



Health Insurance 101

Office of Medicaid Eligibility and Policy
Medicaid Eligibility and Community Support
July 2019

Topics

- Apple Health for Adults
- Apple Health for Pregnant Women
- Children Health Insurance Program (CHIP)
- K-01
- Family Planning
- Health Care Options for Immigrants & Non-Immigrants
- Alien Emergency Medical (AEM)

Apple Health for Adults

Overview

Individuals may be eligible for Washington Apple Health (WAH) for Adults when:

- Their net countable income is at or below the Apple Health standard for a household of the applicable size;
- Age nineteen or older and under the age of sixty-five;
- Not incarcerated*, and not entitled to Medicare; and
- Meet the citizenship and immigration status requirements.

Background

Currently, if you are an adult and claimed as a tax dependent, you must apply on your own application as the primary applicant for Washington Apple Health (Medicaid). The tax filer claiming you as their tax dependent cannot apply for you.

- The most common scenario is when a parent is applying for their 19 year old child who is their tax dependent.
- The 19 year old is denied under their parent's application and has to apply as a primary applicant to be approved for Apple Health.

Overview of change

Starting July 15th, system updates will support adult tax dependents who apply or renew Apple Health with the person who claims them as a tax dependent.

- Tax dependents of the primary applicant will be approved or renewed Apple Health regardless of age or relationship as long as they meet all other eligibility requirements;
- Adult tax dependents can still apply on their own if they choose; and
- Individuals who are 19 years old or older and are not the spouse or tax dependent of the primary applicant must still apply on their own.

MAGI-Based Medical Programs

Applications for these programs can be submitted:

- Online: www.wahealthplanfinder.org
- Phone: 1-855-923-4633
- Mobile application: WAPlanfinder
- Fax: 1-855-867-4467
- Mail: PO Box 946, Olympia WA 98507

Eligibility criteria varies for each program and is based on household size and income.

Plan Selection

The following still applies to the Managed Care plan selection:

- ProviderOne determines the available plans and assigns the adult tax dependent to the same plan as other household members;
- Available plans are based on zip code/county of the primary applicant; and
- If a tax dependent wants a different plan from the tax filer (primary applicant), the dependent needs to end coverage under the tax filer's application and apply on their own.

Apple Health for Pregnant Women

Apple Health for Pregnant Women

Provides coverage to pregnant individuals with countable income at or below the Apple Health standard, without regard to citizenship or immigration status;

A pregnant individual's household size includes the number of unborn children and the number of household members.

Example: A woman is living alone, is pregnant with twins. What is her household size?

Her household size is three, herself and her two unborn children.

Apple Health for Pregnant Women

Once approved, individuals will:

- Remain enrolled regardless of any change in income;
- Stay covered 60 days after the pregnancy ends. This is called post partum coverage; and
- Receive 10 months of Family Planning-Only coverage after the pregnancy coverage ends, regardless of how it ends (miscarriage, termination, or until your baby is one year old).

Note: without the pregnancy due date entered in HPF, the system will not include the post partum coverage.

Apple Health for Pregnant Women

Individuals who apply for Apple Health for Pregnant Women after the baby's birth are:

- Not eligible to receive postpartum coverage;
- Qualify for help paying costs related to the baby's birth if the application is submitted within three months after the month in which the child was born; and
- Eligible for Family planning services.

Apple Health for Pregnant Women

For individuals under age 19, pregnancy related services can be kept confidential.

To apply for confidential services individuals may:

- Apply for coverage through the [paper application](#) process or
- Call the WithinReach Family Health Hotline at 1-800-322-2588

Apple Health for Pregnant Women

Individuals that are over the income standard, may be eligible for medically needy (MN) spenddown.

- Individuals who qualify and enroll in Apple Health for Medically Needy Pregnant Women become eligible for MN coverage after incurring medical costs equal to the amount of the household income that is above the 193% FPL standard.

For more information: <https://www.hca.wa.gov/health-care-services-supports/program-administration/apple-health-medically-needy-and-spenddown>

Childrens Health Insurance Program (CHIP)

Children's Health Insurance Program (CHIP)

- All children that meet eligibility criteria can enroll in Apple Health for Children;
- A household will only pay a maximum of \$40 or \$60 a month, depending on where their income falls;
- Coverage for children under age 19 whose families have income above 210% and at or below 312% of the Federal Poverty Level (FPL) for the monthly premium; and
- Federally-funded children are enrolled in managed care, while state-funded children remain fee-for-service.

CHIP Premiums

- Clients will receive a monthly invoice on total amount due;
- The first monthly premium is due in the month following the determination of eligibility and approval;
- There is no premium requirement for health care coverage received in the month eligibility is determined or in any prior month; and
- A child who is American Indian or Alaska native is exempt from the monthly premium requirement.

CHIP

A child is not eligible for Washington Apple Health (Medicaid) with premiums if the child:

- Is eligible for no-cost Washington Apple Health;
- Has minimum essential coverage; or
- Is eligible for Public Employees Benefits Board health insurance coverage based on a family member's employment with a Washington state agency, or a Washington state university, community, or technical college.

CHIP Premiums

CHIP payments can be done the following ways:

- Secure Online at:
<http://secure.dshs.wa.gov/paymentservices>
- By mail:
DSHS/Office of Finance Division
PO BOX 9501
Olympia, WA 98507-9726
- Questions Contact:
1-800-562-6114 option #2

Nonpayment of Premiums

- Premium-based coverage ends for all children in the household if the required premiums are not paid for three consecutive months;
- Premium-based coverage is restored back to the month coverage ended if the unpaid premiums are fully paid before the certification period ends; and
- The household may reapply for premium-based coverage ninety days after the coverage ended for nonpayment.

Premium Payment Program

- Helps people on Washington Apple Health (Medicaid) take advantage of private health insurance;
- Reduce health care costs to the state; and
- Provides reimbursement for private health insurance when an Apple Health client has access to employer sponsored or private coverage.

How Do I Apply for the Premium Payment Program

- You must have Washington Apple Health (Medicaid) coverage before applying for the Premium Payment Program.
- Complete, print out, and sign this [intake form for premium assistance](#).
- Complete, print out, and sign the [IRS W-9 form](#). This form is required for the subscriber's private insurance plan.

How Do I Apply for the Premium Payment Program continued

- **Mail** documents to:
- Premium Payment Program
Health Care Authority
PO Box 45518
Olympia, WA 98504-5518
- **Fax:** 877-893-3810 (toll free)

Reporting Changes in Healthplanfinder

Changes you must report

Change in residential address	When family members or dependents move in or out of the residence	Incarceration
Change in mailing address	Change in institutional status	Change in health insurance coverage including Medicare eligibility
Change in marital status	Change in immigration or citizenship status	Pregnancy

K01

Overview

To qualify for K01 an individual must:

- Reside (or be expected to reside) in a medical or psychiatric facility for 30 days or longer;
- Be a Washington resident;
- Be a newborn up to age 64 (medical facility);
- Be a newborn up to age 21 (psychiatric facility); and
- Meet applicable citizenship or immigration status requirements.

Ongoing Eligibility

Continuous Eligibility –

- Once eligible, a child is eligible for Apple Health for 12 months;
- If a child is discharged from the facility before the 12th month of eligibility, they will be closed off the K01 program; and
- They will be opened Apple Health coverage for the balance of the remaining months as long as they remain a Washington resident.

Application Process

Apply for this program via:

- Online: www.wahealthplanfinder.org
- Phone: 1-855-923-4633

Please note: If child is already approved on Washington Apple Health (Medicaid) for children, there is no additional application process.

Application Process continued

If MAGI-based coverage is denied, send an email to:
K01App@hca.wa.gov .

Subject Line: “K01 - Child’s First Name and Last Name”.

In the body of the email please provide:

- HPF application number
- Date of admission & date of discharge (if known)
- Is the individual is expected to reside in the facility for 30 days or longer?

Family Planning Only

Family Planning Only

On July 1st, the programs formerly known as Apple Health (Medicaid) Family Planning and Take Charge underwent changes. These changes affect the names of the programs and services offered for clients.

Old Name	New Name
Family Planning	Family Planning Only – Pregnancy Related
Take Charge	Family Planning Only

Family Planning Only

- **Family Planning Only – Pregnancy related** formerly known as the Family Planning extension program, serves women who lose Apple Health coverage after their 60-day post-pregnancy coverage ends.
- **Family Planning Only -** Formerly known as TAKE CHARGE, serves uninsured women and men seeking to prevent unintended pregnancy, and teens and domestic violence victims who need confidential family planning services.

How to apply and increased provider network

- As of July 1, a client using either of the Family Planning Only programs can seek medical care through any Apple Health provider.
- Clients can apply for benefits in person, by mail, phone, or fax. [The updated application](#), will include all of these options to apply.
- For more information, review the Health Care Authority's (HCA) [Family Planning Only](#) webpage for full details on the new program names, client coverage, and background.

Health Care Options for Immigrants & Non-Immigrants

Overview

All Apple Health applicants must provide their citizenship/immigration status, which determines what program applicants are eligible for.

Individuals fall into one of the following groups:

- U.S. Citizens, U.S. Nationals, Naturalized Citizens and Qualifying American Indian born abroad
- Lawfully Present Qualified Non-Citizens
- Lawfully Present Nonqualified Non-Citizens
- Immigrants Who Are not Lawfully Present

See [WAC 182-503-0535](#)

Overview continued

- It is safe for anyone to apply. The information you submit in the application is used solely for the purpose of determining eligibility.

The Citizen and Non-Citizen Guide shows which programs an individual may potentially be eligible for.

Citizenship/Alien Status	Potentially Eligible:	Not Eligible:
1. U.S. Citizens, U.S. Nationals, and Qualifying American Indians Born Abroad	<ul style="list-style-type: none"> • Apple Health for Kids • Apple Health for Pregnant Women • Apple Health for Adults • Classic Medicaid • Purchase QHP in HPF • HIPTC if a tax filer 	<ul style="list-style-type: none"> • Medical Care Services (MCS) • Alien Emergency Medical (AEM)
2. Lawfully Present Qualified Aliens <ul style="list-style-type: none"> ➤ 5-Year Bar Met or Exempt 	<ul style="list-style-type: none"> • Apple Health for Kids • Apple Health for Pregnant Women • Apple Health for Adults • Classic Medicaid • Purchase QHP in HPF • HIPTC if a tax filer 	<ul style="list-style-type: none"> • MCS • AEM
<ul style="list-style-type: none"> ➤ 5-Year Bar Required and Not Met 	<ul style="list-style-type: none"> • Apple Health for Kids • Apple Health for Pregnant Women • MCS • AEM • Purchase QHP in HPF • HIPTC if a tax filer 	<ul style="list-style-type: none"> • Apple Health for Adults • Classic Medicaid
3. Lawfully Present Non-Qualified Aliens	<ul style="list-style-type: none"> • Apple Health for Kids • Apple Health for Pregnant Women • MCS • AEM • Purchase QHP in HPF • HIPTC if a tax filer 	<ul style="list-style-type: none"> • Apple Health for Adults • Classic Medicaid
4. Undocumented Immigrants	<ul style="list-style-type: none"> • Apple Health for Kids • Apple Health for Pregnant Women • AEM 	<ul style="list-style-type: none"> • Apple Health for Adults • Classic Medicaid • MCS • Purchase QHP in HPF • HIPTC

Alien Emergency Medical (AEM)

Overview

- Alien Emergency Medical (AEM) is a program for individuals who do not meet citizenship or immigration status requirements **and** have a qualifying medical emergency.
- Pregnancy related services are not covered under the AEM program.

Who qualifies and what is covered

In order to qualify for AEM, an individual must not be eligible for another Washington Apple Health (Medicaid) program due to citizenship or immigration status **and** have or need at least one of the following:

- A qualifying emergent medical condition such as emergency room care, inpatient admission or outpatient surgery;
- A cancer treatment plan;
- Dialysis treatment; or
- Anti-rejection medication for a post-organ transplant

HCA clinical staff determine whether or not the medical condition meets the definition of a qualifying emergent medical condition.

Qualifying Medical Emergency

WAC 182-500-0030:

A medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

- Placing the patient's health in serious jeopardy
- Serious impairment to bodily functions or
- Serious dysfunction of any bodily organ or part

Application Overview

Health Care Authority (HCA) and Department of Social and Health Services (DSHS) are the agencies responsible for processing AEM applications.

HCA	DSHS
MAGI Medicaid	Non-MAGI Medicaid
An individual is age 19 through 64	Individual is age 65 or older and is not a caretaker for a child < age 19
An individual is not eligible for Medicare or is eligible for Medicare but has a child; and	Individual is receiving Long-Term Care services and not eligible for a MAGI program
Follows MAGI rules established through the WA Healthplanfinder.org	Individual receiving Medicare and not eligible for a MAGI Medicaid program

Apply for MAGI-based AEM

- Applications should be submitted through Washington Healthplanfinder at www.wahealthplanfinder.org. For ID proofing, follow the instructions for Identity Proofing located on your training page under Resources.
- By completing an Application for Health Care Coverage (HCA 18-001P)
www.hca.wa.gov/medicaid/forms/Documents/18-001P.pdf
- Fax paper application and all supporting documents to 1-866-841-2267.

Review the Emergency Medical Coverage Question

- In order to be considered for AEM, ensure the answer to this question is “YES.”

EMERGENCY MEDICAL COVERAGE

You have indicated that you or someone in your household is not a U.S. citizen. Limited coverage may be available for the medical conditions listed below:

Do you or someone in your household need coverage due to an emergency hospitalization, cancer or kidney disease? *

YES

NO



[Redacted]


Back

Finish Later

Next



Pending Status in Healthplanfinder

[REDACTED]  Pending

PRIMARY APPLICANT

COVERAGE

We were unable to verify **[REDACTED]**'s status. Coverage may be available once we receive some additional information.

[REDACTED] is pending Washington Apple Health Alien Emergency Medical Coverage. [Why this result?](#)

PROGRAM
Washington Apple Health Alien Emergency Medical

COVERAGE START DATE	COVERAGE END DATE
Not Applicable	Not Applicable

RENEWAL INFORMATION
Not Applicable

Supporting Medical Documents

Emergency Room Care

If the individual received emergency room care, the following medical documents must be provided:

- Emergency room treatment page(s)
- Copy of completed hospital claim form (UB04)

Outpatient Surgery Care

If the individual received outpatient surgery care, please provide the following:

- Operative note (description of procedure completed)
- Copy of completed hospital claim form (UB04)

Inpatient Admission

If the individual was admitted and received inpatient care, please provide the following:

- History and Physical
- Hospital discharge summary
- Copy of completed hospital claim form (UB04)

Supporting Medical Documents

Cancer Treatment

If the individual is in need of cancer treatment, please provide the following:

- Current cancer treatment plan from the attending physician; and
- Pathology report (if available)

Dialysis Treatment

If the individual is in need of dialysis treatment, please provide the following:

- Current dialysis flow charts from the dialysis center; or
- Treatment plan from the attending physician

Anti-Rejection Treatment

If the individual is in need of anti-rejection medication for a post organ transplant, please provide the following:

- Treatment plan from the attending physician or provider including required medications

Denials Due to Income Exceeding the Income Standard

If an AEM application is denied due to income exceeding the MAGI-based income standard and the applicant has indicated they are disabled:

- Refer the applicant to [WashingtonConnection.org](https://www.washingtonconnection.org); or have them complete the [HCA 18-005](#) paper application and fax it to 1-888-338-7410.
- The application will be evaluated for the AEM spenddown program through Classic Medicaid.

Apply for Non-MAGI AEM

- Online applications should be submitted through Washington Connection at www.washingtonconnection.org.
- By completing an Apple Health Application for Aged, Blind or Disabled (HCA 18-005) <https://www.hca.wa.gov/assets/free-or-low-cost/18-005.pdf>
- Fax paper application and all supporting documents to 1-888-338-7410.

Requesting Multiple Dates of Service

- If an AEM application is currently pending and the client incurs another emergent medical condition:
 - Obtain the medical records
 - Submit with a new fax cover sheet
 - Write on the fax cover sheet the specific additional dates of service for the initial application ID - Include: "approval needed"

Application Status Update

Before requesting a status update be sure to:

- Check WA www.wahealthplanfinder.org to check the status of the application
- Check [ProviderOne](#) to see if coverage has been approved
- For status updates or questions about MAGI AEM applications: Call the Medical Assistance Customer Service Center (MACSC) at 1-800-562-3022 (AEM application processing could take up to 45 days, please limit status checks to allow time for processing)
- Emergent requests will be directed by MACSC to the AEM team for follow up

Emergent is when a person needs cancer treatment, dialysis or anti-rejection medication.

Resources

Resources

HCA Training & Education

<http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/stakeholder-training-and-education>

HCA Area Representatives

https://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf

HCA Community Based Specialist

https://www.hca.wa.gov/assets/free-or-low-cost/community_based_staff_contact.pdf