



Below are step-by-step instructions for establishing an account through the state exchange, Washington Healthplanfinder (HPF). We ask that you have an account created prior to scheduling an appointment with us for individual or family coverage. If you have an account established and need to select a broker prior to a consultation, please skip to the last section titled: "*Selecting a Broker/Help Request*" on page 5.

Professional fees: Kristin Manwaring Insurance (KMi) is a fee-based agency. We charge a \$200 professional fee for consultation, assisting with enrollment, and/or servicing a plan that does not pay a commission. The professional fee is for the calendar year, up to the termination date of the policy, no later than 12/31/2018. Payment is due at the time of appointment. Clients that are linked to us through HPF and make a plan selection outside our office with a carrier that does not pay a commission will be sent an invoice reflecting the \$200 professional fee for servicing the account. KMi accepts checks.

Services associated with professional fees:

- During the consultation: in depth review of plans, benefits, rates, tax credit eligibility (if applicable), provider networks, drug formularies
- Washington HPF application: ongoing support with the HPF account, eligibility determinations, document uploads, reporting and assistance in resolving Exchange eligibility
- Insurance carrier: ongoing support with billing, benefits, provider networks and claims questions

The Open Enrollment Period for coverage effective 1/1/2018 is 11/1/2017 through 12/15/2017. During this window, plans, and rates offered through the HPF will be available. Outside this window, you must have a Qualifying Life Event (QLE) to open a Special Enrollment Period (SEP). QLE's must be reported within 60 days of the event. The enrollment cutoff is generally the 15th of the month prior to the intended effective date. There are situations that allow enrollment by the end of the month prior to the effective date. An agent can help you determine if your situation will qualify.

Quotes and tax credit eligibility estimates can be obtained from the following link by clicking the "*Apply Now*" tab found under individuals and families on the HPF home page. This is an anonymous quoting tool, you will not be enrolling when using this tool. Your actual eligibility for premium tax credits will be determined once an account is created, electronic application is submitted and eligibility is determined by HPF.

https://www.wahealthplanfinder.org/_content/Homepage.html

Creating a Washington Healthplanfinder Account

Prior to creating a new account on the Washington HPF, it is important that you make sure you have not previously created an account, and that you are not on an account associated with someone else. If you are not sure of either of these situations you can call HPF Customer Service at 855-923-4633. You will need to offer your full legal name, birthdate and last 4 digits of your social security number. If you attempt to

create a new account and have an existing account, either active or inactive, it may create a situation that is extremely difficult to correct. Once you are confident that a HPF account has not been previously established or that you or any family members seeking coverage are not listed on an existing HPF application, proceed with creating a new HPF account.

1. Click the following link which will take you to the HPF “*Create an Account*” page:
https://www.wahealthplanfinder.org/HBEWeb/Annon_ReturnIndividualCreateAccount.action
2. Create “*User Name and Password*” per the listed criteria and then select three “*Security Questions* and “*Answers*”. Remember to keep a record of this information for future use.
3. “*Email Address*” Important to use a valid, up to date email address because the HPF will use this to send out important communications regarding your account, eligibility, and renewal information.
4. After reviewing, you will need to agree to the “*Terms and Conditions of Use*” by clicking the “*Yes*” box.
5. “*About You.*” This section of the application will pertain to the primary applicant. We highly recommend completing steps 1 thru 4 to finalize creating an account so there will be a name associated with the application. Once the “About You” section is complete and saved by clicking “Next” you can sign out and complete remaining sections at a later date.

Social Security Numbers are required in the HPF and are used for identity proofing services as well as IRS reporting at year's end.

Complete the Healthplanfinder Application

If you are unsure how to accurately answer some of the questions on the application, the following application “Quick Tips” link will provide some additional detail on the information needed to appropriately complete the HPF application:

<http://www.wahbexchange.org/new-customers/application-quick-tips/>

1. “*Who Are You Applying for?*” Myself, Myself and Others or Other Household members are the options. This is the question that will identify if the primary applicant is seeking coverage or if it is for other household members.
2. “*Do you want to apply for health insurance premium tax credit, cost share reductions or Washington Apple Health?*”
 - The system default is “Yes”. If “Yes” is selected for this question, detailed income information will need to be entered in the application to determine eligibility for the programs offered through the HPF. A “Yes” answer will allow an eligible applicant to receive tax credits monthly to reduce cost and/or enroll eligible family members on the Washington Apple Health (Medicaid) program.
 - If “No” is selected the application does not require an applicant to input their income information. The application will still require information on household members and to identify those that are and are not seeking coverage. If an applicant indicates they are not applying for tax credits, an

applicant may still be eligible for and receive tax credits when the tax return is filed at the end of the year, depending on reported adjusted gross income.

3. *"Yes, I have read the Washington Healthplanfinder privacy policy."* Once reviewed, this box will need to be checked to allow you to continue to the next page of the application.
4. Complete the next sections of the application that pertain to *"Physical Address"*, *"Mailing Address"* and *"How May We Reach You?"*.
5. *"Authorized Representative"* This would allow you to enter the name of someone who is not the primary applicant (typically a spouse or partner) to contact HPF on your behalf. This is NOT the appropriate section of the application to enter the name of the broker with whom you are working.
6. *"Confirm Your Identity"* The system will generate questions based on the primary applicant information entered with responses sent to the Federal Data Hub for verification.
7. *"Primary Applicant's Taxes"* This where the primary applicant will indicate their prior as well as current tax filing status.
8. *"Do You Have Other Household Members or Tax Dependents?"* This is the section of the application to add all household members, even if they don't need coverage. Household Members include everyone you claim on your taxes, even those who don't live with you and aren't seeking coverage. If a household member isn't seeking coverage, select "No" on the question "Is this person applying for coverage or continuing existing coverage through Washington Healthplanfinder?"
9. *"Set Household Relationships"* Confirm primary applicant, spouse, and dependent relationships.
10. *"Additional Questions Section"* Will ask questions for all applicants pertaining to *Citizenship, American Indian or Alaska Native Tribe Affiliation, Incarceration, Tobacco Use, Washington Residency, Disabled Dependents Over Age 26, and If Any Member on the Application Is Enrolled on Medicare.*
11. *"Additional Screening Questions"* Will ask questions for all applicants pertaining to Long Term Care Services, In-Home-Care-Giver, Assisted Living Services, Hospice Care, Medical Personal Care Services, Unpaid Medical Expenses, and Emergency Medical.
12. *"Voter Registration"* If you wish to register click "Yes" and you will be directed to a voter registration webpage, answer "No" if you are already registered.
13. *"Household Income"* The requested information requires you to estimate your income for the tax year in which you are applying. If you are applying for coverage effective 1/1/18, you will be estimating your income as will be reported on your 2017 tax return. If your anticipated income will be the same as a prior year you can use the prior year's reported income as a guideline. Use line number 4 on a 1040EZ, line 21 on 1040A or Line 37 on a 1040 IRS tax filing forms to assist in completing this information. HPF income and deduction questions should match what you will see on your 2019 IRS tax filing form.

- Additional information on reporting income can be found on HealthCare.gov from the following link: <https://www.healthcare.gov/income-and-household-information/income/>
- If income is underestimated the applicant may be liable for repayment of tax credits they were not eligible to receive. Repayment of tax credits would occur at year's end when taxes are filed.
- There are some forms of income not included on a federal income tax return that are included on the HPF application to determine eligibility. Examples of these are: Non-Taxable Social Security Benefits, Tax-Exempt Interest and Foreign Earned Income & Housing Expenses for Americans Living Abroad.

14. "Employment Income" This section is where an applicant will enter their gross W-2 income. For a sole proprietor or LLC this is where net income will be entered. If income varies month to month it is acceptable to include the average amount for the tax year in which you are applying.

- This section will also ask "*Does your employer offer a health plan that meets minimum value standard.*" If "Yes" is selected an additional drop-down box will appear asking which household member the coverage is being offered to and what the monthly cost is for the employee's portion only of the monthly premium. Do not include the premium amounts for spouse and dependent coverage. If affordable coverage is offered to the employee and family member there will be no tax credit eligibility. However, spouse and dependents may be eligible for Washington Apple Health based on income.

15. "Application Review" This section of the application will provide an overview of the questions and information entered in the application. Use this page to check and ensure all personal and income information are listed correctly.

16. "Primary Applicants Signature" We encourage applicants to have the broker they will be working with assist in application review prior to signing and submitting. An application submitted with incorrect information can cause requests for additional information, require communication with HPF customer support and can lead to issues or delays in enrollment.

It is required that the primary applicant check the following boxes to allow for application submission:

"By Checking This Box and Signing My Name Below, I am Electronically Signing My Application"

- *"I have Read the Rights & Responsibilities"*
- It is recommended that an applicant check the *"I authorize Washington Healthplanfinder to electronically verify my updated federal tax information during an automated annual renewal process for up to 5 Years. I understand that I can Change my consent at any time box"* which may eliminate the need to provide income verification documentation to the HPF at a later date and can simplify the annual renewal process.

Selecting a Broker/Help Request

“Find a Broker” Allows an applicant to select a state certified HPF representative with whom to work, who can assist with appropriately completing the HPF application, communicating on your behalf with the HPF representatives to address any questions and assist in resolving any issues. It also allows us to access the account during a consultation should the applicant have a login or password issue.

1. To select a broker, you will need to log into your account with your user name and password.
2. From the “Dashboard” or “Home Page” you will see a “Quick Links” section on the right side of the screen. Click the “Find a Broker” link.
- If you have worked with a different representative previously the “Quick Links” will indicate “Manage My Broker”. If you are already linked to another broker, you will first need to terminate the existing partnership before you can make a new selection.
3. You can search by Organization or Name. While many agents will show for Kristin Manwaring Insurance, we ask that you submit your request to James (Jim) Manwaring.
4. From the search results select the name of the broker you will be working with by clicking the “Request Help” button.
5. You will need to confirm your selection by clicking the “Submit” tab.
6. Once this step is complete please contact Kristin Manwaring Insurance @ 360-385-4400 to set up an in office or phone consultation to review your application, carriers, plan options, provider networks, rates, RX formularies and benefits.

Documentation to Bring to Your Appointment

Please bring the following to your appointment:

- The username and password for your HPF account
- **Open Enrollment Period Only**-Debit or Credit Card to make the initial binder premium payment. Enrollment will not be finalized until the initial binder premium has been made. This can be completed with most carriers at the time of plan selection.
- Personal information for family members that do not reflect accurately in the account
- Income documentation if requesting financial assistance, such as Children’s Health Insurance Program or tax credits to offset the cost of premium
- A list of providers and/or facilities you are using or would like to have access to
- A list of medications with dosages to review plan formularies