

#### Washington State Health Care Authority

# Washington Healthplanfinder Release Update

Office of Medicaid Eligibility and Policy Medicaid Eligibility and Community Support June 2019





# **Topics**

- System Release Outage
- Eligibility Results Update
- Federal Tax Information (FTI) Consent
- WAPlanfinder
- Voter Registration
- Chat Functionality
- Other Updates
- Resources



# System Release Outage

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### **System Release Outage**

	June 2019								
	Sunday	Monday	Tuesday	Wednesda	sday Thursday		Friday	Saturday	
								1	
	2	3	4		5	6	7	8	
regular s	scheduled r	naintenance	will go dowr e on <b>Wedne</b> d is tentative	sday	12	13	14	15	
			<sup>th</sup> , 2019 at 8	· · · · · · · · · · · · · · · · · · ·	19	20	21	22	
	23	24		X	26	27	28	29	
	30								

http://www.wahbexchange.org/news-center/outages-maintenance/

## **Eligibility Results Update**

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# **Eligibility Results Update (EE015)**

Currently, individuals receive limited messaging regarding cost sharing reduction eligibility on their Eligibility Results page and correspondence.

With this release, individual household members will see messaging on their Eligibility Results page when they are eligible for cost sharing reductions or tax credits.

The Eligibility Results (EE015) correspondence will include individual household members eligibility for Cost Sharing Reductions.





### **Eligibility Results**

washington healthplanfinder dick. compare. covered.		Dashboard     Dashboar	Sign Out 🗭	Individuals who qualify for cost sharing
Your eligibility results fou applied for free or low-cost health insurance coverage. To see Eligibility Sta You have 1 household member(s) with additional action re	·	h name below. A summary of any tax credit your household is eligible for is available	at the bottom of this screen.	reductions and other cost saving will be able to see on their eligibity results page.
Gerald Smith	Gerald Smith PRIMARY APPLICANT COVERAGE	YOU QUALIFY FOR COST SAVINGS COST-SHARING-REDUCTIONS Gerald Smith is eligible for a plan unique to American Indi insurance, co-payments, and other out-of-pocket expenses TAX CREDITS Gerald Smith is included in the tax filing household that has screen.	s.	
	Gerald Smith is conditionally elit PROGRAM Qualified Dental Plan & Qualifie - COVERAGE START DATE	Tax Credits		
O7/01/2019         RENEWAL INFORMATION Gerald Smith will need to renew         Vou've been approved for tax credits to lower the cost of insurance. Tax credits are tax credits may change, depending on the health plan you select.         COVERAGE PERIOD       07/01/2019 - 12/31/2019				y available for health plans and not dental plans. Your
		TAX FILING HOUSEHOLD Gerald Smith	MONTHLY TAX CREDIT A	MOUNT

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# **Cost Sharing Reduction Messaging**

#### NEXT STEPS FOR GERALD SMITH

You're approved to pick a Qualified Health Plan with tax credits today. If you select a Silver Level Health Plan, you'll receive cost-sharing reductions which lower the amount of health care costs you pay at the time of medical care, such as when you visit the doctor's office.

#### YOU QUALIFY FOR COST SAVINGS

#### COST-SHARING-REDUCTIONS

Gerald Smith is eligible for a plan unique to American Indian such as deductibles, co-insurance, co-payments, and other c

#### TAX CREDITS

Gerald Smith is included in the tax filing household that has information at the bottom of this screen.

COVERAGE START DATE

#### RENEWAL INFORMATION

Shirley Hanson will need to renew coverage by 12/31/2019. We will contact you with more information when it's time to renew.

#### YOU QUALIFY FOR COST SAVINGS

#### COST-SHARING-REDUCTIONS

Shirley Hanson is eligible for a plan unique to American Indians and Alaska Natives with no out-of-pocket costs, such as deductibles, co-insurance, co-payments, and other out-of-pocket expenses when seeking coverage through a tribal provider or clinic. Seeking some services at no cost may require a referral.

Messaging to American Indian/Alaska Native household will appear when special eligibility exists.

COVERAGE END DATE 12/31/2019



# **Cost Sharing Reduction Messaging**

#### COVERAGE START DATE

COVERAGE END DATE 12/31/2019

07/01/2019

#### RENEWAL INFORMATION

Justin Harvey will need to renew coverage by 12/31/2019. We will contact you with more information when it's time to renew.

#### NEXT STEPS FOR JUSTIN HARVEY

You're approved to pick a Qualified Health Plan with tax credits today. If you select a Silver Level Health Plan, you'll receive cost-sharing reductions which lower the amount of health care costs you pay at the time of medical care, such as when you visit the doctor's office.

#### YOU QUALIFY FOR COST SAVINGS

#### COST-SHARING-REDUCTIONS

Justin Harvey is eligible for a plan with lower out-of-pocket costs, such as deductibles, co-insurance, copayments, and other out-of-pocket expenses if they enroll in a Silver plan.

#### TAX CREDITS

Justin Harvey is included in the tax filing household that has been approved for tax credits. See more information at the bottom of this screen.

This is an example of messaging that will be tailored to what the individual is eligible for.

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### **Correspondence Updates**

Specific tags will be added to the Eligibility Results (EE015) correspondence based on the cost sharing reductions tier an individual is eligible for. The example below is for the cost sharing reductions (03) eligibility.

 Individuals listed below are eligible for a plan unique to American Indians and Alaska Natives with no out-of-pocket costs, such as deductibles, co-insurance, co-payments, and other out-of-pocket expenses when seeking coverage through a tribal provider or clinic. Seeking some services at no cost may require a referral.



# Federal Tax Information (FTI) Consent





### **FTI Consent**

Individuals must consent to have their Federal Tax Information (FTI) electronically verified to be considered for tax credits. This consent is valid for five years, and must be re-authorize every 5 years.

Currently the only option for individuals to maintain their consent is to check the box at the eSignature webpage. Individuals who have not checked the box are not eligible for tax credits at renewal time.

With this update, individuals will be:

- Prompted prior to renewal time to provide authorization for FTI consent.
- Able to use the My Profile tab to authorize the FTI consent without reporting a change in their application.



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#### **FTI Consent**

Coverage details	-					
ACCOUNT HOME	ES PAYMENTS AN HOUSEHOLD ED DOCUMENT CENTER	e				
Edit your authorization so we can renew your coverage next year with tax credits.						
Quick Links	YOUR HOUSEHOLD COVERAGE SUMMARY	RINT				
Create Another Application	> CURRENT YEAR - 2019	_				
Find a Broker Find a Navigator	HEALTH COVERAGE					

A banner will display advising the user of action to take if FTI consent has not been provided.

The Edit button opens the FTI consent modal for the individual to provide consent.

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### My Profile Tab – Edit Consent

ACCOUNT HOME		2 МҮ НО	USEHOLD				
Update other details by selecting "	Report a Change" from your Accour	nt Home.					
Account Information			Contact Information				
USERNAME MARGORE.51			NOTIFICATI PAPERLESS	ON PREFERENCE (BY E age details			
PASSWORD		ß		ACCOUNT HOME		X	
EMAIL ADDRESS Common Co		ľ		We need additional documen	tax return information during years. I understand that I am	thplanfinder to electronically verify my the annual renewal process for up to 5 able to change my consent at any	
Renewal Informatic	n			r details by selecting "Report a Cha	without my taking further act	Yes	
AUTHORIZATION TO VERIFY TAX RETURN				IE		No PAPERLESS (BY EMAIL)	
		_		14			

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### My Profile Tab – Consent Updated

Coverage details				
	n MY He			
Update other details by selecting "Report a Change" from your Accou	nt Home.			When <b>Ye</b>
Account Information		Contact Information		is selecte
USERNAME MARGORE.51		NOTIFICATION PREFERENCE		the conser will update
PASSWORD				and displ
EMAIL ADDRESS			- 1	the expiratior
Renewal Information				date.
AUTHORIZATION TO VERIFY TAX RETURN RENEW TAX CREDITS (EXPIRES 06/11/2021)	ľ			

### WAPlanfinder





### WAPlanfinder

The following are updates for the WAPlanfinder. The update will:

- Resolve an issue where the Android only app would freeze or crash.
- Allow individuals to authorize FTI consent in the My Profile tab.



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# My Profile Tab – WAPlanfinder

No SIM 🗢 11:04 AM	•••	No SIM 🗢 3:58 PM	
Application Details		≡ My Profile	Renewal Information
App ID: 4400292		NOTIFICATION PREFERENCES	Authorization to Verify Tax Return Renew Tax Credits Expires xx/xx/xxxx
ACTION NEEDED		EMAIL ADDRESS	I authorize Washington Healthplanfinder to electronically verify my tax return infor-
Edit your tax credit renewal authorization nov	v! >	PASSWORD	mation during the annual renewal process for up to 5 years. I understand that I am able to change my consent at any time. I
Washington Apple Health	^	RENEWAL INFORMATION	permit tax credits to be applied to my annual renewal without my taking further action.
COVERING COVERAGE DATES Miquel 03/01/2019 - 02/29 Renewal Date 02/29/2			
Apple Health	>		Yes
CHANGE PLAN	>		No
ID CARD	>		No
Report a Change			
		18	

### **Voter Registration**

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### **Voter Registration**

Submit your application   Washin 🗙 🕂					– 🗆 X 🖠	
		OLVR Verification - Google Chrome				- 🗆 X
→ C A A https://uat.wahpf.org/HBEWeb	o/AdvanceApplicationReview	https://qa-olvr.votewa.gov/Vote	WAVoterReg/VoterIde	entification.aspx		
washington	•—	First Name				
click. compare. covered.	Browse	MARIA				
Submit your application		Middle Name (optional)	)			
REGISTER TO VOTE		Last Name 🔋				
Would you like to register to vote? *		GORELL				
YES	NO					
Would you like to register with your information already pr	opulated in the registration form? *	Birthday				
YES C <sup>4</sup>	NO 🖓	Month 11	Day 29	9 Year	r 1968	
If you would like help in filling out the voter registration ap out the application in private. If you believe that someone Washington State Elections Division, PO Box 40229, Olym	has interfered with your right to register or to	Gender (optional)				
SIGN AND SUBMIT YOUR APPLIC	CATION					
By signing this application electronically, I certify under pe	nalty of perjury that my answers are correct an		😽 St	art Over		2
I am electronically signing my application *						1.3. <sup>P</sup> fi9ff7dffms
I have read the <u>rights &amp; responsibilities</u> 🗷 *						

As of June 27<sup>th</sup>, 2019, the voter registration automatic information transfer will be live.



# **Voter Registration**

- A few months ago, Healthplanfinder updated the voter registration. With the upcoming release, most individuals can choose to have their data automatically sent to the Secretary of State (SOS).
- If the primary applicant is 18 years of age or older, a US citizen, and a WA state resident, they can give consent for Healthplanfinder to send their data to SOS.
- SOS will either register them to vote or update their current voter registration.
- All primary applicants will still have the option to manually register to vote.



### **Chat Functionality**

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# Washington Healthplanfinder Chat

Washington Healthplanfinder will be adding a customer chat function that will allow individuals signed into their account to ask Customer Support Staff questions about their application.

The functionality will be added in this release, however, it will not go live until mid-July.



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## Washington Healthplanfinder Chat

The chat function will:

- Be an Icon on certain pages. These pages include the tabs on the customer dashboard and post-enrollment screens. The will not include any pages prior to logging in, Frequently asked questions or Smart Planfinder.
- Be available in English and, at a later date, Spanish
- Not be available to brokers, navigators, exchange support staff, tribal assisters, Health Care Authority staff, and any other privileged user role.



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### Washington Healthplanfinder Chat

NOTICE: We were not able to verify your information. Review your application, s may need to submit documents to verify your information.	uch as full legal names and birth dates, to make sure everything is correct. Otherwise, you	
	Close all	<u>u</u> ^
ACCOUNT HOLDER	^	
APPLICATION TYPE Not applying for tax credits, cost sharing reductions or Washington Apple Health SOCIAL SECURITY NUMBER XXXXXX215 SOCIAL SECURITY DISCLOSURE DATE OF BIRTH 11/29/1968 EMAIL MARGORE.S1@HBEUAT.MAILINATOR.COM	FULL NAME Maria Gorell SEX Male Edit	Live Chat
CONTACT INFORMATION	^	
HOME ADDRESS		
ADDRESS LINE 1 25 W Main St CITY Auburn ZIP 98001	APT/SUITE/OTHER  STATE WA	
MAILING ADDRESS		
ADRESS UNE 1 PO Box 7688 CITY Olympia ZIP 98507 ACP NUMBER N/A OTHER INFORMATION PHONE NUMBER	APT/SUITE/OTHER  STATE WA ADDRESS CONFIDENTIALITY PROGRAM? NO PHONE TYPE	Live Chat
	25	

### **Other Updates**





## **Other Updates**

The following are additional updates:

- The Washington Healthplanfinder will allow alpha numeric characters in the I-94 field.
- Pregnancy details will now show in the application review screen
- The Enrollment Deadline for Coverage (EE022) has been corrected and no longer generates for spouses that are marked as dependent of someone not in the household.



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# **Other Updates (Cont.)**

- The Eligibility Results letter (EE015) has been updated to include text regarding the option to apply for family planning when the individual is denied for Apply Health medical.
- Correspondence with not be mailed if a residential and mailing address is missing but will post to the individual's dashboard.
- This includes mail sent to dependents and Authorized Representatives.
- Privileged users have access to the ID Proofing button on App Review page.









#### Resources

#### **HCA Training & Education Resources**

http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaidcoverage/stakeholder-training-and-education

#### **Cross-agency Desk Aid**

http://www.hca.wa.gov/assets/free-or-lowcost/customer\_support\_center\_referrals.pdf

#### **HCA Community-Based Specialists**

http://www.hca.wa.gov/assets/free-or-lowcost/community\_based\_staff\_contact.pdf

#### **Contact your local HCA Area Representative**

http://www.hca.wa.gov/assets/free-or-low-cost/area\_representatives.pdf

