

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



DASHBOARD

Sign Out

Coverage details

ACCOUNT HOME

PAYMENTS

MY HOUSEHOLD

DOCUMENT CENTER

MY PROFILE



We need additional documents to verify your eligibility.

Upload Documents

Quick Links

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

MESSAGE CENTER

You have no notice at this time

YOUR HOUSEHOLD COVERAGE SUMMARY

PRINT

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

CURRENT YEAR - 2019

HEALTH COVERAGE

Joanie Archery

ENROLLED

GI Flex Bronze - 19

START DATE
09/01/2019

END DATE
12/31/2019

RENEWAL DATE
N/A



Message Center

Quick Links

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

YOUR HOUSEHOLD COVERAGE SUMMARY [PRINT](#)

MESSAGE CENTER

NOTICE TYPE

HEALTH COVERAGE

Laverr

3 Results

- [Eligibility Results](#)
01/15/2019, 03:49 PM English
- [Enrollment Deadline for Coverage](#)
01/15/2019, 03:49 PM English
- [Email Notices](#)
01/15/2019, 03:49 PM English

START DATE
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DENTAL COVERAGE

Laverr

Showing : 1 to 3

START DATE	END DATE	RENEWAL DATE
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MESSAGE CENTER

- [Eligibility Results](#)
English 01/15/2019, 03:49 PM
- [Enrollment Deadline for Coverage](#)
English 01/15/2019, 03:49 PM
- [Email Notices](#)
English 01/15/2019, 03:49 PM


[View More >](#)

Message Center


MESSAGE CENTER


NOTICE TYPE 

3 Results


[Eligibility Results](#) 

01/15/2019, 03:49 PM

[Enrollment Deadline for Coverage](#) 

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

English

English

Showing : 1 to 3 Next >

Add Household Members Video



DASHBOARD

Sign Out

Add your household members

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

*Required Field

Vicki Reddy Edit 	
Female	
DATE OF BIRTH	SOCIAL SECURITY NUMBER
01/25/1989	XXX-XX-2222
APPLYING FOR COVERAGE	LIVING IN SAME HOME AS VICKI REDDY
Yes	N/A

Add Member

Back

Finish Later

Next

Household Income Video



DASHBOARD

Sign Out

Add your household members

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

*Required Field

Vicki Reddy Edit	
Female	
DATE OF BIRTH	SOCIAL SECURITY NUMBER
01/25/1989	XXX-XX-2222
APPLYING FOR COVERAGE	LIVING IN SAME HOME AS VICKI REDDY
Yes	N/A

+ Add Member

Back

Finish Later

Next

Application Review Video




DASHBOARD

Sign Out

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.

[Close all ^](#)

ACCOUNT HOLDER

APPLICATION TYPE

Applying for tax credits, cost sharing reductions or Washington Apple Health

FULL NAME

Vicki Reddy

SOCIAL SECURITY NUMBER

XXX-XX-2222

[SOCIAL SECURITY DISCLOSURE](#)

DATE OF BIRTH

01/25/1989

SEX

Female

EMAIL

thisismyemail@fake.org

[Edit](#)



Eligibility Results Video

click. compare. covered.

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

You have 1 household member(s) with additional action required. Please review for more information.

Vicki Reddy

Approved

Josh Reddy

Conditional

Jacob Reddy

Approved

Vicki Reddy

PRIMARY APPLICANT

Approved

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

COVERAGE END DATE

12/31/2019

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

Remove



PLAN: BRONZE | GI Flex Bronze - 19

PREMIUM
\$277.64
/month

Est. price after \$0.00 tax credit

[More information on this plan >](#)

Shop Plans

TOTAL MONTHLY PREMIUM

\$297.64 /month

Checkout

[PRINT](#) [EMAIL](#)

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 19 must select a dental plan. No further action is required if they are enrolled in Washington Apple Health.

DENTAL

Shop Plans

WASHINGTON APPLE HEALTH



Molina Healthcare of Washington, Inc. - Washington Apple Health




PREMIUM
\$20
/month

Shop Plans

Confirm Your Plan(s)

Confirm your plan(s)

HEALTH




EST PREMIUM
\$277.64
/month

PLAN: BRONZE | GI Flex Bronze - 19

Joanie Archery

COVERAGE START DATE 09/01/2019	COVERAGE END DATE 12/31/2019
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EST PREMIUM
\$20.00
/month

Molina Healthcare of Washington, Inc. - Washington
Apple Health

Jilly Archery

COVERAGE START DATE 08/01/2019	COVERAGE END DATE 07/31/2020
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SELECT PREMIUM TAX CREDIT AMOUNT

JOANIE ARCHERY MAX. 0.00

\$0

YOUR TOTAL MONTHLY PREMIUM

\$297.64 /month

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?](#)

Back

Finish Later

Confirm

Correspondence Changes

Correspondence Changes

The following updates will occur to support the system enhancements.

COFA Islander Health Care Tag Lines

- Coverage Termination (EE012)
- Eligibility Results (EE015)
- Time to Renew Your Coverage (EE017)
- Plan Selection Confirmed (EE019)

Correspondence Changes

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)

Date of entry: _____		
Document expiry date: _____		
If Social Security number is not listed, why?		
Additional Questions – Verify information and provide updates in the space provided.		
Is anyone in the household currently:	Yes/No	Household member with change
Incarcerated? If yes, is the member pending disposition of charges? _____ Date of incarceration _____	<<Yes/No>>	
Regularly using tobacco products? If yes, who? * _____	<<Yes/No>>	
Pregnant?	<<Yes/No>>	

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).

Does anyone have income from a job? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, who?	Name of employer Employer address	Amount: \$ _____ How often: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
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Correspondence ID: EE009-235771 App ID 27979 Page 9 of 11

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

<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