



# Washington Healthplanfinder Release 6.0 Update

Office of Medicaid Eligibility and Policy  
Medicaid Eligibility and Community Support  
Sep 2018

# 6.0 System Release

September 2018						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
						7
						8
						14
						15
16	17	18	19	20	<b>X</b>	21
						<b>★</b>
23	24	25	26	27	28	29
30						

Washington Healthplanfinder will go down for maintenance on **Friday, September 21st at 10:00pm PST** and is tentatively scheduled to go live **Saturday, September 22<sup>nd</sup>, 2018 at 9:00am PST**

# System Enhancements

# Responsive Washington Healthplanfinder

The following is the final phase (Phase 3 of 3) in creating a fully responsive Washington Healthplanfinder:

- Optimizing screens to be mobile and tablet responsive within Washington Healthplanfinder
- 30+ screens converting to responsive
- System is being made more Americans with Disabilities Act (ADA) compliant

From a mobile or tablet device, individuals can apply for and renew coverage and report a change

# Forgot Password – Username Enhancement

**Sign in to your account**

USERNAME \* ⓘ

[Forgot Username?](#)

PASSWORD \* ⓘ

[Forgot Password?](#)

Remember Me

**SIGN IN >**

**Retrieve your password** \* REQUIRED FIELD

USERNAME \*

[Forgot Username?](#)

Individuals can retrieve their password by clicking forgot password. The Username typed on the Sign into Your Account page will pre-populate on the Retrieve Your Password screen.

# Client Search Update



## Add New Client

\* REQUIRED FIELD

FIRST NAME \*

LAST NAME \*

SOCIAL SECURITY NUMBER

DATE OF BIRTH \*

APPLICATION ID

ACES ID

← Back

Search →

When a broker or navigator searches for an individual, their SSN is no longer required.

First name, last name and date of birth are required.

ACES ID can now be used to search for an individual.

# Screen for Other Services Update

**Screen for other services** \* REQUIRED FIELD

**Long Term Care Coverage**

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

\* Johnny Doe

Long-term care services because they are living in a medical facility, such as a nursing home * ?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
In-home care-giver * ?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Assisted Living services * ?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Services through the Division of Developmental Disabilities * ?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Hospice care * ?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Health coverage because they are unable to work due to a health condition or disability. * ?	<input type="radio"/> YES	<input checked="" type="radio"/> NO

Long Term  
Care  
coverage  
language  
has been  
updated.

## 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.

Income from a job \* 

YES  NO

Jane Doe

Eliza Doe

Self-Employment \* 

YES  NO

Social Security \* 

YES  NO

Rental income \* 

YES  NO

Other income \* 

YES  NO

### Examples of other income:

*Alimony or spousal support*

*Annuity or pension  
income*

*Capital gains*

*Dividend, stock, or shares  
income*

*Farming income*

*Foreign income*

*Income from a trust*

*Interest income*

*IRA*

*Other taxable income*

*Railroad Retirement  
Benefits*

*Royalty income*

*Taxable tribal income*

*Unemployment benefits*

[← Back](#)

[Finish Later](#)

[Next >](#)

APPLICATION ID: 4100201

The application ID will display on all pages of the application.



# Individual eSignature

The primary applicant's full name is now listed on the eSignature page

## Sign and submit your application

\* REQUIRED FIELD

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](#) \*

FIRST NAME \*

MIDDLE INITIAL

LAST NAME \*

E.g. John

E.g. A

E.g. Smith

Elisha

Pimpare

← Back

Submit My Application →

# Eligibility Results Screen Updates

The correct premium for Children's health Insurance Premium (CHIP) will display on the eligibility results screen.

## 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.

### Elisha Pimpare

APPROVED  
Household: Primary Applicant  
Coverage: QDP+QHP w/ Tax Credits  
Start Date: 12/01/2018  
End Date: 12/31/2018  
[View Details](#)

### Meggan Pimpare

APPROVED  
Household: Spouse (including same sex marriage)  
Coverage: QDP+QHP w/ Tax Credits  
Start Date: 12/01/2018  
End Date: 12/31/2018  
[View Details](#)

### Dustin Pimpare

APPROVED  
Household: Child  
Coverage: WAH w/Premiums  
Start Date: 10/01/2018  
End Date: 09/30/2019

### Diana Pimpare

APPROVED  
Household: Child  
Coverage: WAH w/Premiums  
Start Date: Not Applicable  
End Date: Not Applicable  
[View Details](#)

### Dustin Pimpare

APPROVED



#### Washington Apple Health with Premiums

Dustin Pimpare is eligibility for Washington Apple Health coverage with a monthly premium. Dustin Pimpare's household must pay \$40.00 monthly. This is the total household premium amount for all members eligible for Washington Apple Health with Premiums. [Why this result?](#)

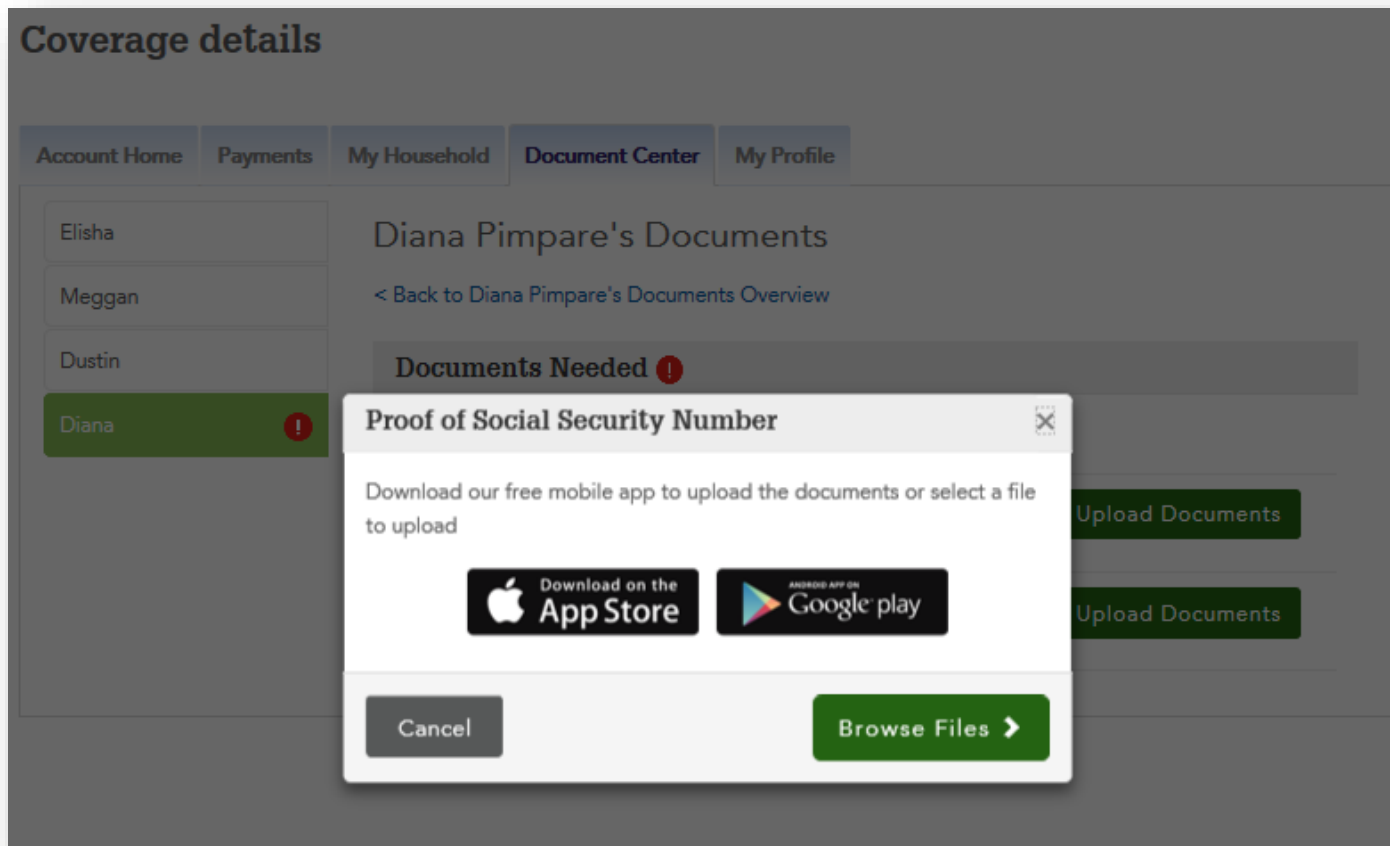
Coverage Start Date	Coverage End Date	Renewal Information
10/01/2018	09/30/2019	Dustin Pimpare will need to renew coverage by 09/30/2019. We will contact you with more information when it's time to renew.



#### Next Steps for Dustin Pimpare

Starting 10/01/2018 Washington Apple Health with Premiums will cover Dustin Pimpare. Click 'Next' to see Washington Apple Health Managed Care Plan options.

# Document Center – Prompt



When individuals upload documents a pop up window will appear to download the mobile application.

# System Timeout

System will provide a warning modal of system timeout when close to timing out (at 13 minutes).

If the individual does nothing they will be logged out at 15 minutes of inactivity.

If the individual selects Yes extend, on the time out modal the activity timer will reset.

# Provider and Facility Search

# Provider and Facility Search

The following are updates to the Provider and Facility Directory search:

- Washington Apple Health provider and/or facility search updated to match the Qualified health and dental plan search functionality
- Search by language has been added to the current search fields
- Prominent provider and/or facility messaging stating the selection is not guaranteed displays throughout the search
- Provider and/or facility adds date of when the data was last updated
- New button to report errors
- Hyperlink to view any providers and/or facilities added to your search while in search functionality
- Search options will be saved
- Simplified navigation when adding or removing locations if a provider has multiple locations

# Provider and Facility Search

The screenshot displays the Washington Health Plan Finder interface. At the top, there are navigation links for 'HOME | EN ESPAÑOL', 'Sign In', and 'CUSTOMER SUPPORT'. A progress bar indicates four steps: 1. Browse, 2. Apply, 3. Select, and 4. Finalize. The main heading is 'Explore your health plan options', with buttons for 'Create Account' and 'My Cart'. Below this, there are tabs for 'Health' and 'Dental'. A sidebar on the left contains sections for 'Who's Shopping' (with fields for Coverage Year, ZIP, Income, and gender), 'Get Help Shopping' (with 'Smart Planfinder' and 'Change Information' buttons), and 'Customize My Search' (with a price range filter). The main content area shows '35 Qualified Health Plans Found' and lists two Kaiser Permanente plans:

PLAN	ESTIMATED PREMIUM*
KAISER PERMANENTE - BRONZE - 18 More Information on this plan	\$ 281.75 Estimated price after \$0.00 tax credit
KAISER PERMANENTE - FLEX BRONZE - 18 More Information on this plan	\$ 289.38 Estimated price after \$0.00 tax credit

Each plan listing includes a table with the following columns: OUT-OF-POCKET ESTIMATE, PROVIDER & FACILITY, PRESCRIPTIONS, OUT-OF-POCKET MAXIMUM, and DEDUCTIBLE. The 'BRONZE - 18' plan has an out-of-pocket maximum of \$7,150 and a deductible of \$7,150 Individual / \$14,300 Family. The 'FLEX BRONZE - 18' plan has an out-of-pocket maximum of \$7,150 and a deductible of \$7,000 Individual / \$14,000 Family. Both plans have a quality rating of 4 stars and 'Add to Cart' buttons.

Individuals can search for a provider and/or facility to make sure that their selected plan is accepted.

# Provider and Facility Search

**Provider and facility search** [X]

Select a provider or facility ⓘ \* REQUIRED FIELD

PROVIDER  
 FACILITY

ZIP \*  NAME

DISTANCE IN MILES \*  SPECIALTY ⓘ

GENDER  LANGUAGE

**!** We try our best to keep our directory up-to-date, but directories can change at any point in the year. *Washington Healthplanfinder* cannot guarantee the accuracy of the directory. Always contact your provider to confirm that they are in the network of the plan you are considering or renewing. If you are a new patient, you should also ask if they are accepting new patients.

Individuals can search by language.



# Provider and Facility Search

**Provider and facility search** ✕

Providers or facilities you've added

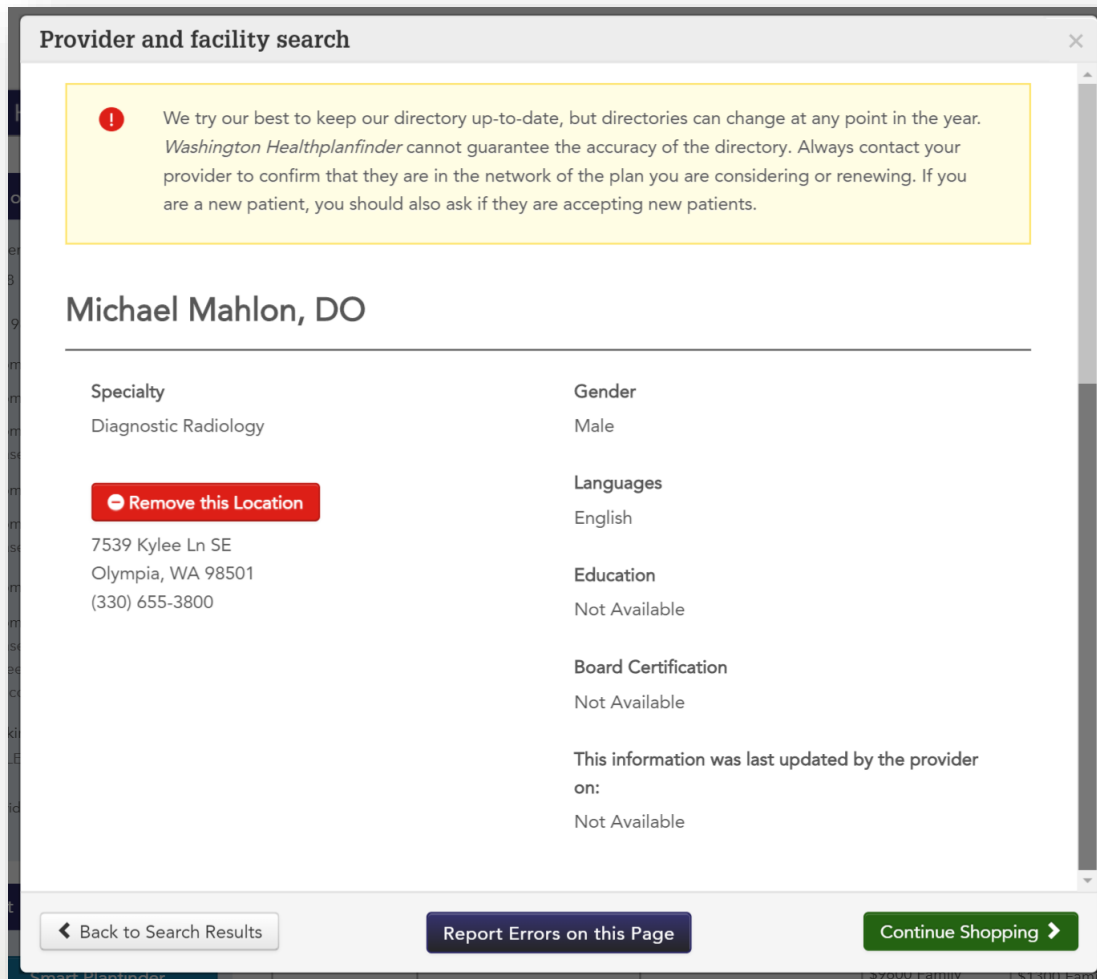
Name	Specialty	Location	Phone Number	
Gina Michaelson	Massage Therapy	2815 Yelm Hwy SE Olympia, WA 98501	(360) 456-8605	<span style="color: red;">✕</span> Remove
Andrea Vanleave	Pediatric Dentistry	2612 Yelm Hwy SE Ste A Olympia, WA 98501	(360) 352-3515	<span style="color: red;">✕</span> Remove
Mark Bryan	Chiropractic Sports Medicine	2815 Yelm Hwy SE Olympia, WA 98501	(360) 456-8605	<span style="color: red;">✕</span> Remove
Michael Mahlon	Diagnostic Radiology	7539 Kylee Ln SE Olympia, WA 98501	(330) 655-3800	<span style="color: red;">✕</span> Remove
Paymon Kamkar	Dentistry	2616 Yelm Hwy SE Ste A Olympia, WA 98501	(360) 352-6399	<span style="color: red;">✕</span> Remove

◀ Back
Continue Shopping ▶

ESTIMATED YEARLY
PROVIDER & FACILITY
PRESCRIPTIONS
OUT-OF-POCKET
DEDUCTIBLE

Individuals can see a list of up to five providers and/or facilities that have been added.

# Provider and Facility Search



**Provider and facility search**

! We try our best to keep our directory up-to-date, but directories can change at any point in the year. *Washington Healthplanfinder* cannot guarantee the accuracy of the directory. Always contact your provider to confirm that they are in the network of the plan you are considering or renewing. If you are a new patient, you should also ask if they are accepting new patients.

**Michael Mahlon, DO**

<b>Specialty</b> Diagnostic Radiology	<b>Gender</b> Male
<b>Remove this Location</b>	<b>Languages</b> English
7539 Kylee Ln SE Olympia, WA 98501 (330) 655-3800	<b>Education</b> Not Available
	<b>Board Certification</b> Not Available
	This information was last updated by the provider on: Not Available

◀ Back to Search Results    Report Errors on this Page    Continue Shopping ▶

Individuals can report errors on the provider or facility search.

Individuals will be routed to a form to report errors.

# Address Enhancements

# Address Enhancements

Address enhancements include:

- Individuals will be prompted to include details of their address if missed, for example an apartment number or some other detail.
- Individuals with different physical addresses will be prevented from enrolling in the same qualified health plan on one application (this does not impact Apple Health).
- General delivery will no longer auto-populate when individuals report that they do not have a mailing address. Updated messaging will appear for assistance.

# Address Confirmation

**Confirm the address you entered**

**Primary Applicant's Physical Address**

Your address is missing an apartment, suite, or other number. Review and edit your address.

YOU ENTERED \*

2997 CROSBY BLVD SW APT 230  
APT 230  
TUMWATER, WA 98512

**Edit Address**

**Confirm the address you entered**

**Primary Applicant's Physical Address**

Your address is missing an apartment, suite, or other number. Review and edit your address.

YOU ENTERED \*

2997 CROSBY BLVD SW APT 230  
APT 230  
TUMWATER, WA 98512

WE SUGGEST \*

2997 CROSBY BLVD SW  
APT 230  
TUMWATER, WA  
98512-7836,  
THURSTON

**Edit Address** **Use Address**

Individuals will be prompted to include details of their address if missed, for example an apartment number or some other details.

# Mailing Address Updates

## Enter your contact information \* REQUIRED FIELD

### What Is Your Home Address?

I don't have a home address

ADDRESS LINE 1 \*

25 W Main St

APT/SUITE/OTHER

E.g. Apt 3

CITY \*

Auburn

STATE \*

Washington

ZIP \*

98001

COUNTY

KING

### What Is Your Mailing Address? ⓘ

My mailing address is the same as my home address

I don't have a mailing address ⓘ

Your mailing address can be friends or relatives willing to get your mail. Or, the U.S. Postal Service General Delivery is available. Enter "General Delivery" in Address Line 1. Then, enter the ZIP code of a post office in your area that accepts General Delivery. Find a General Delivery post office near you.

[Learn more about General Delivery.](#)

ADDRESS LINE 1 \*

E.g. 1234 Main Street

APT/SUITE/OTHER

E.g. Apt 3

CITY \*

Olympia

STATE \*

Washington

ZIP \*

98507

COUNTY

THURSTON

Individuals who identify that they do not have a mailing address will see updated messaging advising what their mailing address could be.

There is a link to learn more about General Delivery. This will route the individual to a USPS tool:

<https://tools.usps.com/zip-code-lookup.htm?byaddress>

# Address Confirmation

Confirm the address you entered ✕

**Generic Company's Address**

No address suggestions were found.

YOU ENTERED \*

1234 MAIN STREET  
ADDRESS LINE 2  
AUBURN, WASHINGTON 98002

[← Edit Address](#) [Use Address →](#)

Individuals will be prompted to include details of their employer's address if missed, for example an apartment number or some other detail.

# WAPlanfinder 3.0

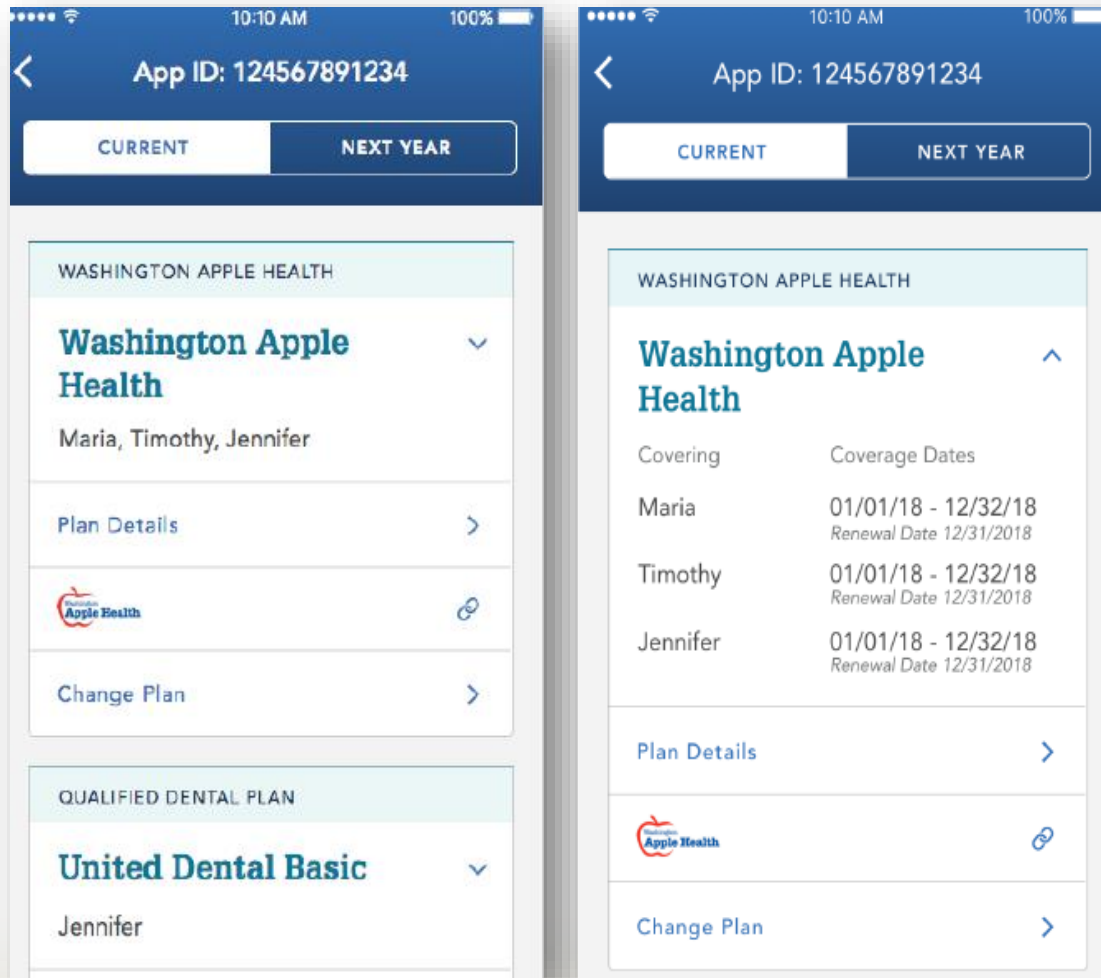


# WAPlanfinder 3.0

After an account is created, Washington Apple Health clients will be able to use WAPlanfinder to do the following:

- Change plans at any time during the year
- Create an application
- Complete a renewal
- Report a change
- Receive a PDF plan summary after plan selection

# WAPlanfinder 3.0



To change Managed Care Plans using WAPlanfinder, individuals can select Change Plan when viewing current plan details.

# Correspondence Updates

# Correspondence Subject Line

Exchange account workers can update the subject line titles of the Important Information Correspondence (EE013) to be more descriptive.

This means that an Important Information Correspondence (EE013) on an individual's dashboard may appear with a more descriptive message title like: Deadline approaching. Submit Documents now.

# Correspondence Updates

The Apple Health Renewal Form has been updated to include:

- A new layout, new tax filing status for the primary tax filer, tribal name and other insurance (one question asking if customer has other insurance)

The Privacy Practice tag in Eligibility Results (EE015) will remain as-is, but for other letters and changes will be a short sentence.

Important Deadline to Submit Information (EE001) will not be triggered if a household does not meet the conditions of having at least one conditionally eligible individual by the end of the day.

# Correspondence Updates

A new tag has been added in the Washington Apple Health Renewal – Action Required (EE009) for those who are turning 65 and aging out of the program. The tag will be added when one of the following conditions are met:

- Individual is eligible for Apple Health
- Individual was not successful auto renewed by the Medicaid Renewal Batch
- Washington Apple Health Renewal – Action Required (EE009) is triggered for the household
- Individual ages out of Apple Health in their final month of approved program eligibility

# Renewal Form Updates

This is an example of the first two pages of the updated Renewal form.

Current Application Information		Application ID: 4100976			
Review your information below and report any changes you have. For faster processing, complete your renewal online. If you would like to return this form by mail or fax, write your updates in the form below and send it to us.					
<b>Primary Applicant's Information</b> - Provide updates in the space provided.					
Primary applicant Name Phil Stair					
Physical address PO Box 7688 Olympia WA 98507 THURSTON		Mailing address PO Box 7688 Olympia WA 98507 THURSTON			
Preferred written language Spanish		Preferred spoken language English			
Phone number (123) 456-7890		Alternative phone (987) 654-3210			
Email address PhiStai.26@hbeuat.mailinator.com		Go paperless? Y			
<b>Household Members</b> - Verify information and provide updates in the space provided.					
Name	DOB	SSN	Requesting coverage?	Relationship to primary applicant	Living with primary applicant
Phil Stair	04/11/1971	***-**-4523	Yes		Y
Updates for Phil Stair?					
<b>Tax filing status</b> - Verify information and provide updates in the space provided.					
Name	2018	2019	Primary tax filer		
Phil Stair	Single filing taxes	Single filing taxes	Self		
Updates for Phil Stair?					

Household Members Continued - Verify information and provide updates in the space provided.						
Name	Gender	Race	U.S. citizen	WA resident	Affiliated with a tribe?	If so, what tribe?*
Phil Stair	MALE	American Indian/Alaska Native	YES	YES	NO	
Updates for Phil Stair?						
New Household Members - Add new members (If you need more room, attach additional pieces of paper)						
Name _____	Social Security number _____		Relationship to primary applicant _____			
Date of birth _____	Race _____					
Gender _____						
Tax filing status for: 2017 _____ 2018 _____ 2019 _____ Primary tax filer _____	Is this individual (circle one): Living with primary applicant? Yes No Requesting coverage? Yes No A Washington resident? Yes No Affiliated with a tribe? Yes No If yes, what tribe* _____					
Reason for addition _____ Date of event _____	Has unpaid medical expenses incurred within the last three months? Circle one: Yes No					
Citizenship status (check one): <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Non-citizen lawfully present <input type="checkbox"/> Other _____	Immigration document type: _____ "A" number: _____ Receipt number or other number: _____ Foreign passport number: _____ Country of issuance: _____ Date of entry: _____ Document expiry date: _____					
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: _____					N	

# Renewal Form (cont.)

Regularly using tobacco products? If yes, who?*	N	
Pregnant? If yes, who? _____ Due date: _____ Number of babies expected: _____	N	
Have other health insurance (not including Washington Apple Health/Medicaid) or other coverage selected through Washington Healthplanfinder? If yes, provide the following: Name of insurance company: _____ Policy holder name: _____ Policy number: _____ Who is covered: _____		

**Additional Screening Questions** - Does anyone in the household need any of the following services? Check the box for "Yes" and list who in the household.

<input type="checkbox"/> Long-term care services because someone is currently living in a medical facility. Type of facility: _____	_____
<input type="checkbox"/> In-home care-giver	_____
<input type="checkbox"/> Assisted living services	_____
<input type="checkbox"/> Services through the Division of Developmental Disabilities	_____
<input type="checkbox"/> Hospice care	_____
<input type="checkbox"/> A disability determination because of a disabling condition expected to last at least 12 months or result in death	_____
<input type="checkbox"/> Needs emergency hospitalization, cancer treatment, or kidney dialysis	_____
<input type="checkbox"/> Has an adult child who is a disabled dependent aged 26 or older?	_____

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

Phil Stair reports Income from a job of \$1088.00 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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Does anyone have self-employment income? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, who?	Name of company  Type of business	Amount: \$ _____  How often: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
Does anyone have Social Security income? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, who?	Type of income	Amount: \$ _____  How often: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
Does anyone have rental income? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, who?	Name of property (if applicable)	Amount: \$ _____  How often: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
Does anyone have one of these income types? <input type="checkbox"/> No <input type="checkbox"/> Yes	- Alimony or spousal support - Farming income - Royalty income - Unemployment benefits - Capital gains	- Taxable tribal income - Income from a trust - Dividends, stocks or shares income - Interest income - Foreign income	- IRA income - Railroad Retirement benefits - Annuity or pension income - Other taxable income
If yes, who?	Type of income		Amount: \$ _____  How often: <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly

**Will the members under 19 or tax dependents on this application meet the threshold requirement to file a federal tax return this year?**

Name	Yes/No	Update



# 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)