

#### Washington State Health Care Authority

# Washington Healthplanfinder Release 7.2 Update

Medicaid Eligibility and Policy Medicaid Eligibility and Community Support May 2020





### **Topics**

- System Release Outage
- Language Preferences
- Dashboard Updates
- Plan Selection Updates
- Other Updates
- Correspondence Updates
- Resources



### System Release Outage

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#### 7.2 System Release Outage

	May 2020							
Su	nday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
						1	2	
	3	4	5	6	7	8	9	
	10	11	12		14	15	16	
	17 18 19 21 May 2020 System Release is scheduled						23	
for the week of the 11 <sup>th</sup> . The system will go down at 8pm PST on Wednesday the 13 <sup>th</sup> and go live tentatively at 9am PST on Thursday, May 14 <sup>th</sup> .								

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

# Language Preferences



# **Braille or Large Print**

Braille & Large Print English have been removed from the drop-down list of translated languages and a new question has been added to select an individual's preferred notice format.

- This question is displayed on the Enter your Contact Information Screen.
- The preferred notice format can be edited via the My Profile tab.
- Individuals who previously selected Braille or Large Print have been automatically updated.
- The field level help has been updated for the language preference questions.





#### Language Preferences

#### LANGUAGE PREFERENCE

We ask questions about your language preferences to make sure that we can communicate about your coverage. We offer language assistance and disability accommodations at no cost, including free interpreter services for spoken and signed languages. To communicate with someone for free in your language, call our Customer Support Center at 1-855-923-4633 (TTY: 1-855-627-9604). Help is offered in over 200 different languages.

Can you read English? * 😮		Can you speak English? * 🔞	
YES	NO	YES	NO
If you require your notices in another format, s	elect from the options below. 📀		
Select an Ontion	-		

#### LANGUAGE PREFERENCE

We ask questions about your language preferences to make sure that we can communicate about your coverage. We offer language assistance and disability accommodations at no cost, including free interpreter services for spoken and signed languages. To communicate with someone for free in your language, call our Customer Support Center at 1-855-923-4633 (TTY: 1-855-627-9604). Help is offered in over 200 different languages.

Can you read English? * 🕢			nglish? * 🛛 Can you speak English? * 🚱		
YES	NO			YES	NO
If you require your notices in another forma	t, select from the options below. 🔞	_			
Select an Option		•			
Select an Option					
Braille					
Large Print English					
_	7				





# **My Profile Updates**

Account workers, navigators and brokers have the ability to edit an individual's spoken or written language preference on their account My Profile tab.

Streamlined messaging helps identify if they need large print or braille English.



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Coverage details		My Profile Tab
	OUSEHOLD 📴 DOCUMENT CENTER 💄 MY PROFILE	
Account Information	Contact Information	
USERNAME JUSTTEST1	HOME ADDRESS C 2781 LEMAR LN, CENTRALIA, WA 98531	We ask questions about your language preferences to make sure that we can communicate about your coverage. We offer language assistance and disability accommodations at no cost, including free interpreter services for spoken and signed languages. To communicate with someone for free in your language, call our Customer Support Center at 1-855-923-4633 (TTY: 1-855-627-9604). Help is offered in over 200 different languages.
PASSWORD RESET PASSWORD >	MAILING ADDRESS	Can you read English? * O     Can you speak English? * O       YES     NO     YES     NO
ACCESS IAM C	NOTIFICATION PREFERENCE	If you require your notices in another format, select from the options below.  Braille
JUSTTEST1@FAKEMAIL.COM	PHONE NUMBER         Image: Comparison of the second s	
	ALTERNATE PHONE NUMBER	Ihave an Authorized Representative
Language Preferences	Renewal Information	Back Finish Later Next
WRITTEN LANGUAGE	AUTHORIZATION TO VERIFY TAX RETURN RENEW TAX CREDITS (EXPIRES 02/19/2022)	
SPOKEN LANGUAGE		Select next after
Rock to Account Worker Dephased		updating the Language Preference.
Dack to Account Worker Dashboard	9	

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## **My Profile Tab**

ACCOUNT HOME SPAYMENTS	
VOTICE: Your changes have been saved successfully.	
Account Information	Contact Information
USERNAME JUSTTEST1	HOME ADDRESS S2781 LEMAR LN, CENTRALIA, WA 98531
PASSWORD 	MAILING ADDRESS
ACCESS IAM C	NOTIFICATION PREFERENCE
JUSTTEST1@FAKEMAIL.COM	PHONE NUMBER (360) 222-2222
	ALTERNATE PHONE NUMBER
Language Preferences	Renewal Information
WRITTEN LANGUAGE	AUTHORIZATION TO VERIFY TAX RETURN RENEW TAX CREDITS (EXPIRES 02/19/2022)
SPOKEN LANGUAGE	
	10

The banner confirms updates have been saved successfully.

### **Dashboard Updates**



#### **Customer Message Center**

The customer Message Center has been updated and moved.

	Message Center
Dashboard	
Welcome, Villi! Manage your coverage options, v	w important messages, and update account settings.
ACCOUNT HOME	ES PAYMENTS ANY HOUSEHOLD E DOCUMENT CENTER MY PROFILE
We need additions	documents to verify your eligibility. Upload Documents
Application	Household Coverage Summary
Report a Change	Shop and compare plans so that you get the best plan that fits your needs.
Create Another Application	Shop For Plans

The red bubble displays the number of notices the individual has not read.

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#### **Customer Message Center**

Back to Dashboard MESSAGE CENTER				
NOTICE TYPE • Select an Option	•	Search	MESSAGE CENTER	
5 Results Plan Selection Confirmed @ 04/07/2020, 02:39 PM	English	Eligibility Results      O4/07/2020, 12:59 PM	NOTICE TYPE  Select an Option Select an Option	•
Email Notices @     04/07/2020, 12:58 PM	English	Important Deadline to Submit Information ( 04/07/2020, 12:58 PM	Address Update Needed Complete Your Application Eng Contact Information Updated	English
Enrollment Deadline for Cover 04/07/2020, 12:58 PM	age C*		Coverage Options for Adult Dependents Coverage Termination Eligibility Decision Eligibility Results	English
< Prev	Showing: 1 to 5	5	Email Notices Enrollment Deadline for Coverage Mumportant Account Information Important Deadline to Submit Information	Showin
The Messa	age Cent	er layout has	Important Information Important Tax Return Document	

Letter to Employer Password Expiring Plan Selection Confirmed

Time to Renew Your Coverage Username Reminder

- The Message Center layout has not changed.
- The Notice Type drop down is now alphabetical.

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#### **Account Dashboard**

washington healthplanfinde	er		③ DASHBOARD	Sign Out 🕪
Dashboard Velcome, Jimbo! Ianage your coverage options, view important	t messages, and update account settings.			Nessage Center
ACCOUNT HOME		A MY HOUSEHOLD	DOCUMENT CENTER	MY PROFILE
We need additional docum	nents to verify your eligibility.		Upl	oad Documents
Application	Household Coverage Summary	the hast plan that fits your paods		
Create Another Application	Current Coverage Summary			Shop for Current Plans
8 Account	WASHINGTON APPLE HEALTH COVE	RAGE		^
Create Account View Current Eligibility Results	Washington Apple Health eligibility o Washington Apple Health (except Al	lecision is pending for one or more i ien Emergency Medical) includes der	individuals. ntal coverage.	
Submit a Document	Kimbo Limbo			ENROLLED
Help Find a Broker	Washington Apple Health START DATE 01/01/2020	END DATE 12/31/2020	RENEWAL 12/31/2020	DATE
Find a Navigator	– Bimbo Limbo			ENROLLED
C Account Workers	Washington Apple Health	END DATE	RENEWAL	DATE

The navigation menu has replaced the quick links.

The Message Center has moved to the top right corner.

The navigation menu has been sorted by Application, account and help actions.



# **Verify ID Proofing**

nage your coverage options, view import	tant messages, and update account settings.			
ACCOUNT HOME	PAYMENTS	ny household		MY PROFILE
We need additional do	cuments to verify your eligibility.		UF	load Documents
Application	Household Coverage Sum	mary		
Report a Change	Shop and compare plans so that y	ou get the best plan that fits your need	5.	
Create Another Application				Shop For Current Plans
	Current Coverage Summa	ry		
Account	HEALTH COVERAGE			
View Current Eligibility Results	GROUP 1			
Submit a Document				
	Jane Palau			ENROLLED
? Help				
Manage My Navigator	Ambetter Balan	Ced Care 3 (2020)		
Find a Broker	05/01/2020	12/31/2020		
	To Add or Remove specific ind	iividuals from coverage, select 'Report a	Change' from Quick Links.	
Account Workers	Cancel H	ealth Plan		
Verify Id Proofing				
	GROUP 2			

Verify ID proofing has moved to the Navigation Bar under Account Worker.

The process for ID proofing remains the same.

#### **Plan Selection Updates**



#### **Multiple Enrollments**

Prior to this release, if a family needed different plans, separate applications were required. This release creates the ability for households to enroll in separate plans on a single application.

After completing an application, individuals can group household members based on Washington Healthplanfinder recommended groups or group members based on their specific needs.

While these changes mostly apply to qualified health plans, understanding the new Washington Healthplanfinder flow is important for everyone working in the application system.



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# **Post Eligibility Application - Updates**

The post application process has been updated to include:

- The ability to group and enroll household members in separate plans through one application.
- Smart Planfinder as a part of the individual's shopping experience.
- Smart Choice plans based on Smart Planfinder details or shop all available plans in the individuals county.
- A navigation bar to verify status in the process and go back to previous screens.
- ADA support for individuals who rely on screen readers and keyboard navigation to complete their application.



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Individuals with Apple Health can start the process of selecting their managed care plan on this screen.

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		o My Plans
Apple Health managed	care plans	
ere are all Washington Apple Health mana	iged care plans available in your area.	
Select Apple Health	You're selecting a plan for:	
Who is selecting a plan?		BL
Manage care plans	Jimbo, 65	Bimbo, 19
nalize plan selections	Provider & Facility Search	Provider & Facility Search
	Total managed care plans found     Total managed care plans found     Mealington     Apple Health     PLAN DETAILS     Contact Us (800) 600.4441     Consumer Rating C      Star Rating C      Star Rating C	Community Health Plan of Washington Health Community Health Plan of Washington - Washington Apple Health PLAN DETAILS Consumer Rating (2) @
	More Information on this plan >	More Information on this plan >
	Pick This Plan	Pick This Plan
	Weablington Apple Health Washington Apple Health	Washington Apple Health Molina Healthcare of Washington, Inc Washington

The available plans in an individual's county are displayed.

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				1 My Plans	
onfirm your plans				1 Plan(s) Added	×
Select Apple Health	<ul> <li>Coverage Summary</li> </ul>			WASHINGTON APPLE HEALTH	
inalize plan selections	WASHINGTON APPLE	HEALTH		Amerigroup Washington, Inc. Amerigroup Washington, Inc Washington App	le Health
Plan Confirmation	Amerigroup RealSolution In healthcare Amerigroup Washington, Inc Apple Health Premium	) LS Washington	\$0.00 /month	\$ Confirm Plans	Premium D.OO /month
	Jimbo, 65 BL Bimbo, 19	KL Kimbo, 45	FL Fimbo, 10		
	COVERAGE DATE: STARTS 01/01/2020	ENDS 09/3	0/2020		

Plan Confirmation is the final step to enroll in a managed care plan.

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The priority of plan selection has not changed. Individuals enrolled in Apple Health will select their Managed Care Plan (MCP) first.

AI/AN individuals can select either Fee for Service (FFS) or a MCP. The MCP flow allows for separate plan selection or AI/AN and non-AI/AN household members.

Individuals can use the Provider and Facility Search to see which plans cover their doctors/facilities.





#### **Existing Applications**

Health plan shopping op Based on the information you provided, we rea Select health plan Group settings Group 1 Health plans Select dental plan Finalize plan selections	My Plans  ptions commend you shop with your current group.  REVIEW HOW YOU WILL SHOP  SHOP WITH CURRENT Based on the information you provided, we recommend you shop with your current group. Why.group.shopping2 GROUP 1	Current Option	Individuals may experience a different post eligibility flow when reporting a change.		
	BJ VS Brad, 40 Victoria, 40 Edit Groups Continue	Health plan shoppin	g options     d, we have recommended a shopping option that will save you money and maximize your health benefits.     Select the recommended shopping group to receive maximum cost     SELECT HOW YOU WILL SHOP     SHOP WITH CUBRENT     Your boachhold will remain in its current shopping group. This may have the     current shopping group. This may have the	savings. Better Option SHOP AS RECOMMENDED We will place bouchoid eventors in groups to maximize your out of pecket	
	23		Following responses	surviyes. To a will shap for a hankih plan far each group. • Lower coductible • Lower coductible • Lower coductible • Lower coductible • Lower coductible • University of the second second • University of the second second • University of the second second • Second Second • Second second • Se	

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#### **Separate Groups**



Washington Healthplanfinder has the ability to group and enroll household members in separate plans through one application.

A household may create separate enrollment groups based on different:

- Eligibility results
- Provider or facility needs
- Health care needs

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#### **Edit Groups**



Washington Healthplanfinder has the option to change the suggested groups.

- 1. Edit groups
- 2. Drag and drop household members
- 3. A banner will appear at the top of the screen showing the outcome.

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#### **Smart Planfinder**

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nopping preference	S	
elect for Apple Health	Let's help you find a health plan	
elect health plan Group settings Group 1 Health profile	Health plan options and your health needs can change from year to year. Smart Planfinder will help you find plans that are a Smart Choice based on your needs and preferences. All Smart Choice plans are identified by a Smart Choice flag on each recommended plan.	Smart Choice indicates a recommended plan
Group 2 Health profile Health plans	Smart Planfinder makes comparing plans easy. Answer a few questions about your health care use, doctor and prescription preferences, and we'll recommend plan options that best fit your needs.	
elect for dental group	What you will need to get started	
nalize plan selections	Names and addresses of clottors     Names and addresses of clottors     Names and addresses of clinics and hospitals     Names and closage information of prescription drugs	
	Let's get started!	
	GROUP 1	
	JP	
	Jane, 37	
		Get Plan Recommendations

After shopping groups are identified, individuals will see the Shopping Preference page.

Individuals select Get Plan Recommendation to use the Smart Planfinder tool and proceed to plan selection.



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#### **Dental Plan Shopping**

2020 dental plans				
hese are all the available dental plans i	in your area.			
Select Apple Health ~	You're selecting a dental plan	for:		
Select health plan 🛛 🕹	VP			
Select dental plan	Villi, 40			
Who is selection dental?				
Dental plans	Filter By	Sort by: Premiur	m 🔻 P	rovider & Facility Search
Finalize plan selections	5 Total dental plans found			
	DentaQuest PPO Family Hig	PREMIUM \$26.37 /month		PREMIUM \$26.43 /month
	DEDUCTIBLE	ANNUAL BENEFIT LIMIT	Basic Plan	
	\$50.00 Adult/ \$85.00 Child	Unlimited for children / \$1,000 for adults	S50.00 Adult/ \$75.00 Child	ANNUAL BENEFIT LIMIT Unlimited for children / \$1,000 per adult
	ROUTINE CARE No charge	RESTORATIVE CARE 30% -50% Coinsurance after deductible for children / Not a benefit for adults	ROUTINE CARE 0% Coinsurance after deductible for children / 0% Coinsurance after	RESTORATIVE CARE 50% Coinsurance after deductible for children / 50% - 100% Coinsurance
	THIS PLAN COVERS		deductible for adult	after deductible for adults
	PROVIDER & FACILITY		THIS PLAN COVERS	
	Add		PROVIDER & FACILITY	
	More Information on this pla	an.>		
	Compare	Pick This Plan	More Information on this p	Pick This Plan
		_		
	HealthInsurance	PREMIUM \$33.00 /month	DELTA DENTA  Delta Dental Individual and	PREMIUM \$38.08 /month
	DEDUCTIBLE	ANNUAL BENEFIT LIMIT	Family - Washington Famil Plan	y
	\$15.00 Adult/ \$15.23 Child	\$45 Adult/Unlimited for Children	DEDUCTIBLE \$50.00 Adult/	ANNUAL BENEFIT LIMIT
	ROUTINE CARE	RESTORATIVE CARE	\$85.00 Child	\$1,000 for adults

- There is no grouping for dental plans.
- A provider/facility can be added.
- Up to 3 dental plans can be compared.
- To select the desired dental plan click Pick this plan button.



#### **Confirm your Plans**



Individuals can review health and dental plan selection(s) prior to selecting the Confirm Plans button to complete their selection.

Tax credits will be assigned appropriately to each group (if multiple selected).

#### **Other Updates**

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### **Other Customer Account Updates**

The following have been updated to reflect an improved Washington Healthplanfinder application.

- The Alien Emergency Medical (AEM) question no longer appears for non-citizens under the age of 19.
- The Date of Residency field no longer appears when adding a new member to an application.
- Individuals are now asked what is their sex assigned at birth.





# **Gender X Application Update**

Currently, the Department of Health and the Department of Licensing offer a third sex/gender.

For the purposes of the Washington Healthplanfinder application, the information on an individual's original birth certificate is needed to screen for all available benefits.



## **Correspondence Updates**



## **Correspondence Updates**

The following have been updated:

- Washington Apple Health Renewal Notice (EE008) Apple Health with Premiums (CHIP) accurately displays the correct monthly premium.
- To support Multiple Enrollments the following notices have been updated:

Enrollment Deadline for Coverage (EE002)

Coverage Termination (EE012)

Plan Selection Confirmed (EE019)



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#### **Paper Application Updates**

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#### Full Paper Renewal Application

(Updated R7.2 (May 2020))

#### Current Application Information

Application ID: <<App ID>> Review your information below and report any changes you have. For faster processing, complete your renewal online. If you need assistance completing your renewal, call Healthplanfinder at 1-855-923-4633. If you would like to return this form by mail or fax, write your updates in the form below and send it to us.

Primary Applicant's Information - Provide updates in the space provided.

Primary applicant name		
< <pa name="">&gt;</pa>		
Physical address	Mailing address	
< <address 1="" line="">&gt;</address>	< <address 1="" line="">&gt;</address>	
< <address 2="" line="">&gt;</address>	< <address 2="" line="">&gt;</address>	
< <city>&gt;</city>	< <city>&gt;</city>	
< <state>&gt;</state>	< <state>&gt;</state>	
< <zip>&gt;</zip>	< <zip>&gt;</zip>	
< <county>&gt;</county>	< <county>&gt;</county>	
Preferred written	Preferred spoken	
language	language	
< <language>&gt;</language>	< <language>&gt;</language>	
Format (Braille, Large		
Print)		
< <format>&gt;</format>		
Phone number	Alternative phone	
< <phone number="">&gt;</phone>	< <phone number="">&gt;</phone>	
Email address	Go paperless?	
< <email address="">&gt;</email>	< <yes no="">&gt;</yes>	
Household Members – Verity informa	ation and provide updates in the space provided	

Name	DOB	SSN	Requesting coverage?	Relationship to primary applicant	Living with primary applicant
< <individual>&gt;</individual>	< <dob>&gt;</dob>	< <ssn>&gt;</ssn>	< <yes no="">&gt;</yes>	< <relationship>&gt;</relationship>	< <yes no="">&gt;</yes>
Updates for < <individual>&gt;</individual>					

Household Members Continued- Verify information and provide updates in the space provided.							
Name	Sex assigned at birth	Race	U.S. citizen	WA resident	Affiliated with a tribe?	lf so, what tribe?*	
< <individual>&gt;</individual>	< <f m="">&gt;</f>	< <race>&gt;</race>	< <yes no="">&gt;</yes>	< <yes no="">&gt;</yes>	< <yes no="">&gt;</yes>	< <tribe>&gt;</tribe>	
Updates for < <individual>&gt;</individual>							

Paper application updates include:

- Braille/Large print
- Sex assigned at birth











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

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

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

hca.wa.gov/assets/free-or-low-cost/customer\_support\_center\_referrals.pdf

HCA Community-Based Specialists hca.wa.gov/hcacommunitystaff

#### Contact your local HCA Area Representative

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

