



First Friday Forum

March 5, 2021

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Question for the Month

I've been getting the following message:

Access Denied

You don't have permission to access "<http://www.wahealthplanfinder.org/HBEWeb/DisplayAccountHomeTab>" on this server.

Reference #18.bab31bb8.1614886122.39975885

What should I do?

Please type your answer in the chat feature.



Summary of Changes

- New bypass Relationship Screen flow.
- Dental Plan comparison screen experience will be the same as the Health Plan comparison.
- “Blind or Visual Assistance” section added to the contact details page.
- A sign out confirmation model has been added to all sections of the process to prevent accidental sign out.
- A box was placed around the word ‘Compare’ on the plan shopping card details.
- Questions regarding “other” insurance made clearer on the Additional Questions page.
- Uploading an image using the WAPlanfinder mobile application will provide a better user experience when uploading images.

Bypass Relationship Screen

Impacted Users: individuals, privileged users and account workers

The **Set your household relationships** page will not appear when:

- A household consists of only one individual, or
- A household consists of two members and the non-primary applicant has not attested to a relationship status of 'Legal Guardianship', or 'Other Relative' to the primary applicant.

The **Set your household relationships** page will appear; if the household consists:

- Of three or more members, or
- Of two members and the non-primary applicant has attested to having a relationship status of 'Legal Guardianship', or 'Other Relative' to the primary applicant.

Current State: The **Set your household relationships** page is where the individual must testify to a matrix of household relationships - For each relationship listed, a relationship must be selected from the appropriate dropdown menu.

Set your household relationship Page

App flow bypasses relationship page:

Add your household members

Note: All household and tax dependents must be listed, even if they do not need health care coverage. *Required Field

Jennifer Seekscoverage		Joeseph Seekscoverage	
Female		Male	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
01/15/1980	XXX-XX-5941	06/01/1982	XXX-XX-4124
APPLYING FOR COVERAGE	LIVING IN SAME HOME AS JENNIFER SEEKSCOVERAGE	APPLYING FOR COVERAGE	LIVING IN SAME HOME AS JENNIFER SEEKSCOVERAGE
Yes	N/A	Yes	Yes

+ Add Member

Answer questions about your household

*Required Field

This information is used to determine eligibility for household members applying for coverage:

- * Jennifer Seekscoverage
- * Joeseph Seekscoverage

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S. nationals? *

YES	NO
-----	----

Are any of the members listed above currently incarcerated? *

YES	NO
-----	----

Have any of the members listed above used tobacco products regularly in the past 6 months? Vape and e-cigarette products are not included. *
(Your answer will not be used to check your eligibility for Washington Apple Health or Health Insurance Premium Tax Credits.)

YES	NO
-----	----

Do any of the members listed above have health insurance? Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. *

YES	NO
-----	----

Are all the members listed above residents of the state of Washington? *

YES	NO
-----	----

Is any household member on this application currently pregnant? *

YES	NO
-----	----

Back

Finish Later

Next

Next

App flow prompts relationship page:

Add your household members

Note: All household and tax dependents must be listed, even if they do not need health care coverage. *Required Field

Lysa Piclepip		Jeff Piclepip	
Female		Male	
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER
03/17/1985	XXX-XX-2349	12/23/1990	
APPLYING FOR COVERAGE	LIVING IN SAME HOME AS Lysa Piclepip	APPLYING FOR COVERAGE	LIVING IN SAME HOME AS Lysa Piclepip
Yes	N/A	Yes	Yes

Pyper Piclepip	
Female	
DATE OF BIRTH	SOCIAL SECURITY NUMBER
03/12/2015	XXX-XX-3485

Set your household relationships

Please indicate relationship between the household members below. *Required Field

LYSA PICLEPIP'S RELATION TO

JEFF PICLEPIP *

Spouse (including same sex marriage)

PYPER PICLEPIP *

Parent

JOCLYN PICLEPIP *

Parent

PYPER PICLEPIP'S RELATION TO

LYSA PICLEPIP *

Child

JEFF PICLEPIP *

Child

JOCLYN PICLEPIP *

Select an Option

JEFF PICLEPIP'S RELATION TO

LYSA PICLEPIP *

Spouse (including same sex marriage)

PYPER PICLEPIP *

Parent

JOCLYN PICLEPIP *

Select an Option

Select an Option

Parent

Legal Guardianship

Other Relative

Child

Spouse (including same sex marriage)

Registered Domestic Partner

Cousin

Nephew/Niece

Uncle/Aunt

Unrelated

Grand Child

Sibling

Grand Parent

Step Parent

Step Child

Back

Next

Dental Plan Comparison Screen Enhancements

- The dental plan comparison screen will now match the existing Qualified Health Plan comparison screen.
- The following changes were made:
 - Added accordions to house data elements on screen
 - *When you select the arrow more information about that field will display (see red box on image)*
 - Modified how in-network and out of network values display on screen
 - Added disclaimer to dental summary and comparison screens
 - Print function will work for the comparison screen

The screenshot displays the 'Compare plans' interface. At the top, there is a navigation link '< Back to plan options'. Below this, three plan cards are shown. The first card is for 'DENTEGRA Insurance Company' with the plan name 'Dentegra Dental PPO Family Basi...' and an 'Add to Cart' button. The second card is for 'LifeWise' with the plan name 'LifeWise Family Dental Plan' and an 'Add to Cart' button. The third card is empty and contains an 'Add a plan to compare' button. Below the plan cards, the section 'This is what your plan offers' contains several expandable accordions: 'HIGHLIGHTS', 'Cost and coverage examples' (with sub-sections 'ROUTINE CARE', 'RESTORATIVE CARE', and 'BENEFITS NOT COVERED'), and 'Additional information' (with sub-section 'RESOURCES AND DOCUMENTS'). A red box highlights the downward arrow of the 'HIGHLIGHTS' accordion. At the bottom, there is a 'Back to plan options' button and a disclaimer: 'This is a list of commonly used benefits. It is not all inclusive. Before selecting a plan, review the plan's Summary of Benefits and Coverage (SBC) for more information on benefits and exclusions.'

Your Contact Details page changes

Blind or Low Vision Assistance – is a new space that calls out the potential need for Large Print English and Braille.

- The question will display below Language Preferences and has detail about what we offer for customers who need this assistance.
- Users will select either Large Print English or Braille.
- The default is set to “None”.
- Any applications which did not previously select a format, will display “None” in this field.
- Any applications which did provide an answer to this question will display the answer they provided

The screenshot shows a web form with the following sections:

- LANGUAGE PREFERENCES**: Includes two dropdown menus for "What language do you prefer to read?" and "What language do you prefer to speak?", both currently set to "English".
- BLIND OR LOW VISION ASSISTANCE**: A dropdown menu titled "What alternative English format should we send to you?". The options are "None", "Large Print English", and "Braille". The "None" option is currently selected and highlighted in blue. This section is enclosed in a red rectangular box.
- AUTHORIZED REPRESENTATIVE**: Includes a checkbox labeled "I have an Authorized Representative".
- Navigation**: At the bottom, there are buttons for "Back", "Finish Later", "Next", and "Submit Partially". A "Live Chat" button is also visible in the bottom right corner.

Current State: The question for Large Print and Braille is a part of the language preferences section. This has proven to be confusing to users when completing the application.

Sign Out Confirmation Modal

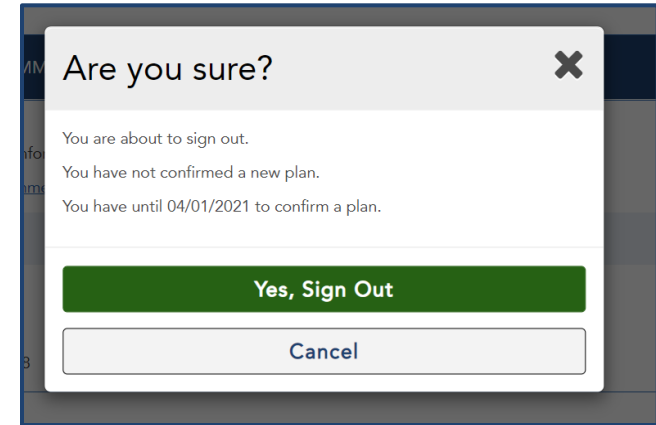
All pages in that have a Sign-Out button will have a Sign-Out Confirmation Modal.

- Pages during the shopping flow, will have a modal with more detail on the action they are about to take.
 - In the example to the right this customer is in a special enrollment period.
 - During open enrollment, the date will reflect the open enrollment end date.
- All other pages will have a simple modal prompting sign-out.

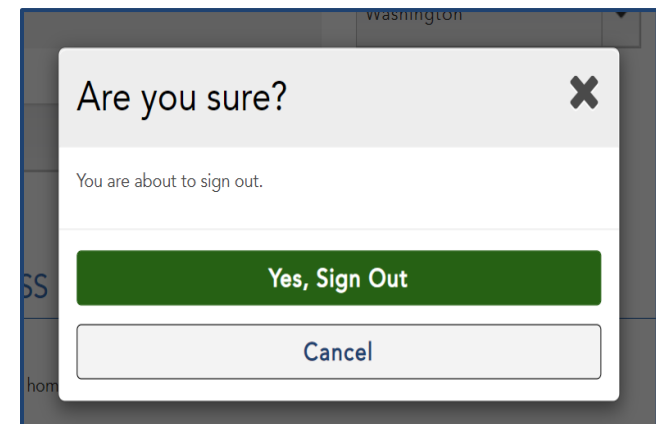
If the user cancels their Sign-Out, they will be taken back to the page they were on.

If they select the “Yes, Sign-Out” button, they will be signed out of *Washington Healthplanfinder* (& *Chat* when applicable).

During Plan Shopping:






All Other Pages:



Box Around "Compare"


A box was placed around the word "Compare" on the Plan Card of the Qualified Health and Dental Plan cards.

SMART CHOICE

[Ambetter Essential Care 5 \(2020\)](#)

Provider and facility ⓘ <ul style="list-style-type: none">⊘ Joey Martsolf✔ Mark Wentworth✔ Providence Family Medicine West Olympia	Prescription ⓘ <ul style="list-style-type: none">✔ Atorvastatin✔ Lipitor (Generic)	Primary care visit You pay \$20
Quality rating ⓘ ★★★★☆	Plan metal level ⓘ Silver	Generic drugs You pay \$10
Premium ⓘ \$350.72 /month Price after \$20.00 tax credit	Deductible ⓘ \$7,300 Individual / \$14,600 Family	Out-of-pocket max ⓘ \$7,850 Individual \$15,600 Family

 **Compare**

This plan qualifies for lower out of pocket costs.

Other Insurance – Additional Questions page

When a customer marks yes to the “Do any of the members listed above have insurance?”

- Follow up questions to yes are being clarified.
- Adds an additional question “Is your coverage ending by XX/XX/XXXX?” to the other follow up questions.

Answer questions about your household

This information is used to determine eligibility for household members applying for coverage:
* Joey Whitefin

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S nationals? * [?](#)

YES	NO
-----	----

Are any of the members listed above currently incarcerated? * [?](#)

YES	NO
-----	----

Have any of the members listed above used tobacco products regularly in the past 6 months? Vape and e-cigarette products are not included. * [?](#)
(Your answer will not be used to check your eligibility for Washington Apple Health or Health Insurance Premium Tax Credits.)

YES	NO
-----	----

Do any of the members listed above have health insurance? Do not include Washington Apple Health (Medicaid) or coverage selected from Washington Healthplanfinder. * [?](#)

YES	NO
-----	----

Are all the members listed above residents of the state of Washington? * [?](#)

YES	NO
-----	----

[Back](#) [Finish Later](#) [Next](#)

Who has existing insurance?*

- John Doe
- Jane Doe

Select the following types of health insurance that apply [?](#)

- Employer sponsored insurance (health insurance from your employer) [?](#)

Will <person name>'s insurance ending on or before <Date>? * [?](#)

YES	NO
-----	----

Who else shares this insurance? [?](#)

John Doe

Health Insurance Company * [?](#)

ABC Health Care

Policy Holder's Name * [?](#)

Jane Doe

Policy Holder's Date of Birth * [?](#)

01/01/1980

Group Number * [?](#)

WB901290 78

Policy Number * [?](#)

1234567

- Medicare [?](#)
- Dept of Veterans Affairs (VA) insurance [?](#)
- TRICARE military insurance [?](#)
- Peace Corps insurance [?](#)
- Individual health insurance directly from insurer [?](#)
- Other insurance: [?](#)
 - COBRA
 - Retiree insurance
 - Student health insurance
 - Expatriate health insurance
- Limited benefit insurance: [?](#)
 - AmeriCorps Health Care Benefits Plan
 - Workers' compensation
 - Accident or disability insurance
 - Indemnity insurance
 - Disease specific insurance
 - Critical illness insurance
 - Short-term health insurance
 - Health care sharing plan
 - Dental only insurance
 - Vision only insurance

Public Health Emergency Special Enrollment Period

February 15, 2021 to May 15, 2021

This SEP is designed for those currently uninsured or enrolled in off-Exchange health insurance products. Customers who submit applications during this time will automatically be identified and evaluated for this SEP. If eligible, they will receive a correspondence and have the opportunity to shop.

1. Can customers use this SEP to change plans?

No. Currently enrolled customers cannot use this SEP to change plans. Customers cannot voluntarily cancel their Washington Healthplanfinder coverage to become uninsured in an attempt to qualify for this SEP.

2. Are all Marketplaces (Federal Marketplace and State Exchanges) handling the 2/15 – 5/15 enrollment opportunity the same?

No. There are differences and customers may hear national advertising campaigns which may cause some confusion. Washingtonians will follow the Washington Health Benefit Exchange Guidance.

3. If a customer has been terminated due to nonpayment, can they use this SEP?

Yes. If the customer is currently uninsured, they are eligible to enroll through this SEP.

4. Will customers who are currently enrolled in a Qualified Health Plan be allowed to use this SEP to add dental coverage?

No. If a customer is already enrolled in a Qualified Health Plan, they are not eligible for this SEP and cannot use it to add a Qualified Dental Plan.

Answer to Question of the Month

- Sign out and clear your browser history (cache/cookies), then sign back in. Sometimes you need to do this twice.





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