



# Medicaid Plan Selection

“Demo” w/screen shots

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Welcome!

Thank you for the opportunity to show you a bit more about the Medicaid Plan Selection project. This presentation is not a live demo within the system. However, many screen shots are used and afterward you should have a fair understanding of the way plan selection for Medicaid will work within Healthplanfinder.

# Agenda

- Project Overview
- As Is → To Be Process
- Selecting a Medicaid Plan
- Provider Search and Selection
- Additional Slides (optional)
  - Change Reporting and Changing Plans
  - Medicaid Renewals
  - AI/AN Clients
  - Mixed Household

- We'll start with a very brief overview of the Medicaid Plan Selection project.
- We'll cover some key points about the way clients are enrolled in plans today and how that changes upon implementation of this project.
- Then we'll go through the primary flow of screens in Healthplanfinder where clients will choose plans.
- We'll also cover the provider search.
- There are some optional slides we can cover time permitting. Even if we run out of time, these slides will be available in the deck for your use & reference.

NOTE: Screen shots used throughout the presentation are not of the same scenario. Different, fictitious customers' accounts are used as this is pulled together from a number of sources.

## Medicaid Plan Selection (MPS) Project

**Goal:**

To design, develop, test and implement Medicaid Plan Selection functionality and to develop the operational structures, processes and environments to support Medicaid Plan Selection over time.

**Purpose:**

- Provide the ability for Modified Adjusted Gross Income (MAGI) related Medicaid clients to select the Medicaid Managed Care plan of their choice within Healthplanfinder (HPF)
- Provide MAGI-eligible clients the same level and quality of information as those provided to eligible for premium tax subsidies or no subsidies
- Integrate MAGI Medicaid into the continuum of coverage in the exchange
- Allow families to shop for and activate coverage for every member of the family in one place
- Ease transition for people whose eligibility status changes

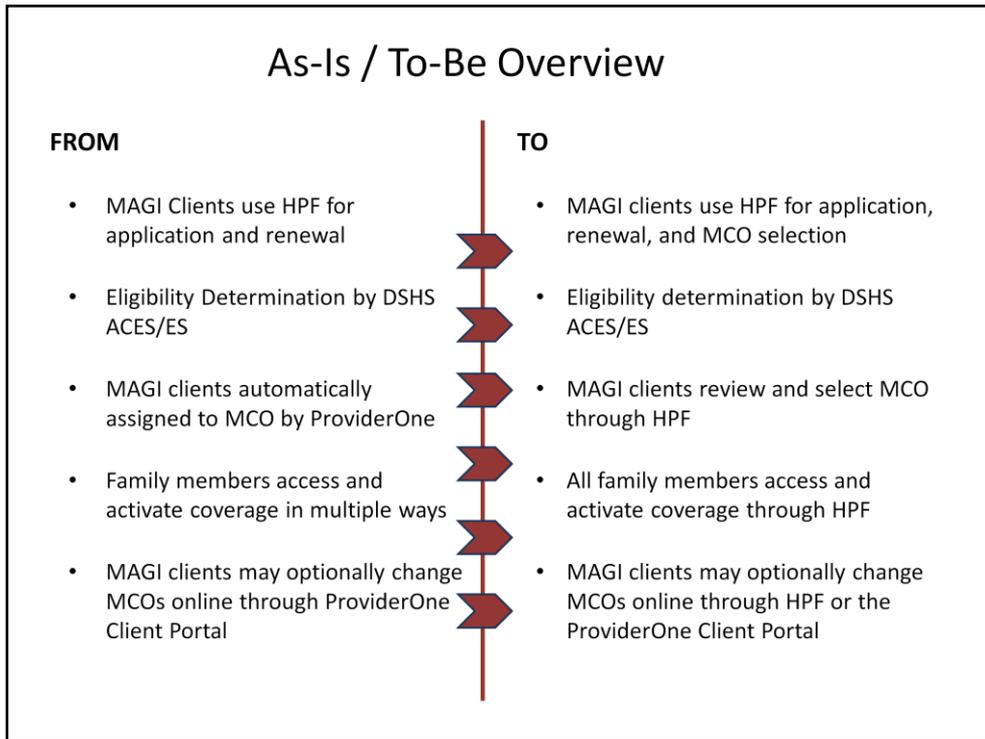
Original vision of the project – directly from the Project Charter

Three organizations involved:

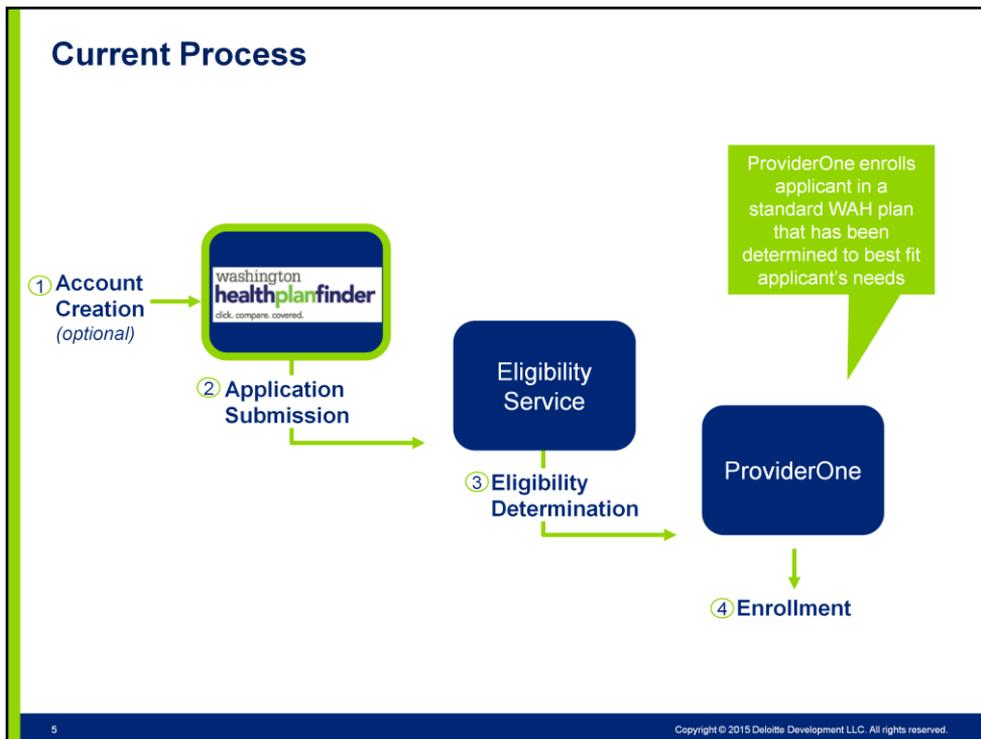
- Health Benefit Exchange (HBE)
- Health Care Authority (HCA)
- Department of Social and Health Service (DSHS)

We've tried to limit the use of acronyms, but some like these are used on the slides. Another that is commonly used is WAH = Washington Apple Health (Medicaid)

## As-Is / To-Be Overview



This is limited to clients who use Healthplanfinder for original application or for renewal, which are the MAGI clients; not classic Medicaid.

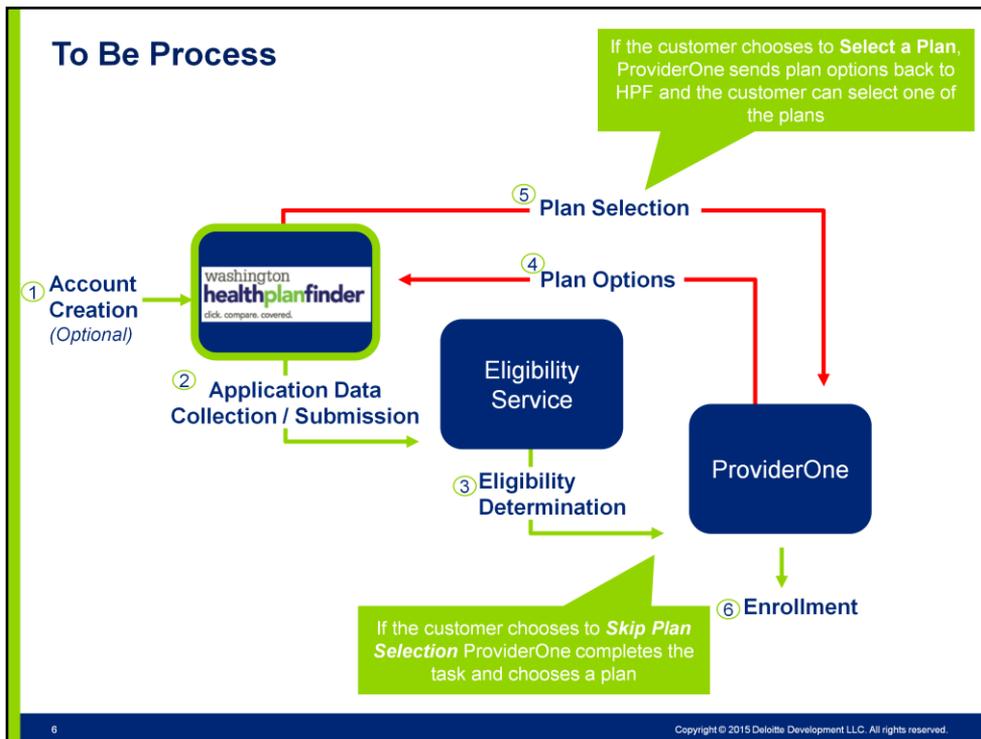


#### Talking Points:

- HPF remains the customer interface throughout the process. Even though these steps involve Eligibility Service and ProviderOne, it must be known that those actions occur in the backend. The customer sees the process only through HPF.
- At a very high level, an Individual or Family that qualifies for Washington Apple Health programs may create an account (or continue as a guest, as covered in the Individual Account Creation and Maintenance course), then enter in information about themselves on their application, which will then determine their eligibility results. Once determined eligible for Washington Apple Health, the information provided on the application is sent to ProviderOne (outside of the Washington Healthplanfinder system), where enrollment occurs.
- The last step listed here occurs only “behind the scenes” – the customer only views their eligibility results, and then receive a correspondence notifying them of the plan they were enrolled in.

#### Note:

- Explanations of each partner involved in the WAH process
  - ES – DSHS eligibility determination service
  - ProviderOne – External system of record for WAH
  - HCA – Medicaid agency



#### Talking Points:

- The HPF website is what the customer will navigate through to apply for WAH. Even though these steps involve Eligibility Service and ProviderOne, it must be known that those actions occur in the backend. The customer sees the entire process (including both the eligibility results and the enrollment) through HPF.
- At a very high level, an Individual or Family that qualifies for Washington Apple Health programs may create an account then enter in information about themselves on their application, which will then determine their eligibility results through Eligibility Services.
- **Please note** that the WAH application and eligibility process has not changed with the Medicaid system updates.
- Once determined eligible for Washington Apple Health, the information provided on the application is sent to ProviderOne (outside of the Washington Healthplanfinder system)
- The customer can opt to Skip Plan Selection where ProviderOne will enroll them in a plan (there will be more details on this in the next lesson) or Select a Plan.
- If the applicant opts to select a plan, the new steps include ProviderOne sending plan options to HPF and the customer selecting one of those plans. Then enrollment occurs.

#### Note:

- Explanations of each partner involved in the WAH process
  - ES – DSHS eligibility determination service
  - ProviderOne – External system of record for WAH
  - HCA – Medicaid agency

# Selecting A Medicaid Plan

From the point of eligibility

- In this section we'll go through the basic steps of reviewing and selecting a Medicaid managed care plan.
- Nothing about the eligibility determination process or screens has changed. Therefore, we're not covering those steps in this presentation.

## Individual Applicant – Washington Apple Health

From the Eligibility Status screen, the customer will click “next” and their Household Summary modal will open.

The screenshot shows the 'Eligibility Status' page for 'May Flowers'. At the top, there is a progress bar with four steps: 1. Browse, 2. Apply, 3. Select, and 4. Finalize. The 'Apply' step is currently active. Below the progress bar, the user is welcomed and informed that they have been enrolled in Washington Apple Health Adult Coverage. The page displays the following information:

May Flowers	APPROVED	
Household Primary Applicant Coverage: WAI - Adult Start Date: 04/01/2015 End Date: 03/31/2016 <a href="#">View Details</a>	<b>Washington Apple Health Adult</b> May Flowers has been enrolled in Washington Apple Health Adult Coverage. Why this result?	
<b>Coverage Start Date</b> 04/01/2015	<b>Coverage End Date</b> 03/31/2016	<b>Renewal Information</b> May Flowers will need to renew coverage by 03/31/2016. We will contact you with more information when it's time to renew.

A green 'Next' button is located at the bottom right of the main content area. The footer contains navigation links, social media icons, and a copyright notice for 2015.

### Talking Points:

- After e-signing and submitting their application, an eligible Apple Health client will be notified on this screen of their eligibility status.
- This example is for a single WAH client.
- Selecting next will open their Household Summary modal.

## Household Summary Modal

The Household Summary modal displays the applicant's current coverage (WAH) and current Managed Care Plan

The customer is prompted to click "Continue" to view their WAH Managed Care Plan Options

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### Talking Points:

- From the Eligibility Status screen, the customer can click “next” and their Household Summary modal will be opened
- This page provides a high-level summary of the coverage each household member listed on the application will be receiving
- This displays their current coverage and Managed Care Plan
- They will be prompted to “Continue” to go to the next page. Depending on what information is provided from ProviderOne, the applicant may or may not be able to select a Managed Care Plan. We will go into detail about that in the next section.

## Explore Your Options

This page will display all available Managed Care Plans to the customer.

The default setting will ensure all available plans display.

A client may obtain [More information on this plan](#) and [Consumer and Star Rating](#) from these links.

After browsing, they can "Select" a Managed Care Plan of their choice.

The screenshot shows a web interface with a search bar at the top, a 'My Search' sidebar with filters for 'Looking for Plan to Cover' and 'Customize My Search', and a main area displaying '5 Plans Found'. Each plan entry includes the provider logo, plan name, consumer and star ratings, and a 'Select' button. Red arrows point from the callout boxes to the 'Select' buttons and the 'More information on this plan' links.

### Talking Points:

- After clicking "Continue," the applicant will be taken to their Explore Your Options Page, where they will see which WAH Managed Care Plans are available to them
- Walk the classroom through the EYO screen:
  - WAH Managed Care Plans which the applicant is eligible for will be returned by ProviderOne and displayed on the page
  - Under "Looking for a Plan to Cover" lists all of the individuals who will be covered by the plan selection from this EYO page
  - The customer can use the "Customize My Search" to filter for Managed Care Plans based on insurance company
  - The customer can click "More information on this plan" to be navigated to the benefits document which has been uploaded by plan managers. This will appear in a separate tab. It will essentially be the same information for all Managed Care Plans and will outline the benefits of a WAH Managed Care Plan
- This is an example for a single WAH individual. The next few slides show this same screen in different situations.

## Explore Your Options: Multi-member WAH Household

All members of the household will be shown in the left corner section "Looking for Plan to Cover."

With few exceptions, a single plan must be chosen for all WAH eligible individuals in the household.

The screenshot displays a search interface for health plans. On the left, under "My Search", there is a section "Looking for Plan to Cover:" listing two household members: JOHN WELLS, 39 and JULIE WELLS, 38. Each member has options to "Search By Health Care Provider:" and "Search By Clinic/Hospital:". Below this is a "Customize My Search" section with checkboxes for "Insurance Company" (Amerigroup, Light House, UHC) and "Reset" and "Update" buttons. The main area shows "3 Plans Found" with navigation controls. The results list three plans: 1. Amerigroup Care Plans V2 (with logos for Washington Apple Health and Amerigroup RealSolutions), 2. Light house care plans (with logos for Washington Apple Health and Lighthouse), and 3. United Healthcare Plan (with logos for Washington Apple Health and UnitedHealthcare). Each plan entry includes "Consumer Rating" and "Star Rating" fields, a phone number for more information, and a "Select" button.

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### Talking Points:

- In this example, the EYO screen shows all the WAH household members in the "Looking for Plan to Cover" section
- ProviderOne will return common Managed Care Plans for the entire household, meaning the Managed Care Plans available that every member of the household is eligible for

## Explore Your Options: Mixed WAH/QHP Household

After clicking “Continue” from their Household Summary modal, the Primary Applicant will first be directed to the EYO page for their WAH eligible household member(s).

All WAH eligible household members will be listed under “Looking for a Plan to Cover”

Any members of the household who are not covered by WAH will be indicated by the “Does Not Cover” section

The screenshot displays the EYO interface. On the left, the 'My Search' section is divided into 'Looking for Plan to Cover' and 'Does Not Cover'. Under 'Looking for Plan to Cover', two members are listed: JOHN WELLS, 39 and JULIE WELLS, 38. Under 'Does Not Cover', one member is listed: Candy Wells, 1. The 'Customize My Search' section allows filtering by insurance company (Amerigroup, Light House, UHC). On the right, three plans are listed: Amerigroup Care Plans V2, Light house care plans, and United Healthcare Plan. Each plan entry includes a 'Select' button and contact information.

### Talking Points:

- Here is an example of EYO screen for a mixed household.
- The Primary Applicant will be navigated to the EYO page for the WAH eligible member(s) of their household
- Only Managed Care Plans available for that individual(s) will be displayed and they will click “Select” on their Managed Care Plan of choice
- They will be able to customize their search by insurance company
- If there are multiple members in this household that are WAH eligible, this will follow the same business rules as the WAH only household
  - ProviderOne will return common Managed Care Plans that the PA can select for the household which will apply to every WAH eligible member of the household
- As with the other examples, if the Primary Applicant does not choose a plan, one will still be auto-assigned overnight within ProviderOne.

## Applicant Chooses to Skip Plan Selection

From the Household Summary modal, the customer will be navigated to their Explore Your Options page, but will select “Skip Plan Selection”:

The screenshot displays a search results page for health plans. On the left, there is a 'My Search' sidebar with filters for 'Looking for Plan to Cover' (JOHN WELLS, 39), 'Search By Health Care Provider', and 'Search By Clinic/Hospital'. Below this is a 'Customize My Search' section with checkboxes for 'Insurance Company' (Amerigroup, Light House, UHC) and 'Reset' and 'Update' buttons. The main content area shows '3 Plans Found' with navigation controls. Three plan cards are listed:

- Amerigroup Care Plans V2**: Includes logos for Washington Apple Health and Amerigroup RealSolutions. It shows 'Consumer Rating' and 'Star Rating' icons, and a phone number '(324) 324-9924'. A green 'Select' button is at the bottom right.
- Light house care plans**: Includes logos for Washington Apple Health and Lighthouse. It shows 'Consumer Rating' and 'Star Rating' icons, and a phone number '(901) 839-1273'. A green 'Select' button is at the bottom right.
- United Healthcare Plan**: Includes logos for Washington Apple Health and UnitedHealthcare. It shows 'Consumer Rating' and 'Star Rating' icons, and a phone number '(981) 490-3889'. A green 'Select' button is at the bottom right.

At the bottom right of the plan list, there is a 'Skip Plan Selection' button. A red arrow points from a yellow callout box to this button. The callout box contains the text: 'Once the applicant clicks “Skip Plan Selection” on the Explore Your Options page, they will be directed back to their Dashboard where they can view their WAH coverage'.

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### Talking Points:

- Although this new functionality is being made available for use, it is not mandatory.
- The applicant has the opportunity to opt out of plan selection and click “Skip Plan Selection” on their Explore Your Options page
  - Those who skip plan selection will still be auto-enrolled in ProviderOne’s nightly system processing.
- And applicants still have the option to go back and log into their account at any time to select a Managed Care Plan
  - For new and existing applicants, customers who select a plan will generally be enrolled in that day’s ProviderOne nightly system processing

## Household Summary Page

After selecting a Managed Care Plan, the customer will be navigated to the Household Summary page, where their enrollment approval and coverage dates will be displayed, as returned by ProviderOne.

Enrollment is  
"Approved" by HCA

Household Summary

Below is the summary of plan(s) selected for your household.

Approved Enrollment(s)

Coverage	Name(s)	Coverage Start Date	Coverage End Date	Your Monthly Cost
Coordinated Care	Alex Smith	06/01/15	Ongoing	\$0.00
	Jane Smith	06/01/15	Ongoing	

Next

Customer clicks "Next" to be navigated to their Individual Dashboard

### Talking Points:

- The customer will be navigated to the Household Summary page where they will see that their enrollment has been approved by HCA and returned to Washington Healthplanfinder by ProviderOne
- By clicking "next," they will be navigated to their Individual Dashboard where all enrollments, coverage, and Managed Care Plans will be displayed

**Note:** CHIP premiums cannot be paid through Washington Healthplanfinder and payments will not be displayed on the Household Summary page

## Individual Dashboard and Coverage Start Dates

The Individual Dashboard will display the selected Managed Care Plans and coverage start dates.

The screenshot displays the Washington Healthplanfinder dashboard. At the top, there are navigation tabs: Account Home, Billing & Payments, My Household, and Action Center. Below this is a Message Center with a table of notices. A callout box points to the 'Eligibility Decision' notice, stating: 'Each individual in the account will be listed with their enrollment and coverage information'. Below the Message Center is the 'My Household Coverage' section for the current year 2015. It contains a table with the following data:

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status
Zach Wechsler	Washington Apple Health	12/01/2014	11/30/2015	11/30/2015	Enrolled

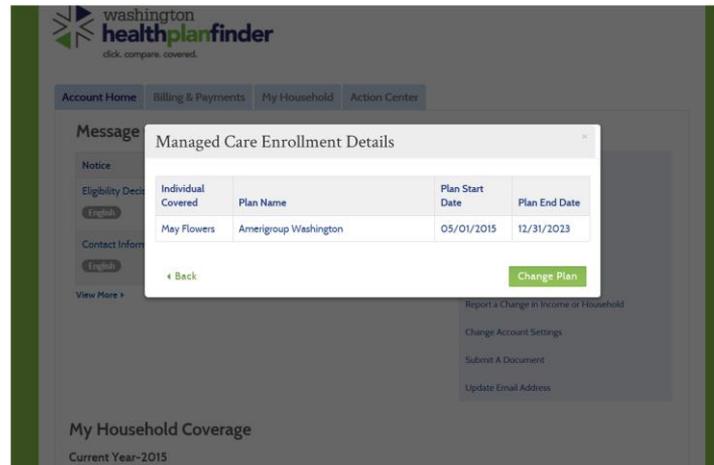
A second callout box points to the 'Enrolled' status in the table, stating: 'These are links'. The dashboard also includes a 'Quick Links' sidebar with options like 'Create Another Application', 'View Current Eligibility Results', 'Find a Broker', 'Find a Navigator', 'Report a Change in Income or Household', 'Change Account Settings', 'Submit A Document', and 'Update Email Address'. The footer shows '15' on the left and 'Copyright © 2015 Deloitte Development LLC. All rights reserved.' on the right.

### Talking Points:

- The customer will see their enrollment and plan selection is finished!
- For new customers, the coverage start date rules go as follows:
  - The customer will be covered by WAH starting the first of the month of application (the red arrows demonstrate that this example applicant applied on 12/4 so he is covered starting 12/1)
    - Their dashboard will read “Coverage without a Managed Care Plan” until their newly selected plan begins
  - The newly selected WAH Managed Care Plan will start the first of the month following plan selection, if selected by the second to last business day of the month (i.e. if they select a plan on 12/20, they will be covered with that new plan starting 1/1)
  - If they select their plan after the second to last business day of the month, their coverage will start the first of the next following month following plan selection (i.e. if they select a plan on 12/31, their new plan will begin 2/1, but their WAH coverage will begin on 12/1. They will just be enrolled without a managed care plan until that point)

## Enrolled Modal

This modal will appear after clicking the “Enrolled” link:



### Talking Points:

- If the individual clicks on the “Enrolled” link under Enrolled Status on the Dashboard, this modal will appear with the following information:
  - Individual covered
  - Managed Care Plan Name
  - Managed Care Plan Start Date
  - Managed Care Plan End Date
- This modal will always have one line with this information on it
- From this modal, the customer can choose to “Change Plans.”

## Washington Apple Health Modal

This modal will appear after clicking the “Washington Apple Health” link:

The screenshot shows a modal window titled "Washington Apple Health Details" overlaid on a user's account page. The modal contains two tables: "Eligibility Status" and "Managed Care Enrollment Status".

**Eligibility Status Table:**

Individual Covered	Coverage	Coverage Start Date	Coverage End Date	Eligibility Status
Alex Smith	Washington Apple Health Adult Coverage	05/01/2015	04/30/2016	Approved

**Managed Care Enrollment Status Table:**

Individual Covered	Plan Name	Plan Start Date	Plan End Date	Enrollment Status
Jane Smith	Coverage without a Managed Care Plan	05/01/2015	05/31/2015	Enrolled
Molina		06/01/2015	Ongoing	Enrolled

Two callout boxes provide context: "WAH eligibility and coverage" points to the Eligibility Status table, and "The customer will likely have 'Coverage without a managed care plan' (FFS) for a period prior to managed care" points to the "Coverage without a Managed Care Plan" row in the Managed Care Enrollment Status table.

### Talking Points:

- This modal will return additional information to the individual after clicking “Washington Apple Health” on their Dashboard, including enrollment and eligibility information
- The customer can see that they are covered through WAH under their Eligibility Status
- The customer will be able to see their Plan Name and Carrier which they have selected under Managed Care Enrollment Status
- The customer will also be able to see their coverage start dates
- “Coverage without a Managed Care Plan” is intended to communicate the (generally short) fee-for-service period that always precedes enrollment into the managed care plan.

# Provider Search & Selection

Shown for Apple Health Only

Provider Search includes individual providers (e.g. primary care, OB GYN, specialists) as well as hospitals and clinics.

The WAH plans have all loaded their data to be ready for May 11<sup>th</sup>.

QHP's are still working to get their clinics loaded and expect to have them ready by June 1.

## Plan Selection by Provider

Each Medicaid eligible household member can select up to **one preferred health care provider and one preferred clinic/hospital**. Washington Healthplanfinder can then be filtered to display Managed Care Plans which accept those providers.

The screenshot displays the Washington Healthplanfinder interface. On the left, under 'My Search', there are sections for 'Looking for Plan to Cover:' with user names (JOHN WELLS, 39 and JULIE WELLS, 38), 'Search By Health Care Provider:' with an 'Add' button highlighted in red, and 'Search By Clinic/Hospital:'. The main content area shows '3 Plans Found' with navigation controls. Two plan cards are visible: one for 'Amerigroup Care Plans V2' and another for 'Lightbulb Insurance'. An inset window in the bottom right shows the 'Health Care Provider Search' form with fields for ZIP, FIRST NAME, and LAST NAME, and a 'Go' button.

### Talking Points:

- Each Medicaid eligible household member can select up to one preferred health care provider and one preferred clinic/hospital. Washington Healthplanfinder can then be filtered to display plans which accept those providers.
  - Customers can search for specialists in addition to primary physicians, but they can still only select one provider per household member.
  - Customers are not required to select a provider or clinic/hospital.
- The next few slides discuss how customers can search for and add health care providers and clinic/hospitals for each household member.

## Health Care Provider Search Results

HOME | EN ESPAÑOL      WELCOME, SUSAN SPENCER (SIGN OUT) | CUSTOMER SUPPORT

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

### Health Care Provider Search

ZIP:       DISTANCE IN MILES:

FIRST NAME:       LAST NAME:

#### Your Health Care Provider Search Results

Name	Address	Phone	Actions
Abdel-Kader, Abd	413 Lilly Rd NE Olympia WA 98506	(360)491-9480	Get More Information Select This Provider
Adams, Aaron	406 S 30th Ave Yakima WA 98902	(509)574-3383	Get More Information Select This Provider
Adams, Adams	1100 S 2nd St Mount Vernon WA 98273	(360)419-3500	Get More Information Select This Provider
Adams, Adams	4807 196th St SW Lynnwood WA 98036	(888)693-7200 (425)835-5850	Get More Information Select This Provider

*Based on the search criteria provided, Washington Healthplanfinder will return the results that meet that criteria*

*The customer can then find more information on each provider by clicking "Get More Information" or by clicking on the provider's "Name"*

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### Talking Points:

- Based on the search criteria provided, Washington Healthplanfinder will return the results that meet that criteria
- The customer can then find more information on each provider by clicking “**Get More Information**” or by clicking on the provider’s “**Name**”
- The provider directory will be updated monthly, following a schedule (not yet determined)

**Note:** the provider search will only find providers that are in network with at least 1 MCP. As a result, Tribal clinics and their providers will not appear in the search results unless they are in network with an MCP (such as a doctor practicing at both a Tribal clinic and a hospital)

## Health Care Provider Information

HOME | EN ESPAÑOL Sign In CUSTOMER SUPPORT

washington healthplanfinder  
click, compare, covered.

### Provider Information

Provider A Paul Chous  
6720 Regents Blvd Tacoma  
WA 98466  
(253)565-9403  
(253)656-9403

Specialty Optometry  
Gender MALE  
Education UNIVERSITY OF CALIFORNIA AT BERKELEY  
Hospital Affiliation(s) N/A  
Other Affiliation(s) CHOUS EYECARE ASSOCIATES  
EYECARE ASSOCIATES-TACOMA

This health care provider accepts the following health insurance plans at this location:

Network Name	Accepting New Patients	Disclaimer
Healthy Options-foster Care	YES	N/A
BridgeSpan MultiCare Health System	YES	N/A
Community HealthEssentials	YES	N/A
LifeWise Health Plan of Washington LifeWise Connect	YES	N/A
Premiera Blue Cross Heritage Signature	YES	N/A
First Choice	YES	N/A

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Customers can view more information about each health care provider before making a formal selection.

### Talking Points:

- Customers can view more information about each health care provider before making a formal selection

## Select Health Care Provider

HOME | EN ESPAÑOL WELCOME, SUSAN SPENCER | SIGN OUT | CUSTOMER SUPPORT

washington healthplanfinder  
click, compare, covered.

### Health Care Provider Search

ZIP: 98501 DISTANCE IN MILES: 5

FIRST NAME: Eg: First Name LAST NAME: Eg: Last Name

Search

#### Your Health Care Provider Search Results

Name	Address	Phone	Actions
Abdel-Kader, Ahr	413 Lilly Rd NE Olympia WA 98506	(360)491-9480	Get More Information Select This Provider
Adam, Aaron	406 S 30th Ave Yakima WA 98902	(509)574-3383	Get More Information Select This Provider
Adams, Adams	1100 S 2nd St Mount Vernon WA 98273	(360)419-3500	Get More Information Select This Provider
Adams, Adams	4807 196th St SW Lynnwood WA 98036	(888)693-7200 (425)835-5850	Get More Information Select This Provider
Adams, Adams	721 Avenue F Snohomish	(425)349-7244	Get More Information

Once a customer reviews their provider search results, they can select a specific health care provider for each family member

#### Select Provider

Select all household members who will see this provider.

- Monika Smith
- Ryan Smith
- Johnny Smith

Cancel Select

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### Talking Points:

- Once a customer reviews their provider search results, they can select a specific health care provider for each family member
- Note that while you can select different providers for each individual WAH eligible family member, only one Managed Care Plan must be selected for all WAH eligible family members
- Selection of provider preferences and or hospital/clinic preferences can be used to filter Managed Care Plans accordingly.
- Selections of primary care physicians and preferred hospitals/clinics are sent along with selected plans, to ProviderOne. ProviderOne sends these preferences to the managed care plan along with enrollment information.

## Explore Your Options – After Provider Selection

After provider selection, the customer can re-sort the plans on their EYO screen to reflect “best match.”

The “sort by best match” option will bring to the top of the list, those plans that include the selected provider in their network.

All available plans are still listed and selectable.

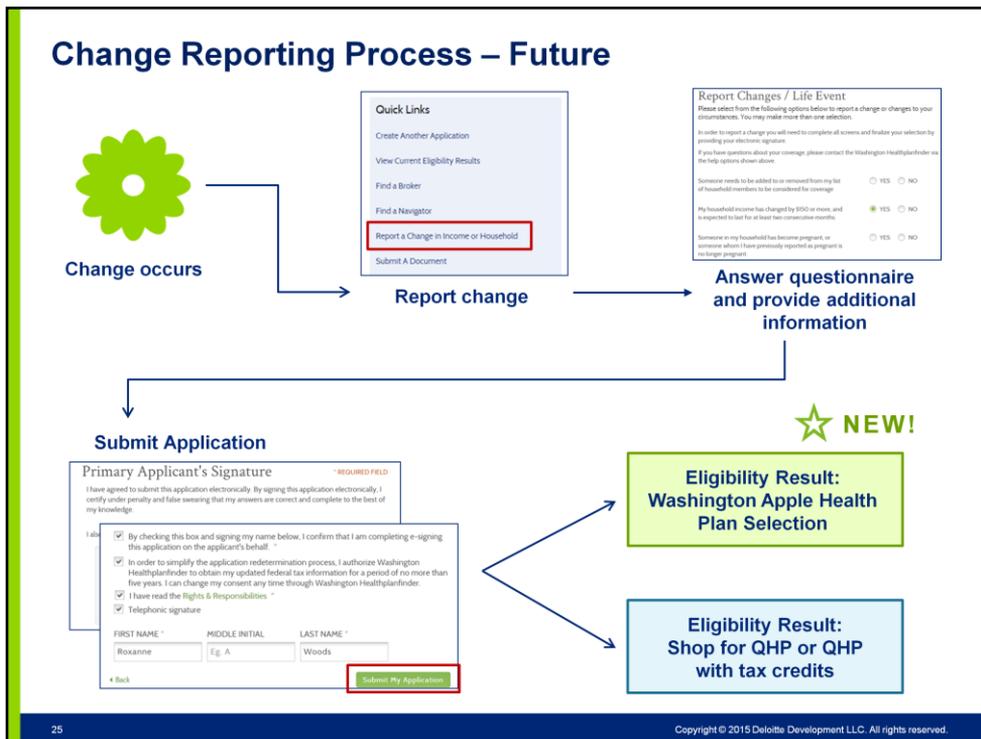
A table will appear on each plan summary, indicating if the providers the individual selected are available (In Network) for that plan.

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### Talking Points:

- The default display on this screen is typically alphabetic. By re-sorting to “best match,” customers will see plans that include selected providers in their networks.
- Customers are not required to select the best match plan.

# **Change Reporting & Changing Plans**



### Talking Points:

- With the new change reporting process, as we mentioned before, there is no change to the actual process of reporting the change in HPF
- The only change is that if a family is still eligible for WAH after the change, they will go through the plan selection process to select a WAH plan
  - Similar to the initial application process, if a customer chooses not to select a plan, the system will automatically enroll the customer in the default plan at the end of the day. If their current plan is still available, they will be enrolled in that plan. If not, they will be enrolled in a new default plan.

## Continue with Existing Plan

The screenshot shows the Washington Healthplanfinder interface. At the top, it says 'WELCOME, KATHLEEN DANI (SIGN OUT) | CUSTOMER SUPPORT'. Below this is a progress bar with four steps: 1. Browse, 2. Apply, 3. Select, and 4. Finalize. The current step is 'Select'. The main content area shows a message: 'Your household is currently enrolled in this plan. Click "Keep this Plan" or select a new plan.' Below this message is a list of plans. The first plan is 'Light house care plans' by Lighthouse, which is highlighted with a yellow background. A red box highlights the 'Keep this Plan' button. The second plan is 'Amerigroup Care Plans' by Amerigroup RealSolutions, which is not highlighted. The 'Select' button for this plan is visible. On the left side, there are sections for 'My Search' and 'Customize My Search'. The 'My Search' section shows 'Looking for Plan to Cover: KATHLEEN DANI, 34' and search criteria for Health Care Provider and Clinic/Hospital. The 'Customize My Search' section shows insurance company filters for Amerigroup, Light House, Molina, and UHC. At the bottom left, there are 'Reset' and 'Update' buttons. At the bottom right, there is a '26' and a copyright notice: 'Copyright © 2015 Deloitte Development LLC. All rights reserved.'

- If the customer's current WAH plan is still available after change reporting, the customer can **continue with the current plan by selecting the plan that the household is currently enrolled in**
- The customer's current plan is typically highlighted at the top of the EYO screen

### Talking Points:

- If the customer's current WAH plan is still available after change reporting, the customer can continue with the current plan by selecting the plan that the household is currently enrolled in
- The customer's current plan is typically highlighted at the top of the EYO screen
  - If all members under "Looking for Plan to Cover" are eligible for the common current plan and it's available, it will be displayed and highlighted
- For new and existing applicants, customers who select a plan will generally be enrolled in that day's ProviderOne nightly system processing

## Select New Plan

**My Search**

Looking for Plan to Cover:

JOHN WELLS, 39

Search By Health Care Provider:

Add

Search By Clinic/Hospital:

Add

JULIE WELLS, 38

Search By Health Care Provider:

Add

Search By Clinic/Hospital:

Add

Does Not Cover:

Candy Wells, 1

---

**Customize My Search**

Insurance Company

Amerigroup

Light House

UHC

Reset Update

3 Plans Found

◀ Previous Show 10 Per Page Next ▶ Sort by: Plan Name

**PLAN**  
Amerigroup Care Plans V2

[More information on this plan >](#)

Consumer Rating ⓪ Star Rating ⓪

For more information: (324) 324-9924

Select

**PLAN**  
Light house care plans

[More information on this plan >](#)

Consumer Rating ⓪ Star Rating ⓪

For more information: (901) 839-1273

Select

**PLAN**  
United Healthcare Plan

[More information on this plan >](#)

Consumer Rating ⓪ Star Rating ⓪

For more information: (981) 490-3889

Select

3 Plans Found

◀ Previous Show 10 Per Page Next ▶ Sort by: Plan Name Skip Plan Selection

- To select a **new plan** after change reporting, on the EYO screen, the customer would **select a new plan for the household**
- Note: WAH customers have the option to change plans at anytime

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### Talking Points:

- To select a plan after change reporting, on the EYO screen, the customer would select a new plan for the household to generally be enrolled in ProviderOne’s nightly system processing. They can do so by clicking select on the plan they would like to enroll in
- Note: WAH customers have the option to change plans at anytime – we will go through this in more detail in the following slides

## Switching Plans Without Change Reporting

**Jane Smith's Washington Apple Health Enrollment Details** ✕

Individual Covered	Plan Name	Plan Start Date	Plan End Date
Jane Smith	Coordinated Care	06/01/2015	Ongoing

← Back Change Plans

**My Household Coverage**

Current Year-2015

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status
Zach Wechsler	Washington Apple Health	12/01/2014	11/30/2015	11/30/2015	Enrolled

- WAH customers may change plans at any time by going onto their Dashboard page and clicking on **Enrolled**
- The Enrollment Details modal will pop up – to change plans, customers can click on **Change Plans** and this will direct them to the EYO screen to select a new plan

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### Talking Points:

- To change plans without going through the change reporting process (or if a customer changes his/her mind after selecting a plan during change reporting), a customer can click on **enrolled** on his/her dashboard \*click\* to view the **enrollment details** modal
- On this modal, the customer can change plans by simply clicking on **Change Plans**
- This will direct them to the EYO screen to select a new plan
- The enrollment cutoff date that we reviewed earlier also applies to the managed care plan start date. So if the plan change is made on or before the enrollment cutoff date, the new plan will start the 1<sup>st</sup> of the next month. If the plan change is made after the enrollment cutoff date, the new plan start date will not be until the 1<sup>st</sup> of the month following the next month. Again, remember that the current plan will continue until the new plan begins.

# Medicaid Renewals

Auto and Manual

## Auto-Renewal

- Approximately 60 days prior to coverage end date, HPF will attempt to auto-renew the customer's WAH coverage
  - HPF sends information to **Eligibility Service (ES)**, which determines whether applicant is still eligible for WAH
- If customer is still eligible, the application is auto-renewed and a **notification is sent to inform the customer**
- Even if the customer is auto-renewed, the customer can go onto his/her dashboard and change WAH plans if desired

Washington Health Benefit Exchange  
221 Columbia Way South  
PO Box 652  
Olympia, WA 98512

healthplanfinder  
www.healthplanfinder.com

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

Subject - Washington Apple Health Renewal

Dear <<Individual Name>>:

We have reviewed your eligibility and we have renewed Washington Apple Health for:

<<Individual Name>>	Begin Date <<MMDDYYYY (Begin Date)>>	End Date << MMDDYYYY (End Date)>>
---------------------	---	--------------------------------------

[Washington Apple Health with Premiums Renewal Tag]

Decision Review

Please review the attached insert listing the information we used to determine you are still eligible for Washington Apple Health.

If the information listed is correct and you would still like Washington Apple Health, you do not need to respond to this letter.

If any of the information is incorrect, **report the changes or corrections** by doing one of the following:

- Go online through the <<HBEURL>>
- Call <<HBEPHONE>> or
- Make changes on the attached insert, sign, and mail or fax to:  
<<HBEADDRESS1  
HBEADDRESS2  
HBE CITY  
HBE STATE  
HBEZIP>>

Fax Number: <<HBEFAX>>

Appeal Rights

If you disagree with the decisions above you have the right to appeal. See the attached information about your appeal rights. There are deadlines to appeal so you should act quickly.

Correspondence ID: <<systemNumber>>  
<<ID#>>

Page 1 of 1

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### Talking Points:

- Similar to the change reporting process, there is no change to the actual WAH renewal process itself. The only change is the addition of the Plan Selection process following manual renewals. First, let's take a look at autorenewals
- For autorenewals, around the 60th day before the certification end date, an attempt to auto-renew WAH is done. Washington Healthplanfinder sends the customer's information to the Eligibility Service, which makes a determination as to whether the applicant is still eligible for WAH
  - An applicant is eligible for auto-renewal if their application is up to date/verified and they are determined still eligible for WAH
  - If their current plan is unavailable, they are auto-enrolled by HCA through ProviderOne
- If they are still eligible for WAH, they are renewed and are sent the WAH Renewal (EE008) notification displayed on the screen
  - If their current plan is unavailable, they are auto-enrolled by HCA through ProviderOne
- Remember, even if they are autorenewed, customers can still change plans

## Manual Renewal Process – Future

Washington Health Benefit Exchange  
 221 California Street  
 10th Floor  
 Olympia, WA 98501

 healthplanfinder

--Date--

--Individual Name-- Application ID:--Application ID  
 --Individual Mailing Address--  
 --City, State, Zip Code--

**Subject – Washington Apple Health Renewal Action Required**

Dear --Individual Name --,

It is time for us to review eligibility for Washington Apple Health. We reviewed your case to see if we could automatically renew Washington Apple Health. We are unable to renew Washington Apple Health for your household using current information that we have and **you need to take action to keep your health care coverage.**

[19-Year Old Age Out]  
 [Household Action Required]

**Appeal Rights**

If you disagree with the decisions above you have the right to appeal. See the attached information about your appeal rights. There are deadlines to appeal so you should act quickly.

**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:  
 <HBEADDRESS1>  
 <HBEADDRESS2>  
 <HBECITY>  
 <HBESTATE>  
 <HBEZIP>
- You can drop off an application, renewal form, or any other documents requested by the

Compliance ID: --Systemnumber-- Page 1 of 2  
 --DATE--

If the WAH customer is not automatically renewed, the following process occurs:



Customer receives **WAH Renewal – Action Required** correspondence telling them to take action to renew



Customer logs onto his / her HPF account and navigates to **Update Application and Renew Coverage**



Customer goes through the manual renewal application process online and submits application



Customer views Eligibility Status for household; If household still qualifies for WAH, **they will go through the plan selection process**

### Talking Points:

- In the new process, the only difference is that the customer will now go through the same plan selection process that we went over in the previous lesson and in the last section on change reporting. The customer now has the option to select a WAH plan rather than be auto-enrolled into the default plan.
- If the customer is no longer eligible for WAH after manual renewal, he/she will be given the option to shop for a QHP or QHP with tax credits, whichever he/she qualifies for.

# American Indian/Alaska Native Clients

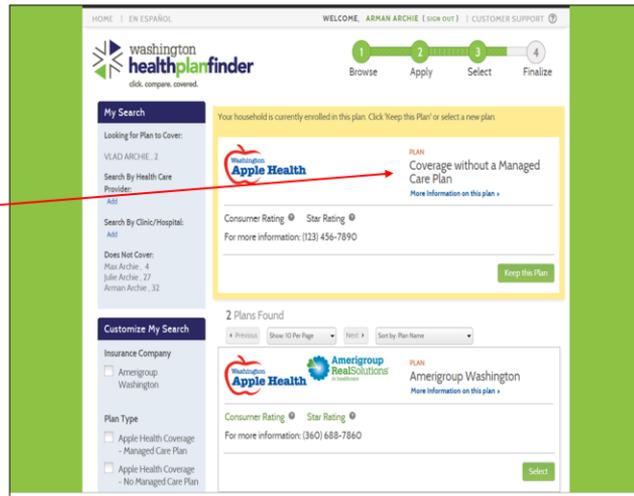
Some screen differences

## AI/AN Client Choices

For only AI/AN WAH eligible applicants, ProviderOne may return "Coverage without a Managed Care Plan" as an option to select.

An AI/AN WAH applicant may choose "Coverage without a Managed Care Plan" as their selection

The individual will then see "Coverage without a Managed Care Plan" on their Dashboard



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### Talking Points:

- Coverage without a Managed Care Plan is a plan type returned by ProviderOne as an option only for AI/AN individuals
- If the individual chooses that option, they will not be enrolled in a Managed Care Plan and will be enrolled in Coverage without a Managed Care Plan (fee-for-service). The individual is still covered by Medicaid
- This will be shown in their dashboard as "Coverage without a Managed Care Plan"
- This is only an option for AI/AN members to be able to select Coverage Without a Managed Care Plan in their plan selection experience on their EYO page

# AI/AN Client Choices

The AI/AN customer may search by Insurance Company and Plan Type

HOME | EN ESPAÑOL WELCOME, ARMAN ARCHIE [sign out] | CUSTOMER SUPPORT

washington healthplanfinder  
click, compare, covered.

1 Browse 2 Apply 3 Select 4 Finalize

Your household is currently enrolled in this plan. Click 'Keep this Plan' or select a new plan.

**My Search**  
Looking for Plan to Cover:  
VLAD ARCHIE, 2  
Search By Health Care Provider:  
Add  
Search By Clinic/Hospital:  
Add  
Does Not Cover:  
Max Archie, 4  
Julie Archie, 27  
Arman Archie, 32

**Customize My Search**  
Insurance Company  
 Amerigroup Washington  
Plan Type  
 Apple Health Coverage - Managed Care Plan  
 Apple Health Coverage - No Managed Care Plan

**PLAN**  
Coverage without a Managed Care Plan  
More information on this plan >

Consumer Rating Ⓢ Star Rating Ⓢ  
For more information: (123) 456-7890  
Keep this Plan

2 Plans Found  
Previous Show 10 Per Page Next Sort by Plan Name

**PLAN**  
Amerigroup Washington  
More information on this plan >

Consumer Rating Ⓢ Star Rating Ⓢ  
For more information: (360) 688-7860  
Select

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## Talking Points:

- The AI/AN individual/household may customize their plan search by insurance carrier OR plan type
- This is unique to the AI/AN customer, as typical WAH customers can only search by insurance carrier
- The two plan types the AI/AN individual may search for are No Managed Care (fee-for-service) and Managed Care Plan
  - Note: Selecting “Apple Health Coverage – No Managed Care” will filter for “Coverage without a Managed Care Plan”

# Mixed Household

Additional slide

## Mixed WAH/QHP Household: Explore Your Options



If within a Special or Open Enrollment, the Primary Applicant will be navigated to the EYO page after they have selected a WAH plan.

The Primary Applicant will go through the typical QHP/HIPTC shopping experience for those eligible members of their household

After clicking "Buy," the Primary Applicant will then navigate to finalize all selections for their entire household

The screenshot shows the Washington Healthplanfinder interface. At the top, there's a navigation bar with 'HOME', 'EN ESPAÑOL', 'WELCOME, JACK BAUER', and 'CUSTOMER SUPPORT'. Below this is a progress indicator with four steps: 1. Browse, 2. Apply, 3. Select, 4. Finalize. The main content area displays search results for 29 plans. The first plan is 'APTC Test Plan' with a premium of \$5.11. The second plan is 'Low APTC Plan' with a premium of \$6.91. A red arrow points from the 'Buy' button on the second plan to the 'Finalize' step in the progress indicator.

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### Talking Points:

- The PA will select a Managed Care Plan for the WAH eligible members of the household, and then be navigated to the EYO page for any QHP/HIPTC eligible members of the household
- There, they will purchase a Managed Care Plan for those eligible members of their household before moving on to finalize all selections within the household
- Note: A Special Enrollment period must be approved (documents uploaded) to move forward with QHP shopping. The PA may still move forward with WAH Managed Care Plan selection before the Special Enrollment period is approved for the QHP eligible members