Archey
- ENROLLED

Get Flex Bronze - 19

START DATE
01/01/2019

END DATE
12/31/2019

RENEWAL DATE
N/A
Message Center

MESSAGE CENTER

NOTICE TYPE

Search

3 Results

Eligibility Results
01/15/2019, 03:49 PM

Email Notices
01/15/2019, 03:49 PM

NOTICE TYPE

Username Reminder
Contact Information Updated
Password Expiring
In-Person Help Update
Email Notices
Important Deadline to Submit Information
Enrollment Deadline for Coverage
Complete Your Application
Eligibility Decision
Washington Apple Health Information Request
Letter to Employer
Washington Connect
Washington Apple Health Renewal - Review Only
Washington Apple Health Renewal - Action Required
Washington Apple Health Denial Notice
Washington Apple Health Termination Notice
Coverage Termination
Important Information
Important Tax Return Document
Eligibility Results
Time to Renew Your Coverage
Plan Selection Confirmed
Address Update Needed
Important Account Information
Adult tax dependent WAH Eligibility
Invoice (Employer)
Employer Overdue Payment
Employer Payment Receipt

Enrollment Deadline for Coverage
01/15/2019, 03:49 PM
Add Household Members Video

Add your household members

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

Vicki Reddy
Female

DATE OF BIRTH
01/25/1989

SOCIAL SECURITY NUMBER
XXX-XX-2222

APPLYING FOR COVERAGE
Yes

LIVING IN SAME HOME AS VICKI REDDY
N/A

Add Member

Back Finish Later Next
## Household Income Video

Add your household members

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vicki Reddy</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>01/25/1989</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>XXX-XX-2222</td>
</tr>
<tr>
<td>Applying for Coverage</td>
<td>Yes</td>
</tr>
<tr>
<td>Living in same home as Vicki Reddy</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Required Field

Add Member
Application Review Video

Review your application

Carefully review and edit your household information before submitting your application.

**NOTICE:**
We were not able to verify your information. Review your application, such as full legal names and birth dates, to make sure everything is correct. Otherwise, you may need to submit documents to verify your information.

<table>
<thead>
<tr>
<th>ACCOUNT HOLDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICATION TYPE</td>
</tr>
<tr>
<td>Applying for tax credits, cost sharing reductions or Washington Apple Health</td>
</tr>
<tr>
<td>SOCIAL SECURITY NUMBER</td>
</tr>
<tr>
<td>XXX-XX-2222</td>
</tr>
<tr>
<td>SOCIAL SECURITY Disclosure</td>
</tr>
<tr>
<td>01/25/1989</td>
</tr>
<tr>
<td><a href="mailto:thisismyemail@fake.org">thisismyemail@fake.org</a></td>
</tr>
</tbody>
</table>
Your eligibility results

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below. A summary of any tax credit your household is eligible for is available at the bottom of this screen.

1. Vicki Reddy
   - Approved

2. Josh Reddy
   - Conditional

3. Jacob Reddy
   - Approved

Vicki Reddy

PRIMARY APPLICANT

COVERAGE

Vicki Reddy is eligible for Qualified Dental & Health Plan coverage with tax credits. Why this result?

PROGRAM

Qualified Dental Plan & Qualified Health Plan with Tax Credits

COVERAGE START DATE
09/01/2019

RENEWAL INFORMATION

Vicki Reddy will need to renew coverage by 12/31/2019. We will contact you with more information when it’s time to renew.

TAX CREDITS

Vicki Reddy is included in the tax filing household that has been approved for tax credits. See more information at the bottom of this screen.
My Cart

My cart

HEALTH

KAISER PERMANENTE
PLAN: BRONZE | CI Flex Bronze - 19

More Information on this plan

Shop Plans

TOTAL MONTHLY PREMIUM

$297.64 /month

Checkout

If you selected a Washington Apple Health managed care plan, your enrollment is complete. You must enroll in a health plan to enroll in dental. Household members under 18 must select a dental plan. No further action is required if they are enrolled in Washington Apple Health.

PRINT EMAIL

DENTAL

Shop Plans

WASHINGTON APPLE HEALTH

Shop Plans

PREMIUM

$20 /month
Confirm Your Plan(s)

Confirm your plan(s)

**Kaiser Permanente**

**Plan:** BRONZE | G Flex Bronze - 19

**Est. Premium:** $277.64 /month

<table>
<thead>
<tr>
<th>Joanie Archery</th>
<th>Coverage Start Date</th>
<th>Coverage End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>09/01/2019</td>
<td>12/31/2019</td>
</tr>
</tbody>
</table>

**Total Monthly Premium:** $297.64 /month

**Molina Healthcare**

Molina Healthcare of Washington, Inc. - Washington Apple Health

**Est. Premium:** $20.00 /month

<table>
<thead>
<tr>
<th>Jilly Archery</th>
<th>Coverage Start Date</th>
<th>Coverage End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>08/01/2019</td>
<td>07/31/2020</td>
</tr>
</tbody>
</table>

If you use tax credits in advance, you may have to repay some or all of the advance if your actual income is greater than the income you reported.

You must file your federal taxes if you use tax credits.

Have a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)
Correspondence Changes
Correspondence Changes

The following updates will occur to support the system enhancements.

<table>
<thead>
<tr>
<th>COFA Islander Health Care Tag Lines</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Coverage Termination (EE012)</td>
</tr>
<tr>
<td>• Eligibility Results (EE015)</td>
</tr>
<tr>
<td>• Time to Renew Your Coverage (EE017)</td>
</tr>
<tr>
<td>• Plan Selection Confirmed (EE019)</td>
</tr>
</tbody>
</table>
The following updates will occur to support the system enhancements.

**SSN Exception**

- Important Deadline to Submit Information (EE001). Updated language for proof of SSN or meeting exception.
- Washington Apple Health Renewal (EE009). Renewal form to allow users to indicate no SSN and provide a reason.

**Negative Income updates for Renewal Form**

- Washington Apple Health Renewal (EE009). The reported negative income will be reflected on the Renewal Form.
SSN Exception

Important Deadline to Submit Information (EE001)

Proof of Social Security Number or Meeting an Exception:
- Update your application with the missing Social Security number or submit the Social Security card
- Receipt of a pending Social Security number application
- Declaration of being part of a well-established religion which objects to receiving a Social Security number
- For Washington Apple Health clients, call 1-855-682-0798 if you need help applying for a Social Security number

Washington Apple Health Renewal (EE009)

<table>
<thead>
<tr>
<th></th>
<th>Date of entry:</th>
<th>Document expiry date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Social Security number is not listed, why?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Questions – Verify information and provide updates in the space provided.

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Household member with change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is anyone in the household currently?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incarcerated?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, is the member pending disposition of charges?</td>
<td>&lt;&lt;Yes/No&gt;&gt;</td>
<td></td>
</tr>
<tr>
<td>Date of incarceration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regularly using tobacco products? If yes, who?*</td>
<td>&lt;&lt;Yes/No&gt;&gt;</td>
<td></td>
</tr>
<tr>
<td>Pregnant?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Negative Income

Reported Income - This is the information we currently have on your application:

Cathrine Fisher reports Capital gains of -$200.00 per month
Cathrine Fisher reports Self-Employment of -$900.00 per month
Yun Fisher reports Rental income of -$105.42 per month
Yun Fisher reports Farming income of -$892.00 per month
Lucien Fisher reports Other taxable income of -$3384.10 per month

Report all your current gross household income in the spaces provided below, even if it is same amount reported above. (If you need more room, attach additional pieces of paper).

<table>
<thead>
<tr>
<th>Does anyone have income from a job?</th>
<th>If yes, who?</th>
<th>Name of employer</th>
<th>Amount: $__________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ No</td>
<td></td>
<td>Employer address</td>
<td>How often:</td>
</tr>
<tr>
<td>□ Yes</td>
<td></td>
<td></td>
<td>□ Weekly</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Every two weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Twice a month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Monthly</td>
</tr>
</tbody>
</table>

Correspondence ID: EE000-235771 App ID 27976
Summary
Summary

Question for not providing a Social Security Number (SSN) will appear on Screen For Other Services page when an individual is seeking coverage and has failed to provide their SSN.

Individuals will no longer be able to enter all zeros for their Alien or USCIS number.

Security Questions will be removed and replaced with a Verification Code email for ‘Forgot Password’ and ‘Unlock Account’.

- Verification code will be 6 digits long and expire after 10 minutes
Summary

All individual customer screens built to be responsive to mobile or table device.

• Additional ADA compliance work completed on all individual facing screens.

Additional messaging for COFA Islander Health Care eligible households.

• Messaging in Eligibility Results screen for the approval or denial of COFA Islander Health Care.
• Updated tagging in correspondence to support COFA Islander Health Care eligibility.
Resources
Resources

HCA Training & Education Resources

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