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washington
healthplanfinder

click. compare. covered.

Healthplanfinder Release 2.1 Overview for HCA Community Partners

Topics

Release 2.1 Overview for HCA Community Partners

Lesson 1: Health Care Extension

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Lesson 3: Data Validation Before eSign

Lesson 4: Tax Filing Status and Household Relationships Updates

Lesson 5: Navigator/Brokers/Assisters – Termination of Partnerships

Healthplanfinder Release 2.1

Introduction

Healthplanfinder Release 2.1

- Effective Monday – **January 19, 2015**, new system enhancements for Healthplanfinder Release 2.1 will go-live!
- This training will share the changes coming to Washington Healthplanfinder (HPF) for Release 2.1.
- This training is intended for those who assist individuals with applying for and renewing coverage for Washington Apple Health (WAH), Health Insurance Premium Tax Credits (HIPTC) and Qualified Health Plans (QHP).

Knowledge Check

Washington Healthplanfinder 2.1 system enhancements "go live" on January 19, 2015. (True or False)

A. True

B. False



Health Care Extension

Lesson 1

Lesson Learning Objectives

Upon completing this module, you will be able to:

- ✓ Understand the eligibility requirements for the new Washington Apple Health (WAH) – Health Care Extension program available to users in Washington Healthplanfinder
- ✓ Understand the process a user will follow in Washington Healthplanfinder system before obtaining access to WAH – Health Care Extension
- ✓ Understand how customers will know they are now receiving WAH – Health Care Extension coverage

Overview of Health Care Extension

Current State

Washington Healthplanfinder does not currently have any mechanism by which an individual who loses Washington Apple Health **Family** coverage can receive a temporary extension on his/her coverage.

Future State

- Washington Healthplanfinder is implementing a new program in which Washington Apple Health Family recipients can receive extensions on their coverage under certain circumstances that cause them to lose their current coverage
- In particular, if a WAH Family household reports a change in income that causes an eligibility change, Washington Healthplanfinder, through an automated process, will determine if that family is eligible for extended coverage



Summary of Impacts

- New language on the Eligibility Results screen will clearly communicate to relevant customers that they have been enrolled in WAH – Health Care Extension
- New correspondence will communicate eligibility and clarify next steps for customers
- Clients who refuse WAH Health Care Extension benefits are not eligible for the Health Insurance Premium Tax Credits (HIPTC) program (same rules apply – an applicant must be found ineligible for WAH coverage to be considered for HIPTC).



Health Care Extension Benefits and Eligibility Requirements

What is Washington Apple Health – Health Care Extension?

Healthplanfinder is implementing a new program in which Washington Apple Health – Family recipients can receive an extension on their coverage under certain circumstances that would cause them to lose their coverage.



What is Washington Apple Health – Health Care Extension?

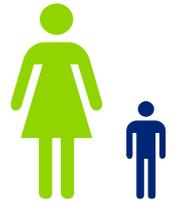
A Health Care Extension provides a year's continuation of Washington Apple Health (WAH) coverage for WAH Family households who:

WAH –
Health Care
Extension

1. Report an **increase in earned income** that change their WAH eligibility



2. Have **dependent children** in their households (<18 years old)



3. Have been enrolled in WAH Family for at least **3 of the last 6 months**



How is WAH – Health Care Extension Determined?

For individuals to be determined eligible for WAH – Health Care Extension, their WAH ineligibility must result exclusively from new or increased Modified Adjusted Gross Income (MAGI) for a household, otherwise known as an *income change*.

Increased MAGI earnings includes any of the following

- New employment
- Increase in earnings as a result of an increase in hours worked
- Increase in salary or hourly wage
- Earnings of an eligible adult added to the household

How is WAH – Health Care Extension Determined?

Washington Healthplanfinder will, through an automated process, ask three questions of the application, to determine eligibility:

1. Does this individual have earned income? (“Yes”)
2. Have they been enrolled in Washington Apple Health Family for at least 3 of the last 6 months? (“Yes”)
3. Do they have a child that is under 18 years old? (“Yes”)



An automated eligibility determination will be completed for WAH – Health Care Extension coverage

If the automated eligibility determination finds the family eligible for WAH – Health Care Extension, Healthplanfinder will enroll the individuals in WAH – Health Care Extension coverage, for 12 months.

Who receives WAH – Health Care Extension?

Scenario 1:



- A family (with children under 18 years old) has earned income of \$10,000/year and is enrolled in WAH Family coverage
- When they report an increase in their earned income to \$60,000/year, thus making them no longer eligible for WAH Family coverage
- They have been enrolled in WAH Family for the past year

They *will* be eligible for WAH – Health Care Extension.

Scenario 2:



- A family (with children under 18 years old) has earned income of \$10,000/year and is enrolled in WAH Family coverage
- When one of the children turns 18, his/her eligibility changes and the family is no longer eligible WAH Family coverage
- They have been enrolled in WAH Family for the past year

They *will not* be eligible for WAH – Health Care Extension.

Knowledge Check

What is required for an applicant to become eligible for WAH – Health Care Extension?

Select all that apply.

- a) They are already enrolled for WAH coverage through HPF**
- b) They have child dependents under the age of 18**
- c) They have received WAH Family coverage for at least 3 of the last 6 months**
- d) The family has adult dependents**



Knowledge Check

How does a potential WAH – Health Care Extension recipient receive a Health Care extension?

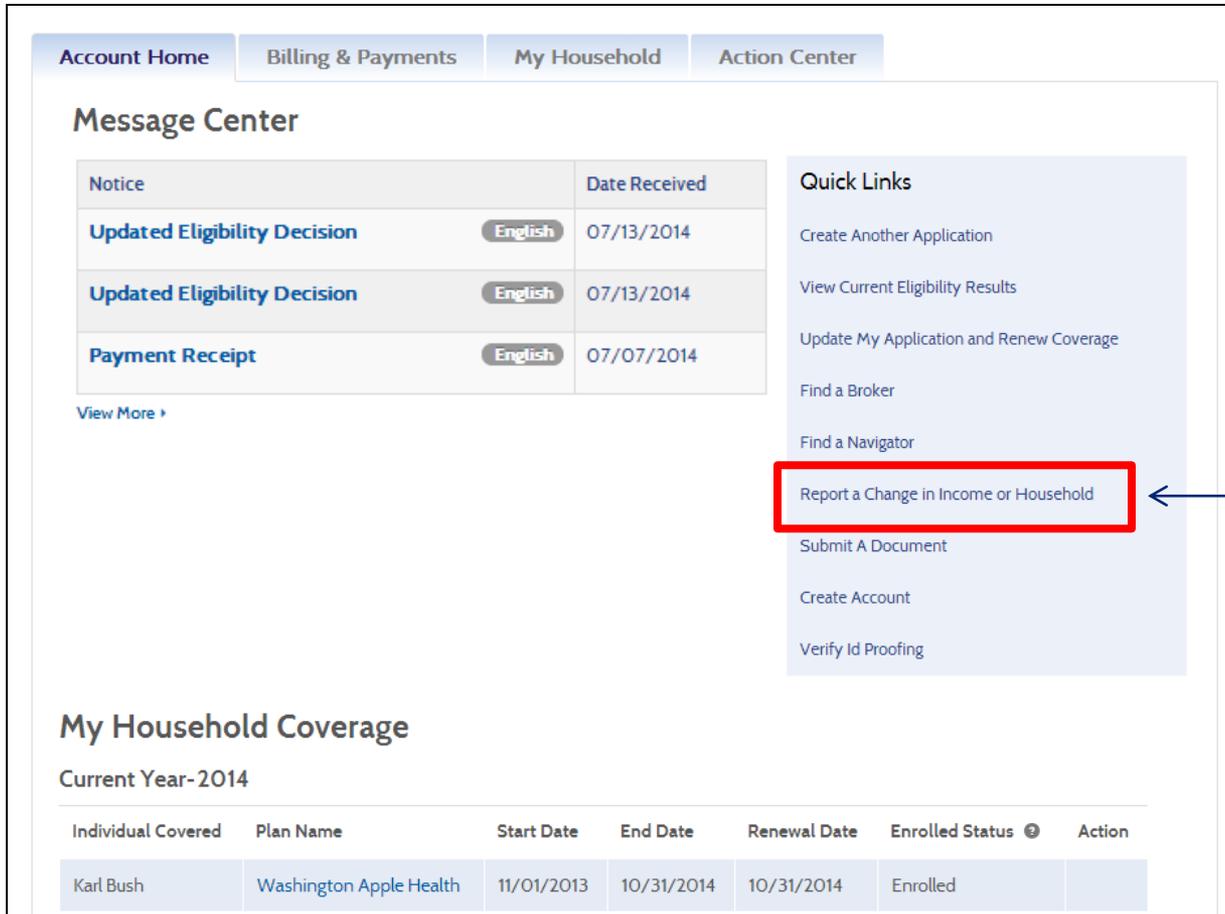
- a) **The applicant is a first time customer**
- b) **The applicant reports a change in marital status that causes a change in their WAH eligibility**
- c) **The household becomes eligible for WAH when an individual is removed from their application**
- d) **The household with WAH Family coverage reports an increase in earned income that puts them over the WAH Medicaid standard and finds them no longer eligible for WAH Family**
- e) **An applicant loses their minimum essential coverage**



Health Care Extension Process for Users

Report an Income Change

Customer will report a change in income from the Quick Links in Account Home



The screenshot displays the 'Account Home' interface with a navigation bar containing 'Account Home', 'Billing & Payments', 'My Household', and 'Action Center'. The 'Message Center' section lists three notices: two 'Updated Eligibility Decision' notices from 07/13/2014 and one 'Payment Receipt' from 07/07/2014. The 'Quick Links' section on the right includes: 'Create Another Application', 'View Current Eligibility Results', 'Update My Application and Renew Coverage', 'Find a Broker', 'Find a Navigator', 'Report a Change in Income or Household' (highlighted with a red box), 'Submit A Document', 'Create Account', and 'Verify Id Proofing'. Below the Quick Links is the 'My Household Coverage' section for the 'Current Year-2014', featuring a table with columns for Individual Covered, Plan Name, Start Date, End Date, Renewal Date, Enrolled Status, and Action.

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status	Action
Karl Bush	Washington Apple Health	11/01/2013	10/31/2014	10/31/2014	Enrolled	

Report a change in income



Individual is Eligible for WAH – Health Care Extension

The eligibility status screen for each individual displays that individuals are eligible for WAH – Health Care Extension and notifies them that they are enrolled.

The screenshot shows the 'Eligibility Status' page for 'Ppk kxt'. The page header includes the Washington Health Plan Finder logo and the tagline 'click. compare. covered.'. Below the header, a message states: 'You applied for free or low-cost health insurance coverage. Thank you for providing your household information. To see Eligibility Status details per household member click each name below. Clicking "Next" will give you a summary of your household's next steps to finalize your coverage.'

The main content area is divided into two columns. The left column shows a summary for 'Ppk kxt' with a green 'APPROVED' status, 'Household: Primary Applicant', 'Coverage: WAH - Extension', 'Start Date: 11/01/2014', and 'End Date: 10/31/2015'. Below this is a summary for 'Chih kxt' with a green 'APPROVED' status, 'Household: Child', 'Coverage: WAH - Kids', 'Start Date: 10/01/2014', and 'End Date: 09/30/2015'. A 'View Details' link is provided for Chih kxt.

The right column shows a detailed view for 'Ppk kxt' with a green 'APPROVED' status. A red box highlights the following text: 'Washington Apple Health - Health Care Extension', 'Ppk kxt is approved for Washington Apple Health - Health Care Extension.', 'This coverage is only available to adults who:', '1. Are not eligible for Washington Apple Health Family coverage due to increased earnings; and', '2. We e enrolled in Washington Apple Health Family coverage for three out of the last six months.', 'Washington Apple Health - Health Care Extension is approved for a maximum of 12 months and has no premiums or deductibles. Why this result?', and a table with the following data:

Coverage Start Date	Coverage End Date	Renewal Information
11/01/2014	10/31/2015	Ppk kxt will need to renew coverage by 10/31/2015. We will contact you with more information when it's time to renew.

At the bottom left of the page, there is a link: 'Return to Dashboard'.

Eligibility Status screen displays WAH – Health Care Extension

Click "Why this Result" for more information

Individual is Eligible for WAH – Health Care Extension

The eligibility status screen for each individual displays that individuals are eligible for WAH – Health Care Extension and notifies them that they are enrolled.

Why this result?

Based on the changes you reported your coverage may have changed. Given your income and household income, we evaluated you first for the lowest-cost option, Washington Apple Health, and determined you eligible.

Ppk kat

APPROVED

Household Primary Applicant
Coverage: WAH - Extension
Start Date: 10/01/2014
End Date: 10/31/2015

Child kat

APPROVED

Household Child
Coverage: WAH - Ext
Start Date: 10/01/2014
End Date: 09/30/2015
View Details

Washington Apple Health - Health Care Extension

Ppk kat is approved for Washington Apple Health - Health Care Extension.

This coverage is only available to adults who:

1. Are not eligible for Washington Apple Health Family coverage due to increased earnings; and
2. Were enrolled in Washington Apple Health Family coverage for three out of the last six months.

Washington Apple Health - Health Care Extension is approved for a maximum of 12 months and has no premiums or deductibles. [Why this result?](#)

Coverage Start Date	Coverage End Date	Renewal Information
10/01/2014	10/31/2015	Ppk kat will need to renew coverage by 10/31/2015. We will contact you with more information when it's time to renew.

When the “Why this Result” link is clicked, this modal appears

Updated Results Correspondence

*Updated Results
Correspondence*

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507

 **washington healthplanfinder**
powered by the Washington Health Benefit Exchange

<<Date>> Application ID:
<< Application ID >>

<<Individual Name>>
<<Individual Mailing Address>>
<<City, State, Zip Code>>>

Subject – Updated Eligibility Decision

Thank you for applying for health care coverage through Washington Healthplanfinder. Below is a summary of your household's eligibility information.

Dear << Individual Name >>,

[Changed Eligibility Tag – Condolence]
[Changed Eligibility Tag]
[Renewed Eligibility Tag]
[Eligibility Change List Tag]
[Eligibility List Tag]
[WAH AEM Eligibility Information Tag]
[WAH Premiums Eligibility Information Tag]
[WAH – Health Care Extension Eligibility Information Tag]
[19 Year Old Age Out]
[Pending AEM/ Pending Medicaid]
[Washington Apple Health Denial Tag]
[Death of Primary Applicant]
[QHP with Tax Credits Eligibility Information Tag (non-5594 scenario)]
[QHP with Tax Credits Eligibility Information Tag in the case of 5594]
[QHP Eligibility Information Tag (non-5594 scenario)]

Correspondence ID: <<SystemNumber>>
<<CORR#>>

Page 1 of 10

Knowledge Check

How will the user know that he/she has been deemed eligible for WAH – Health Care Extension?

Select all that apply.

a) The Eligibility Results screen displays eligibility for WAH – Health Care Extension

b) The user will call Washington Healthplanfinder to find out his/her eligibility for WAH – Health Care Extension

c) The user will discuss WAH – Health Care Extension with a local WAH representative

d) The user will receive a correspondence informing him of WAH – Health Care Extension

Knowledge Check

What actions does the user have to take in the system to be enrolled in WAH – Health Care Extension?

- a) **Work with a local representative to select a WAH Health Care Extension Plan**
- b) **Call the call center**
- c) **Select a WAH Health Care Extension plan by navigating to Washington Apple Health through Washington Healthplanfinder**
- d) **Report an income change – an increase or new household income**
- e) **None of the above**

Correspondence Changes

Lesson 2

Lesson Learning Objectives

Upon completing this module, you will be able to:

- ✓ Understand the new Important Tax Return correspondence along with the 1095-A Tax Form
- ✓ Describe the timing and process by which the recipients of the Important Tax Return correspondence and 1095-A are identified
- ✓ Communicate which change reporting correspondences will be updated
- ✓ Identify the differences between communication to customers on the message center/dashboard and email/mail correspondence

Important Tax Return Correspondence & 1095-A Tax Form (Mixed QHP/WAH Households)

Important Tax Return Correspondence & 1095-A Tax Form

Current State

- Healthplanfinder currently does not send the 1095-A tax form to households and individuals who are enrolled in healthcare coverage through Washington HPF at the end of each year

Future State

- The Important Tax Return correspondence, which provides customers with important Health Insurance Premium Tax Credits, will be sent annually along with the new 1095-A tax form
- The 1095-A tax form will be sent at the end of the year to all tax filers who are enrolled in a **QHP or QHP with tax credits**
- The correspondence is generated in January and covers the previous year



Summary of Impacts

- The correspondence will be generated for each tax filer who is enrolled in **QHP or QHP with Tax Credits** on WA HPF
 - Multi-tax filer households and households with individuals enrolled in different QHPs / QHPs with tax credits will have multiple correspondences generated for one household
 - Mixed households (Washington Apple Health and QHP/HIPTC) will receive this for the household members on QHP only).

1095-A – Health Insurance Marketplace Statement Facts

- The 1095-A comes from the Health Benefit Exchange (HBE), and is only sent to Health Insurance Premium Tax Credit (HIPTC) and Qualified Health Plan (QHP) clients.
- The 1095-A does not come from the Internal Revenue Service (IRS).
- The information from 1095-A is used to complete Form 8962, Premium Tax Credit, in the 2014 federal income tax return.
- The 1095-A is used to verify Minimum Essential Coverage (MEC) information, including coverage periods and premium amounts.

What is the 1095-A?

- Households and individuals receiving QHP or QHP with tax credits are now required to report their health insurance when filing taxes
- The 1095-A will be mailed annually, in January, to **all individuals receiving health coverage through Washington HPF who are enrolled in a QHP or QHP with tax credits (including mixed QHP/WAH households)**
- Those who are covered through Washington Healthplanfinder will receive a letter and a filled out 1095-A indicating their coverage*
 - Coverage information allows individuals to avoid any penalties
- Data on the 1095-A includes policy information, coverage dates, and monthly premiums

*For more information, visit <http://www.irs.gov/instructions/i1095a/>



Important Tax Return Correspondence Letter

- The recipient list of the Important Tax Return correspondence and 1095-A tax form is generated each year in January
- The initial batch run, between January 16 and January 29 identifies **QHP and QHP with Tax Credits** eligible households from the previous tax year
 - Correction and regeneration batches run daily until 4/15

- A correspondence letter similar to the sample letter displayed will be generated for each tax filer who obtained coverage through Washington HPF

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



Washington
healthplanfinder
powered by the Washington Health Benefit Exchange

<<Date>>
Application ID:
<< Application ID >>

<<Tax-Filer Name>>
<<Application Mailing Address>>
<<City, State, Zip Code>>

Subject – Important Tax Return Document

Dear << Tax-Filer Name >>,

[Corrected 1095-A Tag]

Thank you for choosing Washington Healthplanfinder for your household's health insurance coverage. When you file your federal taxes for <<YYYY (previous coverage year)>>, you will need the attached 1095-A to report the Health Insurance Premium Tax Credits you received.

When you get advanced Health Insurance Premium Tax Credits you must:

- File taxes for the year you received tax credits
- File taxes jointly with your spouse, if applicable

If you have questions or would like more information about premium tax credits, please visit the IRS website at <http://www.irs.gov/uac/The-Premium-Tax-Credit>.

How to Contact Washington Healthplanfinder

Contact us if you have any questions. Let us know if you want a free interpreter or free translations of this letter or other documents we send you. Please contact us if you need help to apply for or access your health care coverage due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL>;
- By email at <HBEEMAIL>;
- By calling <HBEPHONE> and <HBETTY>;
- By Fax <HBEFAX>;
- By mail at:
<HBEADDRESS1
HBEADDRESS2
HBECITY
HBESTATE
HBEZIP>

Correspondence ID: <<SystemNumber>>
<CORR#>

Page 1 of 1

1095-A Tax Form Sections and Contents

Form **1095-A** Health Insurance Marketplace Statement

Department of the Treasury Internal Revenue Service

Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a.

OMB No. 1545-0047

2014

CORRECTED

070315

Part I Recipient Information

1 Marketplace identifier
WA

2 Marketplace-assigned policy number
0001

3 Policy issuer's name
Premiera Blue Cross

4 Recipient's name
Joan Watson

5 Recipient's SSN
***-**-6788

6 Recipient's date of birth

7 Recipient's spouse's name
John Watson

8 Recipient's spouse's SSN
***-**-5433

9 Recipient's spouse's date of birth

10 Policy start date
2014-02-01

11 Policy termination date
2014-12-31

12 Street address (including apartment no.)
711 Capital Way S

13 City or town
Olympia

14 State or province
Washington

15 Country and ZIP or foreign postal code
98501

Part II Coverage Household

A. Covered Individual Name	B. Covered Individual SSN	C. Covered Individual Date of Birth	D. Covered Individual Start Date	E. Covered Individual Termination Date
16 John Watson	***-**-5433		2014-02-01	2014-12-31
17 Joan Watson	***-**-6788		2014-02-01	2014-12-31
18				
19				
20				

Part III Household Information

Month	A. Monthly Premium Amount	B. Monthly Premium Amount of Second Lowest Cost Silver Plan (SLCSP)	C. Monthly Advance Payment of Premium Tax Credit
21 January			
22 February	165.00	55.00	
23 March	165.00	55.00	
24 April	165.00	55.00	
25 May	165.00	55.00	
26 June	165.00	55.00	
27 July	165.00	55.00	
28 August	165.00	55.00	
29 September	165.00	55.00	
30 October	165.00	55.00	
31 November	165.00	55.00	
32 December	165.00	55.00	
33 Annual Totals	1815.00	605.00	

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions. Cat. No. 60703Q Form 1095-A (2014)

Part 1:

Lists key information about the recipient including:

- Marketplace Identifier (Name of State – WA)
- Policy Number, start date, and termination date
- Recipient's name and information

Part 2:

Provides information on recipient's household members who are covered:

- Information includes coverage start and end date for each covered individual

Part 3:

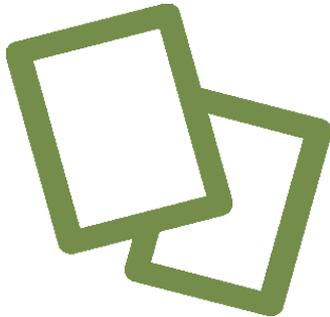
Lists the monthly premium amount, apportioned monthly premium amount of Second Lowest Cost Silver Plan (SLCSP), and monthly advance premium tax credit **(if applicable)**

Additional Details on the 1095-A



Customers can view their 1095-A form online:

- Customers can log into their WA Healthplanfinder account to view an electronic version of their 1095-A form(s)



Multiple 1095-A forms will be generated for:

- **Households with multiple tax filers** – each tax filer will receive a form for each plan he / she is enrolled in
- **Individuals who change plans during the year** – one 1095-A will be generated *per plan*
- **Married couples filing separately**
- **Married couples filing jointly who are enrolled in separate plans** – one 1095-A will be generated *per plan*

Customer Navigating to 1095-A Tax Form

Customers and Account Workers will be able to view the 1095-A tax form by navigating to the **“My 1095-A Tax Form”** link



The screenshot shows the Washington Healthplanfinder website. At the top left is the logo with the tagline "click. compare. covered.". Below the logo are navigation tabs: "Account Home", "Billing & Payments", "My Household", and "Action Center". The main content area is titled "Message Center" and contains a table of notices. To the right of the table is a "Quick Links" sidebar. The "1095-A Tax Form" link in the sidebar is highlighted with a green box.

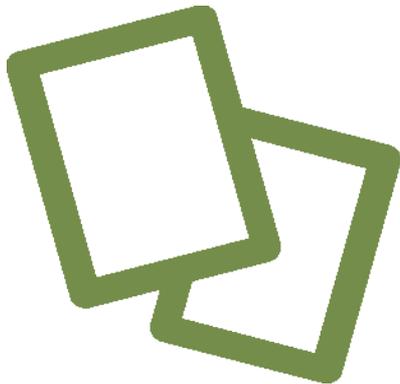
Notice	Date/Time Received
Open Enrollment Renewal English	11/17/2014, 10:49 AM
Invoice (Individual) English	11/14/2014, 01:05 AM
Special Enrollment Document Request English	11/12/2014, 03:27 PM

[View More >](#)

- 1095-A Tax Form
- Create Another Application
- View Current Eligibility Results
- Find a Broker
- Find a Navigator
- Make a Payment
- Report a Change in Income or Household
- Change Account Settings
- Submit A Document
- Update Email Address

Customer's 1095-A Tax Form Screen

Once customers click on the **1095-A Tax Form** link from the Account Home screen, they will be directed to the screen below, where they can click to view their forms



HOME | WELCOME, JOHN DOE (SIGN OUT) | EN ESPAÑOL | CUSTOMER SUPPORT ?

 **washington healthplanfinder**
click. compare. covered.

1095-A Tax Form

Select the year:

Policy ID	Recipient Name	Social Security Number	Date of Birth (MM/DD/YYYY)	Date/Time Received	View
0001	Elephant Wash	105-23-0001	01/01/1980	01/03/2014 9:00:00 AM	
0001	Platinum Wash	106-29-7121	04/05/1980	01/03/2014 9:05:00 AM	

[← Back](#)

About FIND US ON:   

Knowledge Check

Which of the following is true regarding the Important Tax Return correspondence and 1095-A tax form? Select all that apply.

- a) **Customers can make edits to their 1095-A form by logging into their HPF account**
- b) One household may receive multiple correspondences**
- c) The initial batch job is run once a year between January 16 and January 29**
- d) QHP customers will receive the Important Tax Return correspondence even if they do not receive tax credits**



Knowledge Check

True or false: Mixed households receiving both Washington Apple Health and QHP coverage will not receive a 1095-A tax form in January.

a) True

b) False

The household will receive a 1095-A tax form only for those household members who received QHP coverage.



Suppression of Same Day Change Reporting Correspondences

Summary of Same Day Change Reporting Correspondences

Current State

- HPF customers are able to report multiple changes to their account in one day. If any of the changes trigger a notice to be generated, multiple correspondences are sent out in a single day
- **This leads to several issues including:**
 - Customer confusion
 - Unnecessary costs for HBE
 - Increased Call Center volume due to need for clarification

Future State

- If a customer makes multiple changes to his / her account in a single day, email or mail notifications (depending on customer's preference) will be held until the end of the day for correspondences
- However, **all** notifications (sent and not sent) will be displayed electronically on the customer's message center / dashboard in the order they are generated



Summary of Impacts

- The following correspondences are impacted by this update: ADM002 – Contact Information Update, EE001 – Additional Verification Required, and EE015 – Updated Eligibility Decision
- Customers will now receive one notification via mail / email of the latest change reported that day

Contact Information Update Correspondence

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



<<Date>>
Application ID:
<< Application ID >>

<<Individual Name>>
<<Individual Mailing Address>>
<<City, State, Zip Code>>

Subject – Updated Eligibility Decision

Dear << Individual Name >>,

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[Eligibility L

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Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



<< Date >>

Application ID:
<< Application ID >>

<< Individual Name >>
<< Individual Mailing Address >>
<< City, State, Zip Code >>

Subject – Additional Verification Required

Dear << Individual Name >>:

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Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



<< Date >>

<<Individual Name>>
<< Individual Mailing Address >>
<< City, State, Zip Code >>

Subject – Contact Information Update

Dear << Individual Name >>:

As requested, your contact information has been updated. Please see below for the requested changes:

< Individual Email Address >
< Individual Phone Number >
< Individual Address >

How to Contact Washington Healthplanfinder

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL>;
- By email at <HBEEMAIL>

The HBE system will be updated so that when a customer makes several changes to his or her account in a day that triggers the listed notifications below, only **one** email / letter will be sent to the customer

Contact Information Update

Contact Information Update

- Notifies customers of their requested changes in contact information
- If the Contact Information Update notification is triggered multiple times within one day for a customer, only the **latest version** of the notification will be sent to the customer via mail / email at the end of the day
- **All versions** of the notification are saved to the customer's dashboard

Additional Verification Required Correspondence

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



<< Date >>
<< Individual Name >>
<< Individual Mailing Address >>
<< City, State, Zip Code >>

Subject – Contact Information Update

Dear << Individual Name >>:

As requested,

< Individual
< Individual
< Individual

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



How to Contact Us

<< Date >>

Application ID:
<< Application ID >>

Contact us by

<< Individual Name >>
<< Individual Mailing Address >>
<< City, State, Zip Code >>

- Online
- By email

Subject – Updated Eligibility Decision

Dear << Individual Name >>:

[Changed Eligibility]

[Changed Eligibility]

[Renewed Eligibility]

[Eligibility Change]

[Eligibility List]

[WAH AEM]

[WAH Premium]

[WAH – Health Plan]

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



Additional Verification Required

<< Date >>

Application ID:
<< Application ID >>

<< Individual Name >>
<< Individual Mailing Address >>
<< City, State, Zip Code >>

Subject – **Additional Verification Required**

Dear << Individual Name >>,

[Introduction - Objects Present]

[List of Individuals, Verification Elements Pending, Submit By Date]

[List of Individuals, Other Health Insurance Coverage Verification Elements Pending, Submit By Date]

[Introduction - Objects Not Present]

Some approved documents that can be used for verification are:

Proof of Citizenship:

- U.S. Passport/U.S. Passport Card
 - Enhanced Driver's license or Enhanced State ID
- (Please note that we cannot accept standard licenses as proof of citizenship. They must be enhanced)**

The HBE system will be updated so that when a customer makes several changes to his or her account in a day that triggers the listed notifications below, only **one** email / letter will be sent to the customer

Additional Verification Required

- Notifies customers of additional verification needed to finalize eligibility
- If the Additional Verification Required notification is triggered multiple times within one day for a customer, only the **latest version** of the notification will be sent to the customer via mail / email at the end of the day
- **Only the latest version** of the notification is saved to the customer's dashboard, but the notification will still list all unverified items by the end of the day

Updated Eligibility Decision Correspondence

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



<< Date >>

<< Individual Name >>
<< Individual Mailing Address >>
<< City, State, Zip Code >>

Application ID:
<< Application ID >>

Subject – Additional Verification Required

Dear << Individual Name >>,

[Introduction]

[List of Individual Names]
Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



[Introduction] << Date >>

Some appropriate << Individual Name >>
<< Individual Mailing Address >>
<< City, State, Zip Code >>

Proof of Citizenship

- U.S. born
- Enhanced Driver License (Please see the instructions for details)

Subject – Contact Information Update

Dear << Individual Name >>,

As requested, we have updated your contact information. Please let us know if you need any assistance.

<< Individual Name >>
<< Individual Mailing Address >>
<< City, State, Zip Code >>

How to Contact Us

Contact us by:

- Online
- By email

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98507



Updated Eligibility Decision

<<Date>>

Application ID:
<< Application ID >>

<<Individual Name>>
<<Individual Mailing Address>>
<<City, State, Zip Code>>

Subject – Updated Eligibility Decision

Dear << Individual Name >>,

[Changed Eligibility Tag – Condolence]

[Changed Eligibility Tag]

[Renewed Eligibility Tag]

[Eligibility Change List Tag]

[Eligibility List Tag]

[WAH AEM Eligibility Information Tag]

[WAH Premiums Eligibility Information Tag]

[WAH – Health Care Extension Eligibility Information Tag]

The HBE system will be updated so that when a customer makes several changes to his or her account in a day that triggers the listed notifications below, only **one** email / letter will be sent to the customer

Updated Eligibility Decision

- Notifies customers of their eligibility determination as part of the change reporting or renewal process
- If the Updated Eligibility Decision notification is triggered multiple times within one day for a customer, only **the latest version** of the notification will be sent to the customer via mail / email at the end of the day
- **All versions** of the notification are saved to the customer's dashboard

Message Center in Account Home Screen

HOME | WELCOME, ADAM LANKER (SIGN OUT) | ESPAÑOL | CUSTOMER SUPPORT

washington healthplanfinder
click, compare, covered.

Notice:
Your health plan selection period is from <PSP start date> to <PSP end date OR SEP end date>. After <PSP end date OR SEP end date>, you will not be allowed to change your health plan until the next Open Enrollment period or if you qualify for a new Special Enrollment period.
Please note, qualifying event verification does not apply to anyone eligible for Washington Apple Health.

Account Home | Billing & Payments | My Household | Action Center

Message Center

Notice	Date/Time Received
Updated Eligibility Decision English	07/19/2014, 10:40 AM
Eligibility Decision English	07/04/2014, 12:27 AM
Washington Apple Health Information Request English	07/04/2014, 10:50 PM

[View More](#)

My Household Coverage

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status
Adam Lanker	QQ Core Bronze	08/01/2014	11/30/2014	N/A	Enrolled
Adam Lanker	QQ LifeWise Essential Bronze 5250 HSA	12/01/2014	12/31/2014	N/A	Enrolled

Washington Healthplanfinder has a network of support across Washington State. You can get help from a [Navigator](#) or [Broker](#).

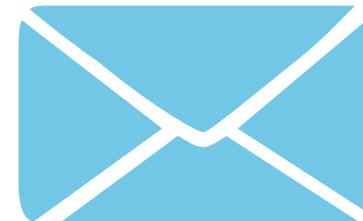
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IF YOU NEED ADDITIONAL LANGUAGE OR DISABILITY ACCOMMODATIONS, YOU MAY CALL 1-855-WAFINDER (1-855-923-4633). THE TTY CUSTOMER SUPPORT NUMBER IS 1-855-827-9604. FOR INDIVIDUALS WITH A VISUAL IMPAIRMENT, BRaille AND LARGE PRINT ARE ALSO AVAILABLE UPON REQUEST. FOR INDIVIDUALS WITH A HEARING IMPAIRMENT OR DISABILITY, ACCOMMODATIONS ARE ALSO AVAILABLE THROUGH 711 WASHINGTON RELAY. THESE SERVICES WILL BE PROVIDED AT NO ADDITIONAL COST.

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- While only **one** email or mail correspondence is sent to a customer for same-day change reporting, customers are able to see **all** changes for **Contact Information Update and Updated Eligibility Decision** in the Message Center of the Account Home tab
- Updates are listed in the order in which they were made with a timestamp displaying the date and time of the change





Same Day Change Reporting Correspondences

Scenario: Jorge Jones recently changed his phone number since he upgraded his phone service with a new carrier. He remembers that he has to update his information in HPF, so he logs in and updates his contact number. That same day, Jorge recalls seeing an outdated email address on his HPF account. He logs back in during the evening and updates his account again with the correct email address.

Practice Scenario:

- Jorge has his contact preferences set to email notifications. Since Jorge makes multiple updates to his contact information in one day, how many emails will be received at the end of the day? Which correspondence does Jorge receive?

Jorge will receive one email with the latest change at the end of the day. He receives the Contact Information Update correspondence.

- Where can Jorge view all of the changes in his account and the times at which they occurred?

Jorge can navigate to his Account Home page and look in the Message Center

Knowledge Check

True or False: For all three correspondences: Contact Information Update, Additional Verification Required, and Updated Eligibility Decision the customer will be able to see all of the changes line-by-line on the Message Center of their dashboard.

a) True

b) False

Additional Verification Required correspondence only displays the latest version of the notification on the customer's dashboard



General Notice Correspondences

Updates to General Notice

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 857
Olympia, WA 98507



General Notice

Application ID:
<< Application ID >>

<<Date>>

<<Individual Name>>
<<Individual Mailing Address>>
<<City, State, Zip Code>>

Subject – General Notice

Dear <<Individual Name>>,
[Free Form Text]

How to Contact Washington Healthplanfinder

Contact us if you have any questions about this letter. Let us know if you need help applying for or accessing your health insurance due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL>;
- By email at <HBEEMAIL>
- By calling <HBEPHONE> and <HBETTY>;
- By Fax <HBEFAX>
- By mail at:

- Application ID has been added to the **General Notice Correspondence**
- This notification is used by account workers to provide custom information to individuals

Final Data Validation Before eSign

Lesson 3

Learning Objectives

Upon completing this lesson, you will be able to:

- Understand the new final data validation step in the Washington Healthplanfinder system application process
- Know the process for correcting a data issue from the perspective of a customer
- Describe the six potential integrity issues for which the data validation functionality will search

Overview of Final Data Validation

Current State

- When creating and changing an application in Washington Healthplanfinder (HPF), it is possible to enter data incorrectly
- If there are data issues in the application, they are rejected by eligibility determination system and result in error codes for customers

Future State

The data validation functionality will occur immediately after the application summary page and before the eSign page.

The new functionality:

- Automatically checks for six data integrity issues in a customer application upon submission
- If there are one or more data integrity issues in an application, provides an error message with instructions for correcting the issue(s)



Summary of Impacts

The new functionality will minimize error codes and improve self-service by allowing customers to correct any of the six data integrity issues in an application before it is sent to the eligibility determination system. The new functionality will decrease overall application errors and increase application processing efficiency.



Current State

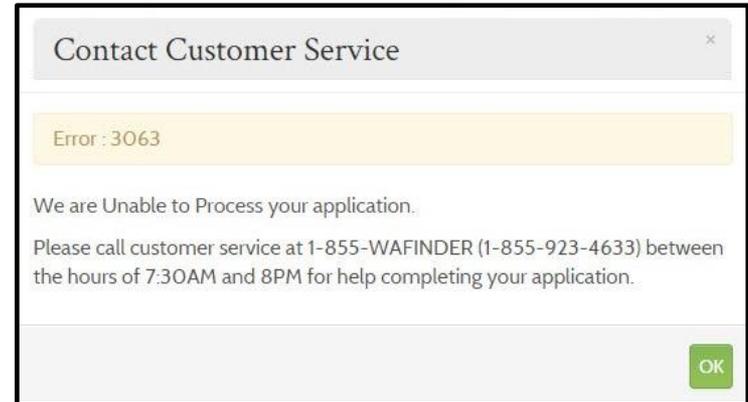
Customer makes a data mistake related to one of the six integrity issues

Application is submitted to Eligibility Service

Error code message is sent to customer

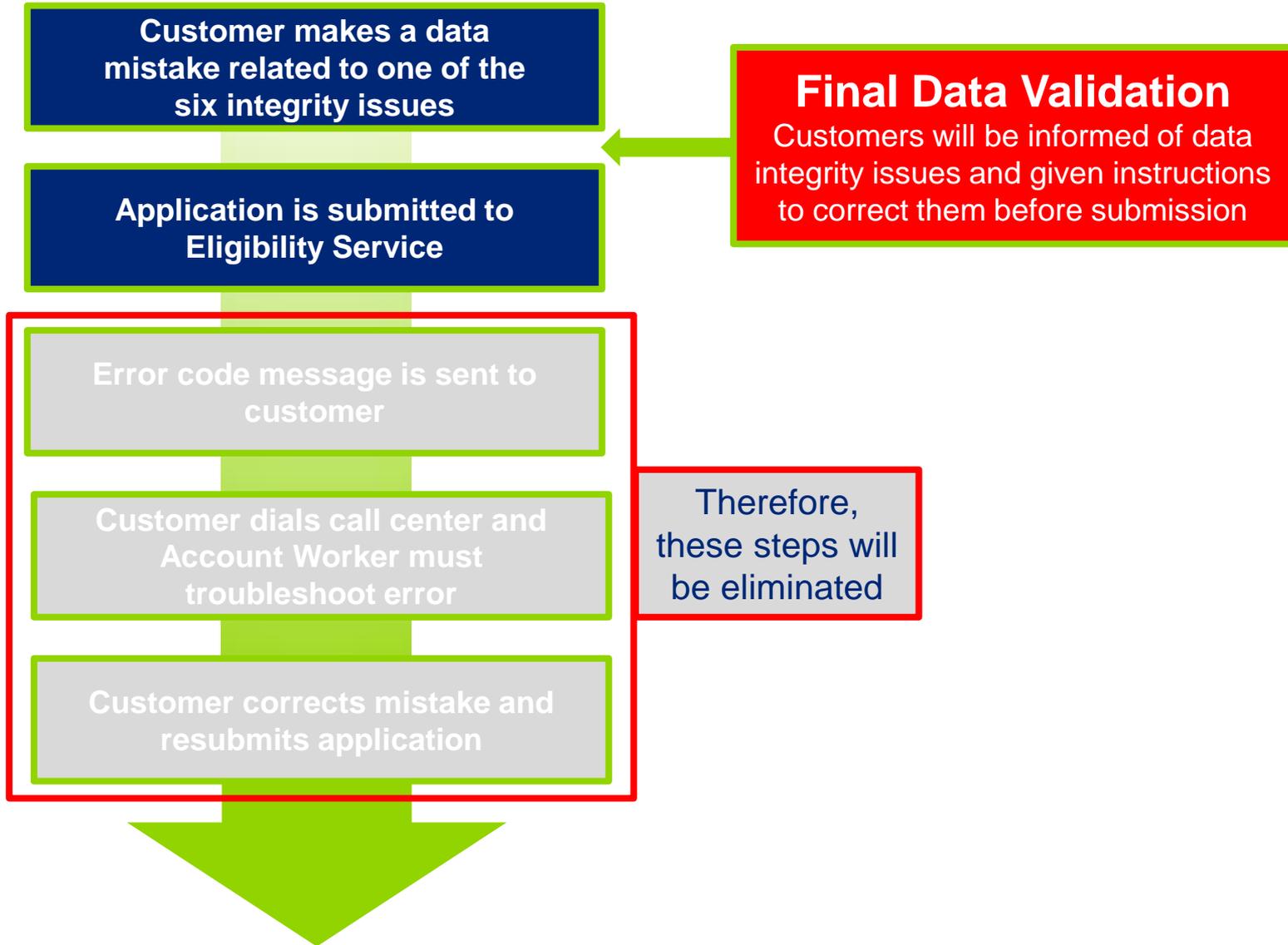
Customer dials call center and Account Worker must troubleshoot error

Customer corrects mistake and resubmits application



RESOLUTION																						
1	Click on the "Complete My Application" link on the dashboard to go into the application.																					
2	<p>Look on the Application Review screen, under the Additional Questions headline. You may see a blank response to the "Is Lawfully Present" question for an individual who answered No to "Are you a US Citizen?"</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <p>Additional Questions</p> <p>Rectangular Ship</p> <p>Is every household member on this application a U.S. citizen? No</p> <table border="1"> <thead> <tr> <th>Name</th> <th>US Citizen?</th> <th>Is Lawfully Present?</th> <th>Date of Entry</th> <th>Immigration Document Type</th> <th>Immigration Document Number</th> <th>Verify</th> </tr> </thead> <tbody> <tr> <td>John Doe</td> <td>No</td> <td></td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td></td> </tr> <tr> <td>Jane Doe</td> <td>Yes</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td></td> </tr> </tbody> </table> </div>	Name	US Citizen?	Is Lawfully Present?	Date of Entry	Immigration Document Type	Immigration Document Number	Verify	John Doe	No		N/A	N/A	N/A		Jane Doe	Yes	N/A	N/A	N/A	N/A	
Name	US Citizen?	Is Lawfully Present?	Date of Entry	Immigration Document Type	Immigration Document Number	Verify																
John Doe	No		N/A	N/A	N/A																	
Jane Doe	Yes	N/A	N/A	N/A	N/A																	
3	Return to the "Additional Questionnaire" screen in the application.																					
4	For each household member who is not a citizen, update their citizenship status by indicating Yes or No to the question "Are you lawfully present?"																					
5	Resubmit the application.																					
6	If this does not resolve this issue...continue to escalation.																					

Future State



Scenario 1

What happens when a customer makes **one** data mistake?



John is completing an application in the HPF system and forgets to select a relationship between his wife and himself. When he tries to complete his application and go to the eSign page, an error message pops up.

The Following Application Errors Have Been Found

The household relationship of one or more household members is missing or doesn't match. Please update the relationship between:
John Smith
Susan Smith

Next Steps:
Click "Next" to go to your application and update information. Fields that need to be updated will be marked.

Next

1 Error message with a description of the data integrity issue pops up

2 Customer clicks Next

3 Customer is taken to application page where mistake occurred with error description in red

washington healthplanfinder
click. compare. covered.

Set Household Relationships

* REQUIRED FIELD

Please indicate relationship between the household members below.

The household relationship of one or more household members is missing or doesn't match. Please update the relationship between:
John Smith and Susan Smith

<p>QWER POI 'S RELATION TO ASDF POI *</p> <p>Spouse (including same)</p>	<p>ASDF POI 'S RELATION TO QWER POI *</p> <p>Spouse (including same)</p>
<p>JOHN SMOTH *</p> <p>Sibling</p>	<p>JOHN SMOTH *</p> <p>-Select an Option-</p>

4 Customer corrects error

5 Customer clicks through the rest of the application to resubmit it

Scenario 2

What if a customer makes **multiple** data mistakes?



Susan is completing an application and makes two mistakes:

1. She forgets to enter a relationship
2. She reports a \$10,000,000 monthly income for her husband

When she tries to complete her application, an error message pops up.

The Following Application Errors Have Been Found

The household relationship of one or more household members is missing or doesn't match. Please update the relationship between:
John Smith
Susan Smith

The reported income is greater than \$9,999,999. Please update the income for:
John Smith

Next Steps:
Click "Next" to go to your application and update information. Fields that need to be updated will be marked.

Next

1 Error message with a description of the data integrity issue pops up

2 Customer clicks Next

3 Customer is taken to application page where first mistake occurred with error description in red; customer corrects data mistake

4 Customer clicks through entire application to find page where second mistake occurred with error description in red; customer corrects data mistake

washington healthplanfinder

click. compare. covered.

Set Household

Please indicate relationship

The household relationship of one or more household members is missing or doesn't match. Please update the relationship between:
John Smith and Susan Smith

OWER POI'S RELATION TO ASDF POI *

Spouse (including same sex partner)

JOHN SMOTH *

Sibling

washington healthplanfinder

click. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

Household Income Details

* REQUIRED FIELD

The reported income is greater than \$9,999,999. Please update the income for:
John Smith

On the previous screen, you provided information about the types of income that come from members of your household. Please provide the amount of income for each type and each household member below. You may add additional employment income for a household member by selecting "Add More." If you have incorrectly identified a household member as someone who contributes income, please select "Back" below to change this information on the previous screen.

Employment Income

John Smith

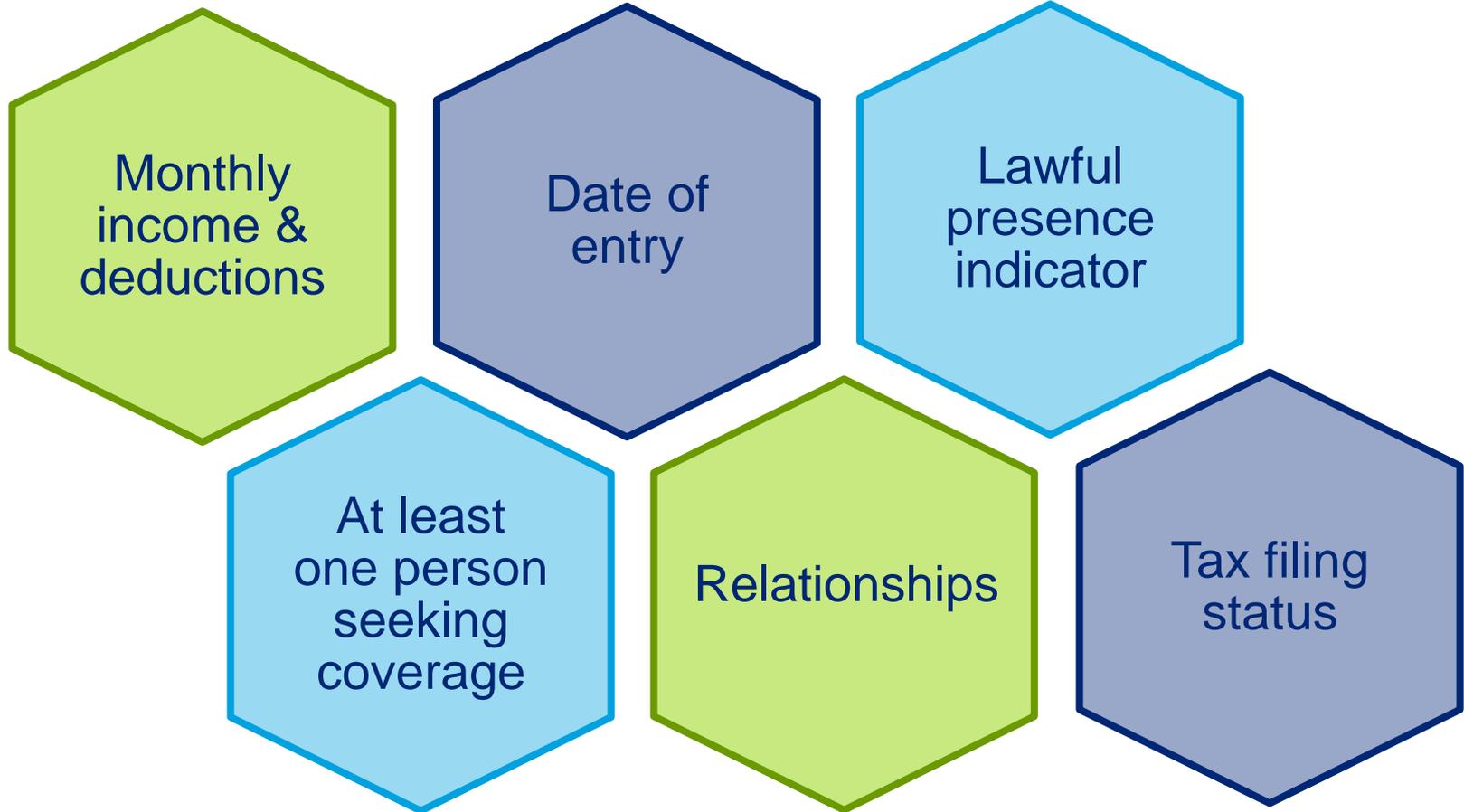
GROSS MONTHLY AMOUNT *

\$ 9,999,999.00

5 Customer clicks through the rest of the application to resubmit it

Data Integrity Check Rules

What are the six specific data issues being checked in the validation?



Data Validation Check Rules Explained

1. Monthly Income and Deduction Items

- The value of a self-reported monthly income must be less than \$9,999,999
- The value of a self-reported monthly deductions must be less than \$9,999,999
 - (Note: “Removed” members will not be displayed or included in income/deduction areas; “Deceased Spouse” will be displayed and included in income/deduction areas)
- The reason for error text will read as follows:
 - “The reported income is greater than \$9,999,999. Please update the income for: John Smith”
 - “The reported deduction is greater than \$9,999,999. Please update the deduction for: John Smith”
 - (Note: The names of each household member that has this error will be listed)

2. Date of Entry

- There can be no household member, including removed members, with a Date of Entry prior to their Date of Birth, or in the future
- The reason for error text will read as follows:
 - “The reported Date Of Entry is a value that is not allowed. Please update the Date of Entry for: John Smith”
 - (Note: The names of each household member that has this error will be listed)

Data Validation Check Rules Explained Cont.

3. Lawful Presence Indicator

- Any household member, including removed members, who has indicated to be a non-U.S. Citizen must have answered the lawful presence question
- The reason for error text will read as follows:
 - “One or more members of your household are missing lawful presence information. Please update the lawful presence information for: John Smith”
 - (Note: The names of each household member that has this error will be listed)

4. At least one person seeking coverage

- There must be at least one person seeking coverage.
 - (Note: This rule applies only to first time initial intake applications)
- The reason for error text will read as follows:
 - “No one on your application is seeking health insurance coverage. Please update your application to reflect that at least one member is seeking health insurance coverage.”

5. Relationships

- Every household member, including removed household members, must have one and only one relationship with each other household member
- The reason for error text will read as follows:
 - “The household relationship of one or more household members is missing or doesn't match. Please update the relationship between: John Smith and Susan Smith”
 - (Note: The names of each household member that has this error will be listed)

Data Validation Check Rules Explained Cont.

6. Tax Filing Status

- If the Data Validation Check is made
 - Between the beginning of Open Enrollment and end of the current Calendar Year, the tax filing status values for the current and next year must be provided
 - Between the beginning of the Calendar Year and end of Open Enrollment, the tax status values for the current year must be provided
 - During a Change Report, the tax values for the current year must be provided
 - During any other time the Data Validation Check is made, every household member, including removed household members, must provide a tax filing status value for the current year
- Every household member who has a tax filing status of Married Filing Taxes (MFT) must have the spouse listed on the application with a matching tax filing status for the current year; one and only one of the two spouses must be designated as the primary tax filer
 - (Note: Spouses removed due to death will not be included as a matching MFT Tax Filing Status member for the surviving spouse and spouses removed due to death do not require a matching MFT member; Spouses removed due to divorce cannot claim MFT)
- The reason for error text will read as follows:
 - “The tax filing status of one or more household members is missing or doesn't match. Please update the tax filing status for: John Smith”
 - (Note: The names of each household member that has this error will be listed.)

Knowledge Check

Which of these data entry situations would prompt an error message?

- a) One household member's date of entry is prior to his date of birth.
- b) Two household members have the same date of birth.
- c) Household relationships listed for two people do not match.
- d) A and C
- e) All of the above



Tax Filing Status & Household Relationship Updates

Lesson 4

Lesson Learning Objectives

Upon completing this module, you will be able to:

- ✓ Explain the new functionality around Tax Filing Status for applicants with a deceased spouse
- ✓ Describe how new household relationship settings will decrease the number of application errors received when a household member is removed from an application during the change reporting process

Overview of Tax Filing Status Updates

Current State

Customers with a tax filing status of “Married Filing Jointly” (MFJ) must currently include their deceased spouse on their application, so that the system will not throw a mis-matched tax filing status error. The Primary applicant, after submitting the application, then has to report a change to remove the spouse for reason “death.”

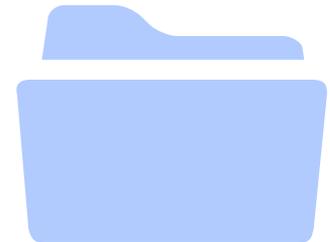
Future State

- For new applications, customer does not have to report a change, can simply set the household relationship of their spouse to “Deceased Spouse”
- Currently enrolled applicants, with a spouse who passes away after enrollment, can simply change the household relationship to “Deceased Spouse”
- Other new Tax Filing Statuses have been added to accommodate the new relationship of “Deceased Spouse” , including “Qualified Widow(er)” and “Head of Household”



Summary of Impacts

- New functionality will reduce the number of Tax Filing Status errors received in Washington Healthplanfinder related to deceased spouses



IRS Rules for “Married Filing Jointly” with a Deceased Spouse

“Spouse died during the year. If your spouse died during the year, you are considered married for the whole year for filing status purposes.

If you did not remarry before the end of the tax year: you can file a joint return for yourself and your deceased spouse.

If you remarried before the end of the tax year: you can file a joint return with your new spouse. Your deceased spouse's filing status is married filing separately for that year.”



Source: <http://www.irs.gov/publications/p17/ch02.html>

Primary Applicant Sets Spouse's Household Relationship to "Deceased Spouse"

HOME | EN ESPAÑOL WELCOME, AMERY ESPINOZA (SIGN OUT) | CUSTOMER SERVICE

washington healthplanfinder
click. compare. covered.

1 Browse 2 Apply 3 Select

Set Household Relationships

* REQUIRED FIELD

Please indicate relationship between the household members below.

AMERY ESPINOZA'S RELATION TO SPOUSE NAME *

Spouse (including same) ▼

OLDERCHILD NAME *

Parent ▼

CHILD NAME *

Parent ▼

SPOUSE NAME'S RELATION TO AMERY ESPINOZA *

Spouse (including same) ▼

OLDERCHILD NAME *

Parent ▼

CHILD NAME *

Parent ▼

OLDERCHILD NAME'S RELATION TO AMERY ESPINOZA *

Child ▼

SPOUSE NAME *

Child ▼

CHILD NAME *

Sibling ▼

CHILD NAME'S RELATION TO AMERY ESPINOZA *

Child ▼

SPOUSE NAME *

Child ▼

OLDERCHILD NAME *

Sibling ▼

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Entrust

For new applications, by selecting **“deceased spouse”** as the household relationship, the system will automatically adjust the application to “not seeking coverage” for the individual and will sync with technical business rules in the backend to prevent system errors related to mis-matched tax filing status.

Primary Applicant Sets Spouse's Household Relationship to "Deceased Spouse"

HOME | EN ESPAÑOL WELCOME, AMERY ESPINOZA (SIGN OUT) | CUSTOMER SERVICE

washington healthplanfinder
click. compare. covered.

1 Browse 2 Apply 3 Select

Set Household Relationships

* REQUIRED FIELD

Please indicate relationship between the household members below.

AMERY ESPINOZA'S RELATION TO SPOUSE NAME *
Spouse (including same) ▾

OLDERCHILD NAME *
Parent ▾

CHILD NAME *
Parent ▾

SPOUSE NAME'S RELATION TO AMERY ESPINOZA *
Spouse (including same) ▾

OLDERCHILD NAME *
Parent ▾

CHILD NAME *
Parent ▾

OLDERCHILD NAME'S RELATION TO AMERY ESPINOZA *
Child ▾

SPOUSE NAME *
Child ▾

CHILD NAME'S RELATION TO AMERY ESPINOZA *
Child ▾

SPOUSE NAME *
Child ▾

CHILD NAME *
Sibling ▾

OLDERCHILD NAME *
Sibling ▾

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Entrust

For enrolled applicants whose spouse passes away within the year, the spouse does not need to be removed from the application. Instead the Primary Applicant will report a change and simply update the household relationship to **“deceased spouse”**. This indication will sync the application with technical business rules in the backend to prevent system errors related to mis-matched tax filing status.

Primary Applicant Lists Tax Filing Status as “Married Filing Jointly”

HOME | WELCOME, JOHN DOE (SIGN OUT) | EN ESPAÑOL | CUSTOMER SUPPORT ?



click. compare. covered.

Primary Applicant's Taxes * REQUIRED FIELD

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 2012? * ?

- Select an Option -

ARE YOU PLANNING TO FILE WITH THE SAME TAX STATUS FOR TAX YEAR 2013? * ?

YES

NO

ARE YOU PLANNING TO FILE WITH THE SAME TAX STATUS FOR TAX YEAR 2014? * ?

YES

NO

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With the new functionality, the Primary Applicant can list their tax filing status as **Married Filing Jointly**, even if their spouse is **deceased** and not receive any system related errors.

Overview of Household Relationships Updates

Current State

When a customer removes a household member from the application during change reporting, the eligibility determination system will display an error on the screen because not all household relationships are complete

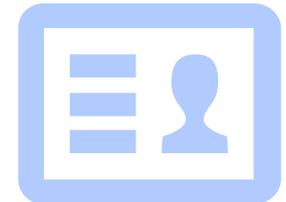
Future State

- When a customer reports a change to remove a household member, the household member will not be removed completely until the application is resubmitted
- This new functionality keeps household relationships intact and reduces the chance for system errors



Summary of Impacts

- New functionality will reduce the number of errors received during change reporting



Removing a Household Member

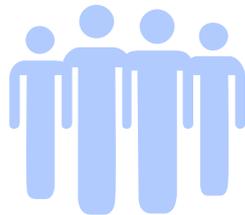


Life Event - Household Change (Remove Dependent)

Below are the types of acceptable documents:

- Death certificate
- Birth certificate (for dependent who has aged out of eligibility)
- Divorce decree or annulment papers
- Affidavit for dissolution
- Other

Upload



Household Enrolled
in Coverage on
Washington
Healthplanfinder

[REMOVE]



Household
member
removed from
application

Household Member is tagged with “[REMOVE]” but stays on the application until eligibility redetermination is completed. This helps prevent Eligibility Service errors from incorrect household relationship rules.

Navigator/Assisters – Termination of Partnerships

Lesson 5

Lesson Learning Objectives

Upon completing this module, you will be able to:

- ✓ Understand the new correspondence that will go out to notify customers of partnership termination with an assister/broker

Customer Notification



Account Worker
cancels partnership



Notification ADM008
is produced



Customer receives
notification

- After a Assister/Broker's client partnership has been cancelled, the customer will receive a notification via mail/ email to inform them of the termination
- The letter also provides the customer with steps to initiate a new partnership by logging into their Washington Healthplanfinder Account

Washington Health Benefit Exchange
521 Capitol Way South
PO Box 657
Olympia, WA 98765



Subject: <<Broker or Navigator>> Partnership Update

Dear <<Customer Name>>,

[Pending Partnership]

[On-going Partnership]

1. Sign in to your Washington Healthplanfinder Account
2. Under Quick Links, click on "Find a Broker" or "Find a Navigator"
3. Search for a Broker/Navigator
4. Click on the "Request Help" button

To find a Broker or Navigator, you can also click on the Customer Support link in the top right corner of Washington Healthplanfinder.

There have been no other changes made to your account or your health care coverage.

Thank you for participating in the Washington Healthplanfinder.

How to Contact Washington Healthplanfinder

Contact us if you have any questions. Let us know if you want a free interpreter or free translations of this letter or other documents we send you. Please contact us if you need help to apply for or access your health care coverage due to a disability. You can contact us in any of the following ways:

- Online at <HBEURL>;
- By email at <HBEEMAIL>;
- By calling <HBEPHONE> and <HBETTY>;
- By Fax <HBEFAX>;
- By mail at:
<HBEADDRESS1
HBEADDRESS2
HBE CITY
HBE STATE
HBE ZIP>

Knowledge Check

1) When and how will customers be notified of the termination of their partnership with an Assister/Broker?

Customers will be notified via mail or email after the Assister/Broker partnership is terminated.



Resource Information

Lesson 6

You have completed the Healthplanfinder 2.1 Overview for Health Care Authority (HCA) Community Partners.

Questions regarding how to apply or renew Washington Apple Health (Medicaid) in Healthplanfinder may be directed to medicaidexpansion2014@hca.wa.gov

For more information or instructions on how to become a volunteer HCA Community Partner with Enhanced Access in Healthplanfinder, please visit the HCA Training & Education web page:

http://www.hca.wa.gov/hcr/me/Pages/training_education.aspx

Thank you!