

Retroactive health care coverage request for Apple Health (Medicaid)

Use this form to request coverage for any or all of the three months prior to the month of application for adults, children, parents/caretakers, or pregnant individuals. **For example:** If you applied in September, you can request retroactive coverage the months of June, July, and/or August if you have medical bills in those months. **Only list the months you have medical bills.** If you have questions about this form, contact the Health Care Authority at 1-800-562-3022. To include more household members or provide additional information attach an additional sheet.

(This form is not for individuals who are age 65 or older, on Medicare or in need of long-term care coverage.)
If you have questions about this coverage contact, DSHS at 1-877-501-2233.

1 Primary applicant/head of household information

First Name _____ M.I. _____

Last Name _____

Date of Birth _____ Client ID or Social Security Number _____

2 Retroactive coverage information

List the full name of each household member who has medical bills and needs retroactive coverage. For each person, list the month(s) with medical bills.

Person 1

Full Name _____
Month 1 (mm/yyyy) _____ Month 2 (mm/yyyy) _____ Month 3 (mm/yyyy) _____

Was this individual a Washington resident all three months?

Yes No

If no, list the month(s) they were not a resident

Person 2

Full Name _____
Month 1 (mm/yyyy) _____ Month 2 (mm/yyyy) _____ Month 3 (mm/yyyy) _____

Was this individual a Washington resident all three months?

Yes No

If no, list the month(s) they were not a resident

Person 3

Full Name _____
Month 1 (mm/yyyy) _____ Month 2 (mm/yyyy) _____ Month 3 (mm/yyyy) _____

Was this individual a Washington resident all three months?

Yes No

If no, list the month(s) they were not a resident



3**Income and deduction**

List the total gross monthly income and deductions for each household member for each month you indicated you have medical bills. Months must match the months listed above in section 2. Not all types of income are countable. More information is available at wahbexchange.org/how-to-report-income/.

Complete the income information below for all household members with income or deductions. See countable income and deduction types on page 3.

Month/Year

_____ Name of person	_____ Type of income	_____ Amount	_____ Type of Deduction	_____ Amount
_____ Name of person	_____ Type of income	_____ Amount	_____ Type of Deduction	_____ Amount

Month/Year

_____ Name of person	_____ Type of income	_____ Amount	_____ Type of Deduction	_____ Amount
_____ Name of person	_____ Type of income	_____ Amount	_____ Type of Deduction	_____ Amount

Month/Year

_____ Name of person	_____ Type of income	_____ Amount	_____ Type of Deduction	_____ Amount
_____ Name of person	_____ Type of income	_____ Amount	_____ Type of Deduction	_____ Amount

4**Declaration and signature**

I have read and understood the information in this application. I declare, under penalty of perjury, the information I have given in this application is true, correct, and complete to the best of my knowledge.

_____ Signature of primary applicant	_____ Print name	_____ Date
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_____ Signature of primary applicant	_____ Print name	_____ Date
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Return the completed form to the Health Care Authority using one of the following:

- Fax: 1-866-841-2267
- Mail: HCA MEDS, PO Box 45531, Olympia WA 98504-5531
- Email: apple@hca.wa.gov

Types of countable income

- Income from a job
- Social Security
- Self-employment
- Unemployment
- Rental income
- Alimony/spousal support
- Annuity or pension
- Farming income
- Other taxable income
- Capital gains
- Foreign income
- Income from a trust
- Dividend, stocks or shares
- Interest income
- Taxable tribal income
- IRA distributions
- Royalty income
- Railroad Retirement Benefits

IRS allowable deductions

- Alimony/spousal support court ordered before 1/1/2019
- Student loan interest
- Educator expenses
- Moving costs for members of the armed forces
- Health savings account contribution
- Certain claimable business expenses
- Self-employment health insurance
- Tuition and fees
- Self-employment retirement plan
- Self-employment tax
- Pre-tax retirement account contributions
- Penalty on early withdrawal of savings