

# Module 6: Washington Healthplanfinder System Functionality

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Office of Medicaid Eligibility Policy

July 2022

# Topics

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# Washington Healthplanfinder Overview



# Washington Healthplanfinder

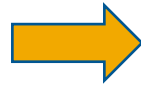
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- ▶ Washington Healthplanfinder is an easily accessible, online marketplace for Washington State residents to compare and enroll in health insurance plans. This one-stop shop enables applicants to:
  - ▶ Apply for free or low-cost health care coverage, including Apple Health (Medicaid), with real-time coverage results available in most instances; and
  - ▶ Receive personal customer support when applying, finding, comparing and enrolling in a health plan that meets their needs.

# Apple Health Application Process

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Account creation &  
Application filing



Eligibility  
Determination



Managed Care  
Plan selection



Enrollment



- ▶ Account creation is not required to apply for Apple Health. However, the benefits of creating an account include the ability to:
  - ▶ Easily report changes;
  - ▶ Upload documents; and
  - ▶ Sign-up for electronic communications.

Home En Español E.g. How do I renew my cover

washington healthplanfinder

SIGN IN

GET COVERAGE CURRENT CUSTOMERS HELP CENTER

Need to make a change? Find out if you qualify for [special enrollment](#).

### What would you like to do today?

- Sign In to Your Account
- Report Changes
- Free or Low-Cost Apple Health
- Renew Your Coverage
- Apply Now
- Browse and Compare Plans
- Frequently Asked Questions
- Make a Payment

### Find Health Coverage Now

Free or low-cost Washington Apple Health is available year-round, and you may qualify for a [special enrollment](#) if you are uninsured or have certain life changes. Browse 2022 health plans, including [Cascade Care](#) plans.


See if you can enroll

### Care for How You're Living

Sign in to your account and make sure your information is up to date.

Get help virtually so you can stay home and stay healthy.

Get Virtual Help



### Get Financial Help

Free or low-cost coverage through Washington Apple Health

Learn More >

### Update Your Information

Report a change in income, address and other details

Report a Change >

### Submit Documents

Submit from your account or use the mobile app

Submit Documents >

PREMERA BLUE CROSS Regence United Healthcare Washington Apple Health

# Home Page

- ▶ From the Home page, users can:
  - ▶ Sign in and create an account;
  - ▶ Apply for coverage;
  - ▶ Find customer support and language assistance.

# Sign-in Page

**Sign in to your account**

Username \* ⓘ  
E.g. jsmith123

[Forgot Username?](#)

Password \* ⓘ



[Forgot Password?](#)

Remember Me

**Sign In**

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

Download our free mobile app to get coverage information on the go

- ▶ Users are given three attempts to correctly enter their username and password before their account is locked.
  - ▶ Use the 'Forgot Password' link before the account is locked to reset the password.

# Additional Authorization

Home En Español Language Help Customer Support

washington healthplanfinder  
click. compare. covered.

Sign In

## Additional authentication required

\*Required Field

**WARNING :**  
THIS SYSTEM MAY CONTAIN U.S. GOVERNMENT INFORMATION WHICH IS RESTRICTED TO AUTHORIZED USERS ONLY. UNAUTHORIZED ACCESS, USE, OR MISUSE, OR MODIFICATION OF THIS COMPUTER SYSTEM OR OF THE DATA CONTAINED HEREIN OR IN TRANSIT TO/FROM THIS SYSTEM CONSTITUTES A VIOLATION OF TITLE 18, UNITED STATES CODE, SECTION 1030, AND MAY SUBJECT THE INDIVIDUAL TO CRIMINAL AND CIVIL PENALTIES PURSUANT TO TITLE 26, UNITED STATES CODE, SECTIONS 7213, 7213A (THE TAXPAYER BROWSING PROTECTION ACT), AND 7431. THIS SYSTEM AND EQUIPMENT ARE SUBJECT TO MONITORING TO ENSURE PROPER PERFORMANCE OF APPLICABLE SECURITY FEATURES OR PROCEDURES. SUCH MONITORING MAY RESULT IN THE ACQUISITION, RECORDING AND ANALYSIS OF ALL DATA BEING COMMUNICATED, TRANSMITTED, PROCESSED OR STORED IN THIS SYSTEM BY A USER. IF MONITORING REVEALS POSSIBLE EVIDENCE OF CRIMINAL ACTIVITY, SUCH EVIDENCE MAY BE PROVIDED TO LAW ENFORCEMENT PERSONNEL. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING.

An authorization code was just sent to A-00\*\*\*\*\*@mailinator.com

If you do not receive an email or have any trouble, contact Customer Support at [1-855-923-4633](tel:1-855-923-4633).

Enter the code \*

[Resend the authorization code](#)

**Next**

- ▶ Enter the emailed authorization code and select 'Next'.
- ▶ This code is character sensitive.



# Volunteer Assisters and Washington Healthplanfinder



# Enhanced Access

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- ▶ To apply for Washington Healthplanfinder enhanced access, one must:
  - ▶ Complete the full seven-module Community-Based training;
  - ▶ Pass the assessment test;
  - ▶ Complete registration paperwork, and successfully pass a background check.
- ▶ Once granted enhanced access, a username and temporary password is emailed from Washington Healthplanfinder IT Account Support.
- ▶ Change password at initial login.

# Volunteer Assister Dashboard

The screenshot displays the Volunteer Assister Dashboard interface. At the top, there are two navigation tabs: "Account Home" and "My Clients", both highlighted with an orange border. Below the tabs is a "Message Center" section containing a table of notices. To the right of the message center is a "Quick Links" sidebar with several options, including "Find New Client's Account" and "Start New Application", which are highlighted with an orange border. At the bottom of the dashboard, there is a "Help Requests" section.

Notice	Date/Time Received
<b>Password Expiring</b> English	06/02/2022, 01:00 AM
<b>Password Expiring</b> English	05/09/2022, 11:35 PM

View More ▶

**Quick Links**

- Manage My Account
- My Clients
- Find New Client's Account**
- Start New Application**
- Print Paper Application
- Renew Certification
- Update Contact Information
- Terminate Client Partnership

**Help Requests**

No Help Requests found at this time.

▶ A Volunteer Assister's dashboard includes some of the following tabs:

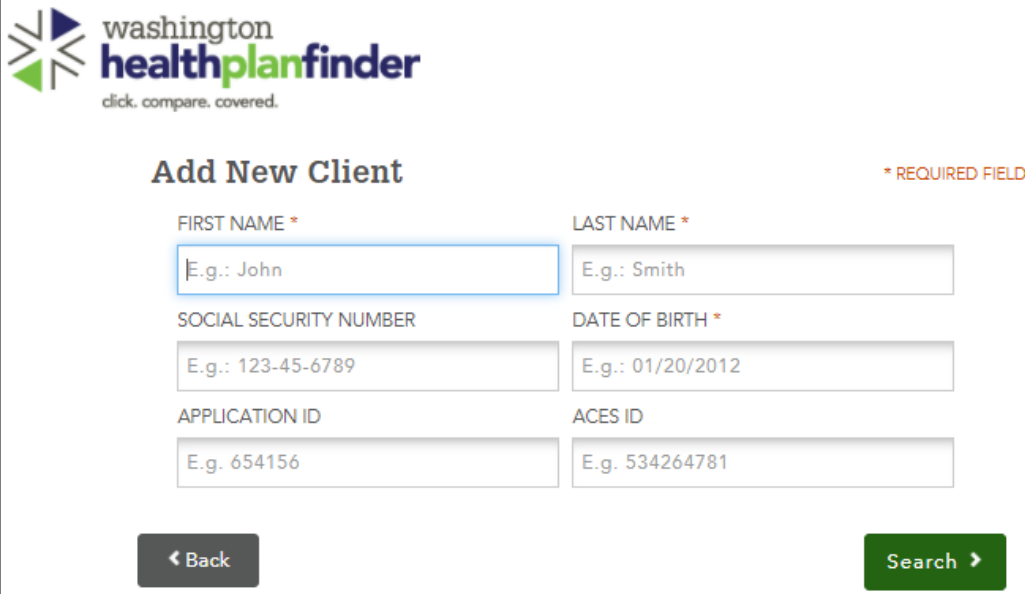
- ▶ Account Home
- ▶ My Clients
- ▶ Find New Client's Account
- ▶ Start New Application

# Find New Client's Account

▶ Always search for an existing application before starting a new one.

▶ Required search criteria:

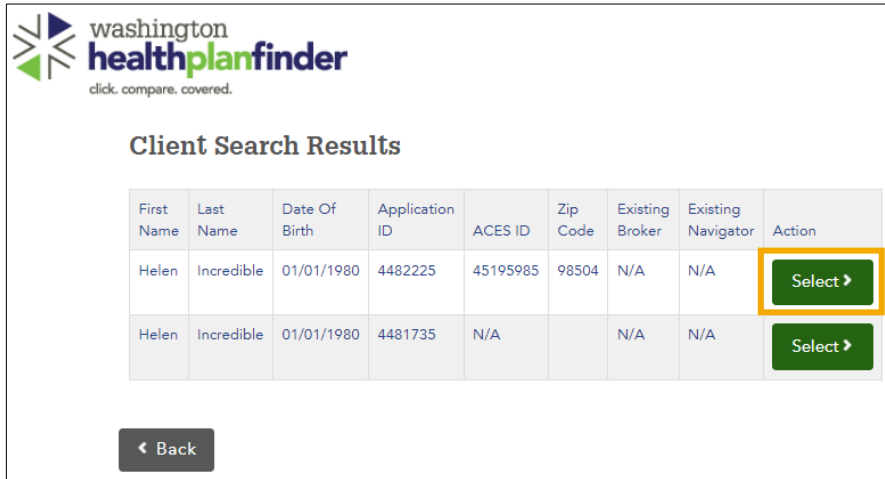
- ▶ First name;
- ▶ Last name; and
- ▶ Date of birth



The screenshot shows the 'Add New Client' form on the Washington Health Plan Finder website. The form includes the following fields and labels:

- WASHINGTON healthplanfinder** logo with the tagline 'click. compare. covered.'
- Add New Client** title with a '\* REQUIRED FIELD' indicator.
- FIRST NAME \*** input field with the example 'E.g.: John'.
- LAST NAME \*** input field with the example 'E.g.: Smith'.
- SOCIAL SECURITY NUMBER** input field with the example 'E.g.: 123-45-6789'.
- DATE OF BIRTH \*** input field with the example 'E.g.: 01/20/2012'.
- APPLICATION ID** input field with the example 'E.g. 654156'.
- ACES ID** input field with the example 'E.g. 534264781'.
- Back** button (left arrow) and **Search** button (right arrow).

# Client Search Results



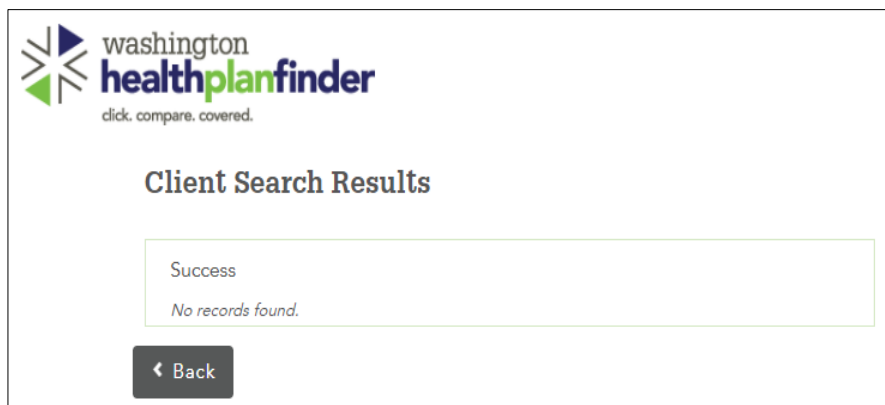
washington healthplanfinder  
click. compare. covered.

### Client Search Results

First Name	Last Name	Date Of Birth	Application ID	ACES ID	Zip Code	Existing Broker	Existing Navigator	Action
Helen	Incredible	01/01/1980	4482225	45195985	98504	N/A	N/A	Select >
Helen	Incredible	01/01/1980	4481735	N/A		N/A	N/A	Select >

< Back

- ▶ For multiple search results, select the option that fits.



washington healthplanfinder  
click. compare. covered.

### Client Search Results

Success  
No records found.

< Back

- ▶ If there are no results that fit, or no records found, select 'Back' to create a new application.

## Confirmation to Partner with a Client

\* REQUIRED FIELD

You are about to become the Navigator for Grumpy Dwarf. Please check the box below to indicate that you have reviewed the following terms with the client:

- Client agrees to disclose personal information, such as financial resources and family situation to a Program Navigator. Client understands the information will not be further disclosed without their permission.
- Client grants the Navigator permission to access, enter, and update information in their on-line application. Client further grants permission to the Navigator to submit their completed application, including activating an e-signature on their behalf.
- Client understand that they may end their partnership with the Navigator or change their duration or notification preferences at any time through their Healthplanfinder account or by calling 1-855-WAFINDER (1-855-923-4633).

Client understands and agrees to these terms. \*

WOULD YOU LIKE TO RECEIVE COPIES OF ALL WASHINGTON HEALTHPLANFINDER NOTIFICATIONS SENT TO GRUMPY DWARF? \*

YES

NO

To formally partner with this client, click "Partner" below.

← Back

Proceed without Partnering >

Partner >

# Partnering with a Client

- ▶ The client must agree to the volunteer assister as their navigator to assist with the application.
- ▶ For ongoing assistance, the volunteer assister can partner with the client.

# Partnering with Clients

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- ▶ Partnering with a client application allows a volunteer assister to:
  - ▶ Report changes on the application;
  - ▶ Assist with uploading documents;
  - ▶ Complete renewals; and
  - ▶ Receive copies of notifications.

Proceed without Partnering >

Partner >

### Search My Clients

FIRST NAME E.g.: John	LAST NAME E.g.: Smith	PHONE E.g.: 888-123-8888
EMAIL ADDRESS jdoe@mail.com	USER TYPE Individual	RELATIONSHIP TYPE - Select an Option -
CURRENT STATUS E.g.: App Submitted	CLIENT SINCE E.g.: 11/12/2014	APPLICATION ID E.g.: 123456
ACES ID E.g.: 564352674		

Search for Clients in My Organization

Reset Search

### My Clients

App ID	Name	ACES ID	Email	Phone	Relationship Type	Client Since	Renewal Deadline	Current Status	Navigator Name
4482225	Helen Incredible	45195985			N/A	03/16/2022	04/30/2023	Submitted	Self

1 Item Found.

# Partnering with a Client

- ▶ Once successfully partnered, the client will be listed under the 'My Clients' tab for quick access.
- ▶ A partnership with a client's application lasts for 30 days but can be terminated at any time.



# Account Creation



# Creating an Account

**Create an Account** \*Required Field

**ACCOUNT INFORMATION**

Username \*  
⚠ At least 6 characters. You can use letters, numbers, and periods.  
E.g. jsmith123

Password \* Re-Enter Password \*  
⚠ At least 8 characters  
[password field] [password field]

ⓧ 8 characters long ⓧ Passwords match

Email Address \* Re-Enter Email Address \*  
E.g. jdoe@mail.com E.g. jdoe@mail.com

**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](#) ⓘ ⓘ

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

- ▶ Accounts can be created at any time, including when starting a new application.
  - ▶ An account is not required to apply for Apple Health.
- ▶ Benefits of creating an account:
  - ▶ Option to go paperless.
  - ▶ Easily report changes.
  - ▶ Mobile app access.

# Creating an Account

The screenshot shows the 'ACCOUNT INFORMATION' section of the Washington Healthplanfinder website. At the top, there is a navigation bar with links for 'Home', 'En Español', 'Language Help', and 'Customer Support'. The Washington Healthplanfinder logo is on the left, and a 'Sign In' button is on the right. The form fields are as follows:

- Username \***: A text input field with a warning icon and the instruction 'At least 6 characters. You can use letters, numbers, and periods.' The example text is 'E.g. jsmith123'.
- Password \***: A text input field with a warning icon and the instruction 'At least 8 characters'. The example text is 'E.g. jsmith123'.
- Re-Enter Password \***: A text input field with a warning icon and the instruction 'At least 8 characters'. The example text is 'E.g. jsmith123'.
- Email Address \***: A text input field with a warning icon and the instruction 'At least 8 characters long'. The example text is 'E.g. jdoe@mail.com'.
- Re-Enter Email Address \***: A text input field with a warning icon and the instruction 'At least 8 characters long'. The example text is 'E.g. jdoe@mail.com'.

Below the password fields, there is a red 'x' icon and the text 'Passwords match'.


- ▶ To create an account, the client must:
  - ▶ Have an email address;
  - ▶ Create username and password; and
  - ▶ Agree to the terms and conditions.


# Application Process



## About You

We are now going to collect some information about you and your household to help you find health coverage options.

Paper application submitted 

Submitted Date 

Eg, 01/20/2012



### Notice:

Provide full legal name such as what appears on the Social Security card.

First Name \*

E.g. John


M.I

E.g. J


Last Name \*

E.g. Smith

Suffix


Social Security Number  [Why we ask for this?](#)

E.g. 123-45-6789

Date of Birth \* 

E.g. 01/20/2012

If you have a Social Security number and are applying for coverage, you may have to provide it. Select the "Why we ask for this" link for details.

Sex assigned at birth \* 

Male

Female

## APPLICATION DETAILS

Who are you applying for? \*

Select an option

Who are you applying for? \*

Select an option

Do you want to apply for help to pay your premiums, out-of-pocket costs, or apply for Washington Apple Health (Medicaid)? \* 

Yes

No

Select an option

Myself  
Myself and Others  
Other Household Members

# About You

▶ Enter the primary applicant's information, and indicate whom they are applying for:

- ▶ Myself;
- ▶ Myself and others; or
- ▶ Other household members.

# About You

- ▶ Help with premiums or to apply for Apple Health?
  - ▶ Leave this marked 'Yes' to apply for Apple Health.
- ▶ Agree to privacy policy.

**APPLICATION DETAILS**

Who are you applying for? \*

Select an option ▼

Do you want to apply for help to pay your premiums, out-of-pocket costs, or apply for Washington Apple Health (Medicaid)? \* ⓘ

**Yes** No

**DEMOGRAPHICS**

**Why we collect this** - We use this information to help improve health equity and increase access to health care for all individuals. The information you provide will not prevent your ability to enroll in a health plan.

Are you of Hispanic, Latino, or Spanish origin? ⓘ

Select an option ▼

What is your race? ⓘ

Select all boxes that apply ▼

Are you an American Indian or Alaska Native? \* ⓘ

**Yes** No

Yes, I have read the [Washington Healthplanfinder Privacy Policy](#) ⓘ \*

**Next**

# Entering Contact Info

Home En Español Language Help Customer Support

washington healthfinder  
with complete internet

Browse Apply Select Finalize Sign In

## Enter your contact information

**YOUR HOME ADDRESS** \*Required Field

I don't have a home address ←

Address Line 1 \*

Apt/Suite/Other

City \*

State \*

Zip \*

County

**YOUR MAILING ADDRESS**

My mailing address is the same as my home address

I don't have a mailing address ←

Address Line 1 \*

Apt/Suite/Other

City \*

State \*

Zip \*

County

**YOUR CONTACT DETAILS**

Phone Number

Phone Type

Alternate Phone Number

Alternate Phone Type

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.

- ▶ Enter client's residential and mailing addresses.
- ▶ A city and zip are still required even when they do not have a home address.
  - ▶ Use the city the client spends most of their time.
- ▶ If a client reports they do not have a mailing address, a message will appear with the suggestion to use USPS General Delivery services.

# Address Confidentiality Program

- ▶ For clients enrolled in the Address Confidentiality Program (ACP), only enter this address for home and mailing:
  - ▶ 'PO Box 257, Olympia WA 98507'.
- ▶ Enter the Personal Mailbox # (PMB) in the pop-up box.

The screenshot shows a web form titled "Enter your contact information" with a "Required Field" indicator. The form is divided into two sections: "YOUR HOME ADDRESS" and "YOUR MAILING ADDRESS".

**YOUR HOME ADDRESS:**

- I don't have a home address
- Address Line 1 \*: PO Box 257
- Apt/Suite/Other: E.g. Apt 3
- City \*: olympia
- State \*: [dropdown menu]
- Zip \*: 98507
- County: THURSTON

**YOUR MAILING ADDRESS:**

- My mailing address is the same as my home address
- I don't have a mailing address
- Address Line 1 \*: PO Box 257
- Apt/Suite/Other: E.g. Apt 3
- City \*: olympia
- State \*: Washington
- Zip \*: 98507
- County: THURSTON

**Pop-up Box: Provide ACP PMB number**

This is the mailbox number given to you by the Address Confidentiality Program (ACP) offered by the Secretary of State's office.

ACP PMB Number \*: [input field with "E.g.: 123456"]

Buttons: Save, Back



# Enter Contact Info

- ▶ Enter telephone contact information, language preferences, and whether blind or low-vision assistance is needed (i.e. large print).

### YOUR CONTACT DETAILS

Phone Number E.g. 1234567890	Phone Type Select an option
Alternate Phone Number E.g. 1234567890	Alternate Phone Type Select an option

### LANGUAGE PREFERENCES

We offer free interpreter help for spoken and signed languages and free translated written materials. You may request these services at any time. Select your language from the options below.

What language do you prefer to read? English	What language do you prefer to speak? English
---	--

### BLIND OR LOW VISION ASSISTANCE


We offer free communications aids and services to people with disabilities. You may request these services at any time. If you need a document in an alternative format, select from the options below.

What alternative format should we send to you? None
--

# Adding an AREP

- ▶ To add an Authorized Representative (AREP), select this box.
  - ▶ Enter the AREP's required information.
- ▶ Clients can choose to have a copy of their notifications mailed to their AREP.

### AUTHORIZED REPRESENTATIVE


I have an Authorized Representative 

First Name \*  Last Name \*

Address Line 1 \*  Apt/Suite/Other

City \*  State \*  Zip \*

Email

I want my authorized representative to receive duplicate copies of my notification. 

**Note:** You can submit an application that only includes the name of the primary applicant, address and signature. A partial application cannot be electronically processed, however, we will record your application as received today. You will be contacted by mail or phone to complete your application.

# Confirming Identity Process

**Confirm your identity** \*Required Field

These questions help verify your identity. If you can't answer these questions, you will still be able to complete your application but you will need to contact us to confirm your identity. ⓘ

You may have opened an auto loan or auto lease in or around October 2012. Please select the dollar amount range in which your monthly auto loan or lease payment falls. If you have not had an auto loan or lease with any of these amount ranges now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'. \*

\$395 - \$494  
 \$495 - \$594  
 \$595 - \$694  
 \$695 - \$794  
 None of the above/does not apply

Please select the number of bedrooms in your home from the following choices. If the number of bedrooms in your home is not one of the choices please select 'NONE OF THE ABOVE'. \*

2  
 3  
 4  
 5  
 None of the above

Please select the model year of the vehicle you purchased or leased prior to April 2009. \*

2003  
 2004  
 2005  
 2006  
 None of the above

Using your date of birth, please select your astrological sun sign of the zodiac from the following choices. \*

Aquarius  
 Sagittarius  
 Libra  
 Gemini  
 None of the above

- ▶ Clients might be prompted to answer questions to confirm their identity.
- ▶ If answers are unknown, select 'None of the above/does not apply'.

# Set the Tax Status

- ▶ Report the primary applicant's tax filing status for the current and future year(s).

We need to collect some tax information about you and your household from last year to verify your income and provide you accurate information about health insurance available to you.

What was your tax filing status for tax year 2020? \* ⓘ  
[Tax filing status definitions](#)

Select an option ▼

Is this person planning to have the same tax filing status as that of 2020 for tax year 2021? \* ⓘ

Yes	No
-----	----

Back Next

Select an option ▼

- Select an option
- Single filing taxes
- Head of household
- Qualified widow(er) with dependent child
- Married filing taxes separately
- Married filing taxes jointly
- Tax dependent of someone on the application
- Tax dependent of someone not on the application
- Person has neither filed taxes nor was tax dependent

What was your tax filing status for tax year 2020? \* ⓘ  
[Tax filing status definitions](#)

Married filing taxes jointly ▼

Who was the primary tax payer in 2020? \* ⓘ

You	Spouse
-----	--------

# Adding Household Members

- ▶ Select 'Add Member' to add household members to the application.

**Add your household members**

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

Helen Incredible <span>Edit</span>	
Female	
Date of Birth	Social Security Number
01/01/1980	XXX-XX-6789
Applying for Coverage	Living in Same Home as Helen Incredible
Yes	N/A

**+ Add Member**

**Add your household members**

Add household member

Provide full legal name such as what appears on the Social Security card.

First Name \* M.I.

E.g. John E.g. J

Last Name \* Suffix

E.g. Smith

Save

Cancel

Back Finish Later Next

First Name \*  M.I.

Last Name \*  Suffix

Social Security Number  Date of Birth \*

If this person has a Social Security number and is applying for coverage, they may have to provide it. This will help process your application faster.

Sex assigned at birth \*  Male  Female

Is this person of Hispanic, Latino, or Spanish origin?

What is this person's race?

Is this person an American Indian or Alaska Native? \*  Yes  No

How is this person related to the primary applicant? \*

Is this person applying for coverage or continuing existing coverage through Washington Healthplanfinder? \*  Yes  No

What was the tax filing status of this person in tax year 2020? \*

Is this person planning to have the same tax filing status as that of 2020 for Tax year 2021? \*  Yes  No

Is this person living with the primary applicant? \*  Yes  No

# Adding Household Members

- ▶ Enter the household member's information, including their:
  - ▶ Relationship to the primary applicant;
  - ▶ Whether Apple Health coverage is requested; and
  - ▶ The current and future tax filing status.

# Set Household Relationships

washington healthplanfinder  
click, compare, covered.

Home En Español Language Help Customer Support

Browse Apply Select Finalize Dashboard Sign Out

### Set your household relationships

Please indicate relationship between the household members below.

**HELEN INCREDIBLE'S RELATION TO**

Bob Incredible \*  
Spouse (including same sex marriage)

Violet Incredible \*  
Parent

Dash Incredible \*  
Parent

**BOB INCREDIBLE'S RELATION TO**

Helen Incredible \*  
Spouse (including same sex marriage)

Violet Incredible \*  
Select an option

Dash Incredible \*  
Select an option

**VIOLET INCREDIBLE'S RELATION TO**

Helen Incredible \*  
Child

Bob Incredible \*  
Select an option

Dash Incredible \*  
Select an option

**DASH INCREDIBLE'S RELATION TO**

Helen Incredible \*  
Child

Bob Incredible \*  
Select an option

Violet Incredible \*  
Select an option

Back Next

- ▶ Select each member's relation to the other household members.

**BOB INCREDIBLE'S RELATION TO**

Helen Incredible \*  
Spouse (including same sex marriage)

Violet Incredible \*  
Select an option

- Select an option
- Parent
- Legal Guardianship
- Other Relative
- Child
- Spouse (including same sex marriage)
- Registered Domestic Partner
- Cousin
- Nephew/Niece
- Uncle/Aunt
- Unrelated
- Grand Child
- Sibling
- Grand Parent
- Step Parent
- Step Child

# Tribal Membership

washington healthplanfinder  
click. compare. covered.

Home En Español Language Help Customer Support

Browse Apply Select Finalize Dashboard Sign Out

### Tribal membership

Please indicate Tribal Membership for the following members:

**BOB INCREDIBLE**

Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? \*

Yes No

Which Tribe? \*

Search

**DASH INCREDIBLE**

Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? \*

Yes No

Which Tribe? \*

Search

**VIOLET INCREDIBLE**

Is this person a member of a federally recognized Tribe, band, Pueblo or Rancheria, Shareholder in an Alaska Native regional or village corporation? \*

Yes No

Which Tribe? \*

Search

Back Next

- ▶ Enter tribal membership information for any household members that answer 'Yes' to AI/AN.

Search tribe name X

Tribe Name

Show All Search

Close



# About Your Household

## Answer questions about your household

This information is used to determine eligibility for household members applying for coverage:

\*Required Field

\* Helen Incredible \* Bob Incredible \* Violet Incredible \* Dash Incredible

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

Yes	No
-----	----

Are any of the members listed above currently incarcerated? \* ?

Yes	No
-----	----

Have any of the members listed above used tobacco products regularly in the past 6 months? Vape and e-cigarette products are not included. \* ?

Yes	No
-----	----

Your answer will not be used to check your eligibility for Apple Health, tax credits or other savings programs.

Do any members seeking coverage have current health insurance that is not Washington Apple Health (Medicaid) and not from Washington Healthplanfinder? \* ?

Yes	No
-----	----

Note: Select "Yes" to see what types of health insurance you should report.

Have any of the children lost health insurance within the last 4 months? \* ?

Yes	No
-----	----

Are all the members listed above residents of the state of Washington? \* ?

Yes	No
-----	----

Is any household member on this application pregnant or had a pregnancy in the previous 12 months? \* ?

Yes	No
-----	----

Back

Finish Later

Next

▶ Questions about the members seeking coverage, include:

- ▶ Incarceration status;
- ▶ Washington residency; and
- ▶ Pregnancy status.

# Immigration Information

- ▶ Input the information from the immigration documents. The information requested varies by document type.

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

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

Helen Incredible  
Is this person lawfully present in the US? \* ⓘ

Date of entry to U.S. \* ⓘ

E.g.: MM/DD/YYYY

Does this person have an immigration document? \*

Bob Incredible  
 Violet Incredible  
 Dash Incredible

# Immigration Document Types

- ▶ Select the document type used for verification purposes.

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

Helen Incredible

Is this person lawfully present in the US? \* ?

Yes No

Date of entry to U.S. \* ?

E.g.: MM/DD/YYYY

Does this person have an immigration document? \*

Yes No

Immigration Document Type \* ?

Select an option

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

# Permanent Resident Card

- ▶ If using a permanent resident card enter the A# and Receipt # listed on the card.

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

Helen Incredible

Is this person lawfully present in the US? \* ⓘ

Yes No

Date of entry to U.S. \* ⓘ

01/15/2000

Does this person have an immigration document? \*

Yes No

Immigration Document Type \* ⓘ

Permanent Resident Card with photograph ▼

Alien Number \* ⓘ

Receipt Number \*

# I-571 Refugee Travel Document

- ▶ If using an I-571 Refugee Travel document enter the A#.

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

Helen Incredible

Is this person lawfully present in the US? \* ⓘ

Yes	No
-----	----

Date of entry to U.S. \* ⓘ

01/15/2000

Does this person have an immigration document? \*

Yes	No
-----	----

Immigration Document Type \* ⓘ

I-571 Refugee Travel Document ▼

Alien Number \* ⓘ

Alien Number

# I-776 Employment Authorization Card

- ▶ If using an Employment Authorization Card enter the A#, document expiration date, and receipt #.

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

Helen Incredible

Is this person lawfully present in the US? \* ⓘ

Yes No

Date of entry to U.S. \* ⓘ

01/15/2000

Does this person have an immigration document? \*

Yes No

Immigration Document Type \* ⓘ

I-766 Employment Authorization Card ▼

Alien Number \* ⓘ

Alien Number

Document Expiry Date \*

E.g.: MM/DD/YYYY

Receipt Number \*

Receipt Number

# Machine-Readable Visa

- ▶ If using a Machine-Readable Immigrant Visa enter the document expiration date.

<input checked="" type="checkbox"/> Helen Incredible	
Is this person lawfully present in the US? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Date of entry to U.S. *	01/15/2000
Does this person have an immigration document? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Immigration Document Type *	Machine Readable Immigrant Visa (with Te) ▼
Document Expiry Date	E.g.: MM/DD/YYYY
Does this person have a foreign passport? *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Passport number *	E.g.: 1234567890
Country of Issuance *	Select an option ▼
Passport Expiry Date *	E.g.: MM/DD/YYYY

- ▶ If there is also a passport, enter:
  - ▶ Passport number;
  - ▶ Country of issuance; and
  - ▶ Passport expiration date.

# Other Document Types

Helen Incredible

Is this person lawfully present in the US? \*

Yes No

Date of entry to U.S. \*

01/15/2000

Does this person have an immigration document? \*

Yes No

Immigration Document Type \*

I-94 Arrival or Departure Record

Select an option

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

Does this person have a foreign passport? \*

[ Yes ] No

Passport number \*

E.g.: 1234567890

Country of Issuance \*

Select an option

Passport Expiry Date \*

E.g.: MM/DD/YYYY

- ▶ These document types also request information from the foreign passport:
  - ▶ Other;
  - ▶ I-94 Arrival or Departure Record; and
  - ▶ Temporary I-551 Stamp.
- ▶ If there is a passport, enter:
  - ▶ Passport number;
  - ▶ Country of issuance; and
  - ▶ Passport expiration date.



# Foreign Passport

- ▶ If the client only has a foreign passport, indicate they do not have an immigration document, then enter the requested information from the passport.

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

Helen Incredible  
Is this person lawfully present in the US? \* ⓘ

Yes	No
-----	----

Date of entry to U.S. \* ⓘ

12/12/2012

Does this person have an immigration document? \*

Yes	No
-----	----

Does this person have a foreign passport? \*

Yes	No
-----	----

Passport number \*

E.g.: 1234567890

Country of Issuance \*

Select an option ▼

Passport Expiry Date \*

E.g.: MM/DD/YYYY

Bob Incredible  
 Violet Incredible  
 Dash Incredible



Sign Out

Dashboard

### Screen for other services

#### LONG TERM CARE COVERAGE

Do any of the members applying for coverage need any of these services?

- \* Helen Incredible
- \* Bob Incredible
- \* Violet Incredible
- \* Dash Incredible

Long-term care services because they are living in a medical facility, such as a nursing home \* ?

Yes	No
-----	----

In-home caregiver \* ?

Yes	No
-----	----

Assisted living services \* ?

Yes	No
-----	----

Services through the Developmental Disabilities Administration \* ?

Yes	No
-----	----

Hospice care \* ?

Yes	No
-----	----

Health coverage because they are unable to work due to a health condition or disability \* ?

Yes	No
-----	----

#### UNPAID MEDICAL EXPENSES

Do any of these members have unpaid medical expenses from the last three months, not including this month? \* ?

Yes	No
-----	----

Back

Finish Later

Next

# Screening for Other Services

- ▶ If specialized services are needed, select 'Yes' to the service type needed.
- ▶ Examples of services include:
  - ▶ Long-term care services;
  - ▶ In-home caregiver; and
  - ▶ Help with unpaid medical expenses.

# Requesting Other Services

- ▶ Select 'Yes' for each requested service.
- ▶ Select the household member who needs the service.

Long-term care services because they are living in a medical facility, such as a nursing home \* ?

Yes No

Please check the box below for any member who needs this service.

Helen Incredible

Bob Incredible

Type of Facility \* ?

Violet Incredible

Dash Incredible

Select an option


- Select an option
- Nursing Facility
- Hospital
- Veteran Nursing Facility
- State Hospital (IMD)
- Hospice Care Center
- Intermediate Care Facility for Intellectually Disabled

# Requesting AEM Coverage

---

- ▶ For those requesting Apple Health that otherwise do not meet the citizenship or immigration requirements, this question will appear.

### EMERGENCY MEDICAL COVERAGE

You reported that an adult applying for coverage is not a U.S. citizen. Do they need coverage due to emergency hospitalization, cancer treatment, kidney dialysis or COVID-19 testing and treatment? \* 

<input checked="" type="radio"/> Yes	<input type="radio"/> No
--------------------------------------	--------------------------

Helen Incredible

# Requesting Retroactive Coverage

- ▶ For assistance with unpaid medical expenses, select 'Yes' and indicate who the expense is for.
  - ▶ A request for information to verify eligibility is sent to the client.

**UNPAID MEDICAL EXPENSES**

Do any of these members have unpaid medical expenses from the last three months, not including this month? \* ?

[ **Yes** ] No

Please check the box below for any member who has the unpaid medical expenses.

- Helen Incredible
- Bob Incredible
- Violet Incredible
- Dash Incredible

# Adding Household Income

**Add your household income** \*Required Field

Select the income your household receives and choose which household member receives it.  
[Learn more about reporting income.](#)

Confirm if any of the members on your application have the income types listed and choose the household member who receives it.

Income from a job \*  Yes  No

Helen Incredible  
 Bob Incredible  
 Violet Incredible  
 Dash Incredible

Self-Employment \*  Yes  No

Social Security \*  Yes  No

Rental income \*  Yes  No

Other income \*  Yes  No

Examples of other income:

<i>Alimony or spousal support</i>	<i>Annuity or pension income</i>	<i>Capital gains</i>
<i>Dividend, stock, or shares income</i>	<i>Farming income</i>	<i>Foreign income</i>
<i>Income from a trust</i>	<i>Interest income</i>	<i>IRA</i>
<i>Other taxable income</i>	<i>Railroad Retirement Benefits</i>	<i>Royalty income</i>
<i>Taxable tribal income</i>	<i>Unemployment benefits</i>	<a href="#">Examples of other income</a>

[Back](#) [Finish Later](#) [Next](#)

- ▶ To add the income, select 'Yes' for each income type received in the household.
  - ▶ Then, select who receives that income.
- ▶ Select 'Next' to enter income amounts.

# Income from a Job

## INCOME FROM A JOB

\$ - Close ▲ Remove ⓧ

Enter any income received from a job. Use the income calculator or enter the gross amount before taxes and other deductions.

Amount \*  Income Calculator >

Frequency \*

### COMPANY INFORMATION

Employer Name \*

Employer Address Line 1 \*

Employer Apt/Suite/Other

City \*

State \*

Zip \*

Did your employer offer you health insurance coverage? \*

Yes No

- ▶ Enter gross monthly income as well as the employer's:
  - ▶ Name;
  - ▶ Address; and
  - ▶ Whether the employer offers health insurance.

# Income Calculators

▶ Income calculators are available to assist in calculating monthly income for the following income types:

- ▶ Income from a job;
- ▶ Self-employment income; and
- ▶ Rental income.

INCOME FROM A JOB

\$ -

Enter any income received from a job. Use the income calculator or enter the gross amount before taxes and other

Amount \* \$ 0.00

Frequency \* Select an option

Income Calculator

Employment income calculator

Enter wages or salary and the frequency it is received.

Amount \* \$ 0.00

Frequency \* Select an option

Add additional income from this job. Enter the monthly amount.

Commissions \$ 0.00

Salaries \$ 0.00

Bonuses \$ 0.00

Tips \$ 0.00

Overtime \$ 0.00

Calculated Monthly Amount \$ 0.00

Use Amount

Cancel



# Self-Employment Income

- ▶ Select type of self-employment company.
- ▶ Enter name of business, the net business income, and frequency earned.

SELF-EMPLOYMENT

\$ 0.00 Close ▲ Remove ⊕

Enter the profit or loss received from operating a business such as a sole proprietor, independent contractor, a partnership or S-corporation. Use the self-employment income calculator or enter the net amount of income after allowable business expenses.

Type of company \*  
  
Select an option  
Sole Proprietor  
Partnership  
Corporation

Name of company \*

Amount \*  
  
[Income Calculator >](#)

Frequency \*  
  
Select an option  
Monthly  
Quarterly  
Annually

# Rental Income

- ▶ Income earned from renting out personal property.
- ▶ Enter the property name, the net income, and frequency earned.

RENTAL INCOME


\$ - Close ▲ Remove ⊗

Enter the profit or loss received from renting out real estate or personal property. Use the rental income calculator or enter the net amount of income after allowable business expenses.

Property Name

Amount \*

Frequency \*  
  
Select an option  
Monthly  
Quarterly  
Annually

 [Income Calculator >](#)

# Income From Social Security

- ▶ Social Security Disability (SSDI), Survivor, and Widower benefits are countable income for Apple Health. Supplemental Security Income (SSI) is not countable for Apple Health.
- ▶ Enter the gross amount and select monthly frequency.

SOCIAL SECURITY

Social Security Close ▲ Remove ⊗

\$ -

Enter income received from the Social Security Administration for retirement, disability, dependent or survivor benefits, but not Supplemental Security Income (SSI). Use the gross amount before taxes and deductions.

Amount \*

Frequency \*

# Other Income

- ▶ Less-common income types are listed under 'Other Income'.
- ▶ Select the income type, enter the income amount, and frequency.

The screenshot displays a web form titled "OTHER INCOME". At the top left, the text "\$ -" is shown in green. To the right of this are two links: "Close ^" and "Remove ⊗". Below this is a section labeled "Income Type \*". A dropdown menu is open, showing a list of income types. The first item, "Select an option", is highlighted in blue. The list includes: "Alimony or spousal support", "Annuity or pension income", "Capital gains", "Dividend, stock, or shares income", "Farming income", "Foreign income", "IRA", "Income from a trust", "Interest income", "Other taxable income", "Railroad retirement benefits", "Royalty income", "Taxable tribal income", and "Unemployment benefits". To the right of the dropdown menu is a "Close ^" link. Below the dropdown menu is a button labeled "Add Income" with a plus icon. At the bottom of the form, there is a line of text: "previous screen to add income for that member."

# Income of a Tax Dependent

---

- ▶ Income earned or received by a minor may not always be countable.
- ▶ Indicate whether they will be required to file a tax return to determine if the income is counted.

VIOLET INCREDIBLE

---

Will this [person be required](#) to file a federal tax return? \*

Yes

No

# Adding Deductions

- ▶ IRS deductions reduce the total countable income.
- ▶ To add deduction(s) select 'Yes' and indicate who the deduction belongs to.

## Add your household deductions

\*Required Field

Confirm if any of the members on your application have deductions.

Do any of the members on your application have deductions? \*

Yes  No

[Learn more about deductions.](#)

Helen Incredible

Bob Incredible

Violet Incredible

Dash Incredible

Examples of deductions:

<i>Alimony or spousal support paid out</i>	<i>Certain claimable business expenses</i>	<i>Domestic production activities</i>
<i>Educator expenses</i>	<i>Health savings account contributions</i>	<i>Moving costs for an official military move</i>
<i>Penalty on early withdrawal of savings</i>	<i>Pre-tax retirement account contributions</i>	<i>Self-employment tax</i>
<i>Self-employment health insurance</i>	<i>Self-employment retirement plan</i>	<a href="#">Examples of deductions:</a>
<i>Student loan interest</i>		

[Examples of deductions:](#)

# Entering Deduction Details

**Enter your deduction details**

Provide the deduction amount for each household member. Add more deductions as needed.

HELEN INCREDIBLE

---

DEDUCTIONS

\$ - Close ▲ Remove ⓧ

Deduction Type \*

- Select an option ▼
- Select an option
- Alimony or spousal support paid out
- Certain claimable business expenses
- Domestic production activities
- Educator expenses
- Health savings account contributions
- Moving costs for an official military move
- Penalty on early withdrawal of savings
- Pre-tax retirement account contributions
- Self-employment health insurance
- Self-employment retirement plan
- Self-employment tax
- Student loan interest
- Tuition and Fees

Close ▲

➕ Add deduction

If you would like to add another household member, go back to the previous screen to select a deduction for that member.


Back Finish Later Next

- ▶ Select deduction type:
  - ▶ Enter the amount of the deduction and frequency reported.
- ▶ To enter additional deductions, select '+Add Deduction.'

# Application Review

**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.

**ACCOUNT HOLDER**

<b>Application Type</b> Applying for tax credits, cost sharing reductions or Washington Apple Health	<b>Full Name</b> Helen Incredible
<b>Social Security Number</b> XXX-XX-6789 <a href="#">Social Security Disclosure</a>	
<b>Date of Birth</b> 01/01/1980	<b>Sex assigned at birth</b> Female
<b>Email</b> --	

- ▶ Review the information before signing.
- ▶ Select 'Edit' to make corrections.
- ▶ Select 'Next' to proceed to signature page.



# Submit Your Application

**Submit your application**

---

**REGISTER TO VOTE**

---

Would you like to register to vote? \*

Yes	No
-----	----

If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, [1-800-448-4881](tel:1-800-448-4881). The decision whether to seek or accept help is yours. You may fill out the application in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email [elections@sos.wa.gov](mailto:elections@sos.wa.gov), or call [1-800-448-4881](tel:1-800-448-4881).

---

**SIGN AND SUBMIT YOUR APPLICATION**

---

By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

I am electronically signing my application \*

I authorize Washington Healthplanfinder to electronically verify my tax return information during the annual renewal process for up to 5 years. I understand that I am able to change my consent at any time. By checking this box, I permit tax credits to be applied to my annual renewal without my taking further action.

I have read the [rights & responsibilities](#) \*

Telephonic signature

First Name \*      Middle Initials      Last Name \*

E.g. John	E.g. A	E.g. Smith
-----------	--------	------------

Helen      Incredible

---

- ▶ To submit for determination:
  - ▶ Answer 'yes/no' to register to vote;
  - ▶ Permit electronic submission; and
  - ▶ Read rights and responsibilities.

# Eligibility Results



# Eligibility Results

---

- ▶ Washington Healthplanfinder sends the application data to the Eligibility Services (ES) to determine each household member's eligibility for Free and Low-Cost Health Insurance programs.
- ▶ In most instances, ES instantly returns each client's eligibility results using the information in the application. This information is either verified or unable to be verified by the Federal Hub.
- ▶ If information is unable to be verified, Washington Healthplanfinder will approve Apple Health with a request for verification needed or it will place the member in a pending status.

Home En Español Language Help Customer Support

washington health planfinder  
click, compare, covered.

Browse Apply Select Finalize Dashboard Sign Out

### 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.

**Helen Incredible**  
Approved

**Bob Incredible**  
Approved

**Violet Incredible**  
Approved

**Dash Incredible**  
Approved

**HI Helen Incredible** Primary Applicant Approved

**2022 Coverage**

**COVERAGE SUMMARY**

<b>Eligible Program</b> Washington Apple Health Family Coverage	<b>Coverage Dates</b> Start 05/01/2022 End 04/30/2023
<b>Renewal Information</b> Helen Incredible will need to renew coverage by 04/30/2023. We will contact you with more information when it's time to renew.	<b>Why this result?</b> You applied for free and low-cost health insurance. Given your income and... <a href="#">Read more</a>

**Next Steps**

**Helen Incredible**

- Washington Apple Health Managed Care Plan information isn't available at this time.

Current Coverage: Washington Apple Health  
Current Managed Care Plan:

**Bob Incredible**

- Washington Apple Health Managed Care Plan information isn't available at this time.

Current Coverage: Washington Apple Health  
Current Managed Care Plan:

**Violet Incredible**

- Washington Apple Health Managed Care Plan information isn't available at this time.

Current Coverage: Washington Apple Health  
Current Managed Care Plan:

**Dash Incredible**

- Washington Apple Health Managed Care Plan information isn't available at this time.

Current Coverage: Washington Apple Health  
Current Managed Care Plan:

**Next**

# Eligibility Results

- ▶ The eligibility outcomes for each member requesting coverage is found on the eligibility results page.
- ▶ Select each household member's name to view their eligibility results.

# Managed Care Plan Selection



# About Managed Care

---

- ▶ Apple Health coordinates, delivers, and pays for a client's coverage, providing whole-person care under a single health plan, known as a managed care plan.
  - ▶ For clients that are exempt, or not eligible for managed care enrollment, Apple Health coverage is offered fee-for-service (FFS), which is when Apple Health pays the provider directly.
- ▶ Clients enrolled in a managed care plan must see providers within the plan's provider network, unless prior authorization has been approved, or to receive urgent or emergent care.
- ▶ Managed care plan options may vary depending on the county of residence.





















# Selecting a Managed Care Plan

The screenshot displays the Washington Health Plan Finder interface. At the top, there is a navigation bar with links for Home, En Español, Language Help, and Customer Support. The Washington Health Plan Finder logo is on the left, and a progress indicator shows 'Browse', 'Apply', 'Select', and 'Finalize' steps. A 'Sign Out' button is visible. Below the navigation, a 'My Plans' tab is active. The main content area is titled 'Apple Health managed care' and includes a 'Select Apple Health' dropdown menu. The current step is 'Who is selecting a plan?' with a sub-section for 'Manage care plans'. A text box states: 'These individuals qualify for Washington Apple Health managed care plans. Washington Apple Health is free or low-cost. Plans are based on where you live. Use the provider and facility search to see if your doctor or facility is covered.' Below this, a section titled 'YOU'RE SELECTING A PLAN FOR:' lists four individuals: Bob, 47 (BI); Dash, 4 (DI); Violet, 13 (VI); and Helen, 42 (HI). A green 'Shop Plans' button is located at the bottom right of the main content area.

- ▶ Select 'Shop Plans' to enroll in a managed care plan.
- ▶ Change the plan selection at any time, under the 'Account Home' tab.

# Shop for Managed Care Plan

5 Total managed care plans found

 <b>Washington Apple Health</b>  Amerigroup Washington, Inc. - Washington Apple Health <b>Plan Details</b> Contact Us (800) 600-4441 <a href="#">Consumer Rating</a>  <a href="#">Star Rating</a>  <a href="#">More Information on this plan</a> <a href="#">Keep This Plan</a>	 <b>Washington Apple Health</b>  COMMUNITY HEALTH PLAN of Washington Community Health Plan of Washington - Washington Apple Health <b>Plan Details</b> Contact Us (800) 440-1561 <a href="#">Consumer Rating</a>  <a href="#">Star Rating</a>  <a href="#">More Information on this plan</a> <a href="#">Pick This Plan</a>
 <b>Washington Apple Health</b>  coordinated care. Coordinated Care of Washington - Washington Apple Health <b>Plan Details</b> Contact Us (877) 644-4613 <a href="#">Consumer Rating</a>  <a href="#">Star Rating</a>  <a href="#">More Information on this plan</a> <a href="#">Pick This Plan</a>	 <b>Washington Apple Health</b>  MOLINA HEALTHCARE Molina Healthcare of Washington, Inc. - Washington Apple Health <b>Plan Details</b> Contact Us (800) 869-7165 <a href="#">Consumer Rating</a>  <a href="#">Star Rating</a>  <a href="#">More Information on this plan</a> <a href="#">Pick This Plan</a>
 <b>Washington Apple Health</b>  UnitedHealthcare Community Plan UnitedHealthcare of Washington, Inc. - Washington Apple Health <b>Plan Details</b> Contact Us (877) 542-9977 <a href="#">Consumer Rating</a>  <a href="#">Star Rating</a>  <a href="#">More Information on this plan</a> <a href="#">Pick This Plan</a>	

- ▶ Only one managed care plan can be selected for the application.
- ▶ If no plan is chosen, one will be auto-chosen.



# Client Dashboard Key Features



# Account Home Overview

**Dashboard**  
Welcome, Helen!  
Manage your coverage options, view important messages, and update account settings.

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

**Application**  
Complete My Application

**Account**  
Create Account  
View Current Eligibility Results  
Submit a Document  
View 1095 Form

**Help**  
Find a Broker  
Find a Navigator

**Message Center**

**Household Coverage Summary**  
Shop and compare plans so that you get the best plan that fits your needs.  
[Shop for Current Plans](#)

**Current Coverage Summary**  
WASHINGTON APPLE HEALTH COVERAGE

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

Member Name	Status	
Bob Incredible	Enrolled	
<a href="#">Washington Apple Health</a>		
Start Date	End Date	Renewal Date
10/01/2021	09/30/2022	06/30/2023

Member Name	Status
Helen Incredible	Enrolled
<a href="#">Washington Apple Health</a>	

- ▶ The 'Account Home' tab shows the coverage summary.
- ▶ Use account tabs or hyperlink to make changes or view account documents.
- ▶ The tab 'Message Center' is only available when within the 'Account Home' tab.

# Message Center


**Dashboard**


Welcome, Helen!  
Manage your coverage options, view important messages, and update account settings.

[Account Home](#) | [Payments](#) | [My Household](#) | [Document Center](#) | [My Profile](#)

[Back to Dashboard](#)





MESSAGE CENTER

Notice Type 

Select an option 

[Search](#)

2 Results

 <a href="#">In-Person Help Update</a>  03/17/2022, 01:30 PM <span>English</span>	 <a href="#">Eligibility Results</a>  05/01/2022, 11:04 AM <span>English</span>
--	--

< Prev      Showing: 1 to 2      Next >

[Back to Navigator Dashboard](#)

- ▶ Select the 'Message Center' button to view an electronic copy of letters sent.

# My Household

## Dashboard

Welcome, Helen!

Manage your coverage options, view important messages, and update account settings.

[Account Home](#) | [Payments](#) | **[My Household](#)** | [Document Center](#) | [My Profile](#)

---

### HOUSEHOLD INFO

Address Line 1: --  
City: olympia  
Zip: 98507

Apt/Suite/Other: --  
State: WA

### REPORTED HOUSEHOLD INCOME

**\$0.00**

[Report a Change](#) >

---

[View Your Household's Application Information](#) >

---

[View Your Household's Coverage History](#) >

---

[View Change History](#) >

---

[View Special Enrollment Events](#) >

---

#### Primary Applicant's Personal Information

**Helen Incredible**  
Female

Date of Birth	01/01/1980	Social Security Number	XXX-XX-6789
E-mail Address	--		
Phone Number	--		

[Washington Apple Health](#)

[Washington Apple Health](#)

[Update](#)

#### Spouse of Primary Applicant

**Bob Incredible**  
Male

Date of Birth	03/01/1975	Social Security Number	XXX-XX-5555
E-mail Address	--		
Phone Number	--		

Washington Apple Health

Washington Apple Health

[Update](#)

- ▶ Select the 'My Household' button to view and update the address, or other member information.

# Document Center

The screenshot shows a user dashboard for Helen. At the top, it says 'Dashboard' and 'Welcome, Helen!'. Below that, it says 'Manage your coverage options, view important messages, and update account settings.' There are five navigation tabs: 'Account Home', 'Payments', 'My Household', 'Document Center' (which is highlighted), and 'My Profile'. On the left side, there are four user profile cards for Helen, Bob, Violet, and Dash. The main content area shows 'Helen' at the top, followed by a 'DOCUMENTS NEEDED' section. This section contains the text 'Need to submit a different document?' and two links: 'Upload one now' and 'Learn more about additional verification' with an external link icon.

- ▶ The 'Document Center' is where documents can be submitted for verification purposes.

# My Profile









**Dashboard**

Welcome, Helen!  
Manage your coverage options, view important messages, and update account settings.

[Account Home](#) | [Payments](#) | [My Household](#) | [Document Center](#) | [My Profile](#)

You'll need to complete your application to update your information. Click the quick link "Complete My Application" on your Account Home tab.

You'll need to create an account to update your information. Click the quick link "Create An Account" on your Account Home tab.

Contact Information	Language Preferences
<b>Home Address</b> olympia, WA 98504 	<b>Written Language</b> ENGLISH 
<b>Mailing Address</b> General Delivery, Olympia, WA 98504 	<b>Spoken Language</b> ENGLISH 
<b>Notification Preference</b> Paper (BY MAIL) 	<b>Renewal Information</b>
<b>Phone Number</b> Add a phone number 	<b>Authorization to verify tax return</b> Do not renew tax credits 
<b>Alternate Phone Number</b> Add an alternate phone number 	

[Back to Navigator Dashboard](#)

▶ Select the 'My Profile' tab to view, and update:

- ▶ Account information;
- ▶ Notification preferences; and
- ▶ Language preferences.

# Renewing Coverage and Reporting Changes



# Renewing Coverage

- ▶ To renew a member's coverage, select the 'Update My Application and Renew Coverage' button.

The screenshot shows the member portal interface. At the top, there is a navigation bar with five items: 'Account Home' (with a house icon), 'Payments' (with a dollar sign and card icon), 'My Household' (with a family icon), 'Document Center' (with a document icon), and 'My Profile' (with a person icon). Below this, the 'Application' section is highlighted in a dark blue bar. Underneath, the 'Update My Application and Renew Coverage' button is highlighted with an orange border. Other options in this section include 'Report a Change' and 'Create Another Application'. To the right, the 'Household Coverage Summary' section is visible, with the text 'Shop and compare plans so that you get the best plan that fits your needs.' and a green 'Shop for Current Plans' button. Below that is the 'Current Coverage Summary' section, which shows 'WASHINGTON APPLE HEALTH COVERAGE' with an upward arrow icon.



# Reporting Changes

- ▶ To report changes, select the 'Report a Change' option on the 'Account Home' dashboard.

**Dashboard**  
Welcome, Helen!  
Manage your coverage options, view important messages, and update account settings.

[Account Home](#) | [Payments](#) | [My Household](#) | [Document Center](#) | [My Profile](#)

**Application**  
[Report a Change](#)  
[Create Another Application](#)

**Household Coverage Summary**  
Shop and compare plans so that you get the best plan that fits your needs.  
[Shop for Current Plans](#)

**Account**  
[View Current Eligibility Results](#)  
[Submit a Document](#)

**Current Coverage Summary**  
WASHINGTON APPLE HEALTH COVERAGE  
Washington Apple Health (except Alien Emergency Medical) includes dental coverage.  
Dash Incredible Enrolled

# Reporting Changes

**Report your changes**

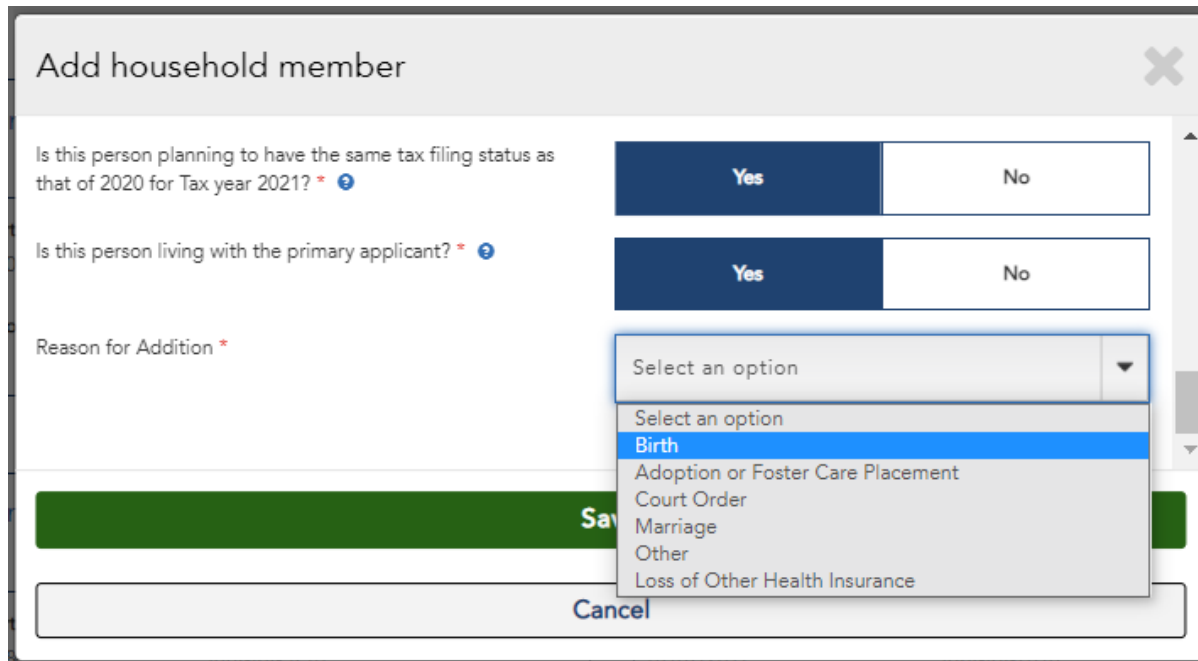
Choose what change you had and you will be taken to that screen. Make your updates, complete all screens, and submit your application.

Someone needs to be added to or removed from my list of household members to be considered for coverage	<input checked="" type="radio"/> Yes	<input type="radio"/> No
My household income has changed by \$150 or more, and is expected to last for at least two consecutive months.	<input type="radio"/> Yes	<input type="radio"/> No
Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant.	<input type="radio"/> Yes	<input type="radio"/> No
My address has changed	<input type="radio"/> Yes	<input type="radio"/> No
Someone in my household has gained or lost health coverage	<input type="radio"/> Yes	<input type="radio"/> No
Something else has changed. Examples include: <ul style="list-style-type: none"><li>• I need to change tax filing status for myself or others in my household</li><li>• My citizenship or tribal status has changed</li><li>• Someone has moved out of state.</li></ul>	<input type="radio"/> Yes	<input type="radio"/> No

- ▶ Choose 'Yes' for the change option(s) that fits best, then 'Next' to make those changes.
  - ▶ For example, to add a new member for coverage, select 'Someone needs to be added as a household member to be considered for coverage'.
- ▶ Proceed through to sign and submit the changes.

# Adding Household Member

- ▶ Add new member's personal and demographic information.
- ▶ Adding new members to an active application will ask for the 'Reason for Addition'. Select the option that fits best.



The screenshot shows a web form titled "Add household member" with a close button (X) in the top right corner. The form contains three questions, each with a "Yes" and "No" button:

- Question 1: "Is this person planning to have the same tax filing status as that of 2020 for Tax year 2021? \* ⓘ". The "Yes" button is selected.
- Question 2: "Is this person living with the primary applicant? \* ⓘ". The "Yes" button is selected.
- Question 3: "Reason for Addition \*". A dropdown menu is open, showing the following options: "Select an option", "Select an option", "Birth" (highlighted in blue), "Adoption or Foster Care Placement", "Court Order", "Marriage", "Other", and "Loss of Other Health Insurance".

At the bottom of the form, there are two buttons: a green "Save" button and a grey "Cancel" button.

# Reporting a Change in Pregnancy

- ▶ To report that a person is or was pregnant, select 'Yes' to the pregnancy question and answer the pregnancy-related questions.

Is any household member on this application pregnant or had a pregnancy in the previous 12 months? \* ⓘ

Yes  No

Check the box for any household member who is pregnant or has been pregnant in the last 12 months.

Helen Incredible  
Is this household member currently pregnant? \*

Yes  No

Due Date \* ⓘ  
E.g. MM/DD/YYYY

Number of babies expected \*  
E.g. 1

Has this household member had a past pregnancy in the last 12 months? \* ⓘ  
 Yes  No

Violet Incredible

# Reporting End of Pregnancy

- ▶ For pregnancy-related changes, such as adding a newborn or reporting the end of a pregnancy, the pregnancy question is to be updated and the pregnancy end date added.

Is any household member on this application pregnant or had a pregnancy in the previous 12 months? \* ⓘ

Yes  No

Check the box for any household member who is pregnant or has been pregnant in the last 12 months.

Helen Incredible

Is this household member currently pregnant? \*

Yes  No

What date did the pregnancy end? \* ⓘ

E.g. MM/DD/YYYY

Bob Incredible

Violet Incredible

# Finalizing Reported Changes

- ▶ E-signature is required to finalize all reported changes.

### Submit your application

#### REGISTER TO VOTE

Would you like to register to vote? \*

Yes	No
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If you would like help in filling out the voter registration application, you can receive assistance at Washington's toll free Voter Registration Hotline, [1-800-448-4881](tel:1-800-448-4881). The decision whether to seek or accept help is yours. You may fill out the application in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register, you may file a complaint with the Washington State Elections Division, PO Box 40229, Olympia, WA 98504, email [elections@sos.wa.gov](mailto:elections@sos.wa.gov), or call [1-800-448-4881](tel:1-800-448-4881).

#### SIGN AND SUBMIT YOUR APPLICATION

By signing this application electronically, I certify under penalty of perjury that my answers are correct and complete to the best of my knowledge.

- I am electronically signing my application \*
- I authorize Washington Healthplanfinder to electronically verify my tax return information during the annual renewal process for up to 5 years. I understand that I am able to change my consent at any time. By checking this box, I permit tax credits to be applied to my annual renewal without my taking further action.
- I have read the [rights & responsibilities](#) \*
- Telephonic signature

First Name *	Middle Initials	Last Name *
<input type="text" value="E.g. John"/>	<input type="text" value="E.g. A"/>	<input type="text" value="E.g. Smith"/>
Helen		Incredible

# Resources

# Resources

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- ▶ **Apple Health MAGI Medicaid paper application**
  - ▶ [hca.wa.gov/assets/free-or-low-cost/18-001P.pdf](https://hca.wa.gov/assets/free-or-low-cost/18-001P.pdf)
- ▶ **Apple Health Classic Medicaid paper application**
  - ▶ [hca.wa.gov/assets/free-or-low-cost/18-005.pdf](https://hca.wa.gov/assets/free-or-low-cost/18-005.pdf)
- ▶ **HCA Stakeholder training and education webpage**
  - ▶ <http://hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/stakeholder-training-and-education>
- ▶ **HCA area representatives**
  - ▶ [hca.wa.gov/assets/free-or-low-cost/area\\_representatives.pdf](https://hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf)
- ▶ **Contact us**
  - ▶ [hcavolunteerassister@hca.wa.gov](mailto:hcavolunteerassister@hca.wa.gov)





# Congratulations!

- ▶ You have completed Module 6 of HCA Community Based Training!
- ▶ Continue to Module 7 of the 7 module HCA Community Based Training.