

## Adding a Newborn in Healthplanfinder

**Scenario:** Mother is open on Washington Apple Health in Healthplanfinder and needs to add her newborn.

**Step 1:** From the Primary Applicant's dashboard under "Quick Links", select "Report a Change in Income or Household".



**Step 2:** On the "Report Changes/Life Event" page:

- Select "Yes" for "Someone needs to be added to or removed from my list of household members to be considered for coverage" and click "Next".

The screenshot shows the 'Report Changes / Life Event' page. It contains several radio button options for reporting changes. A red arrow points to the 'Yes' radio button for the first option: 'Someone needs to be added to or removed from my list of household members to be considered for coverage'. At the bottom of the page are 'Back' and 'Next' buttons.

Report Changes / Life Event

Please select from the following options below to report a change or changes to your circumstances. You may make more than one selection.

In order to report a change you will need to complete all screens and finalize your selection by providing your electronic signature.

If you have questions about your coverage, please contact the Washington Healthplanfinder via the help options shown above.

Someone needs to be added to or removed from my list of household members to be considered for coverage  Yes  No

My household income has changed by \$150 or more, and is expected to last for at least two consecutive months.  Yes  No

Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant.  Yes  No

My address has changed  Yes  No

Someone in my household has gained or lost health coverage  Yes  No

Something else has changed. Examples include:  Yes  No

- I need to change tax filing status for myself or others in my household
- My citizenship or tribal status has changed
- Someone has moved out of state.

Remove Primary Applicant?  Yes  No

[Back](#) [Next](#)

**Step 3:** On the “Do you have other household members or tax dependents?” question:

- Click “Add Member.”

washington healthplanfinder  
click. compare. covered.

1 Browse 2 Apply 3 Select 4 Finalize

Do you have other household members or tax dependents?  
Note: All household and tax dependents must be listed, even if they do not need health care coverage

Name	Sex	Social Security Number	Date of Birth (MM/DD/YYYY)	Applying for Coverage	Living in Same Home as Jane Doe	Edit	Remove
Jane Doe	Female	XXX-XX-2560	01/02/1970	Yes	N/A		

Add Member

Back Save and Exit Next

**Step 4:** For the “Add Household Member” screen

- Complete all required fields marked with a red asterisk\* to add the newborn
- The reason for the add is “Birth”.
- Click “Save” and then “Next” to continue
- Please note that reporting a SSN is not required, but is helpful to include if available

Add Household Member

FIRST NAME \* M.I. LAST NAME \* SUFFIX  
Baby Eg. J Doe

SOCIAL SECURITY NUMBER DATE OF BIRTH \* SEX \*  
Eg. 123-45-6789 12/02/2015 MALE FEMALE

RACE HISPANIC ORIGIN \*  
-Select an Option-  
Aleut  
Asian Indian  
Black/African American -Select an Option-

IS THIS PERSON AN AMERICAN INDIAN OR ALASKA NATIVE? \* YES NO

HOW IS THIS PERSON RELATED TO THE PRIMARY APPLICANT? \*  
Child

Cancel Save Save & Add Another

**Step 5:** On the “Set Household Relationship” screen:

- Complete the household relationships and click “Next” to continue

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1 Browse 2 Apply 3 Select 4 Finalize

### Set Household Relationships

\* REQUIRED FIELD

Please indicate relationship between the household members below.

JANE DOE'S RELATION TO BABY DOE \*

Parent

BABY DOE'S RELATION TO JANE DOE \*

Child

◀ Back Next

**Step 6:** On the “Additional Questions” screen:

- Update the pregnancy question to “No”

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1 Browse 2 Apply 3 Select 4 Finalize

### Additional Questions

\* REQUIRED FIELD

Answers to these questions are necessary to process your application. Please respond to the questions below and only select the applicable household members.  
Note: The only names that will appear are for the individuals that you indicated you wanted enrolled in coverage.

Is every member on this application a U.S. citizen (including naturalized or derived citizenship) or U.S. national? \*  YES  NO

Is any household member on this application currently incarcerated? \*  YES  NO

Has any household member on this application regularly used tobacco products in the past 6 months? \*  YES  NO

Is any household member on this application currently pregnant? \*  YES  NO

Jane Doe

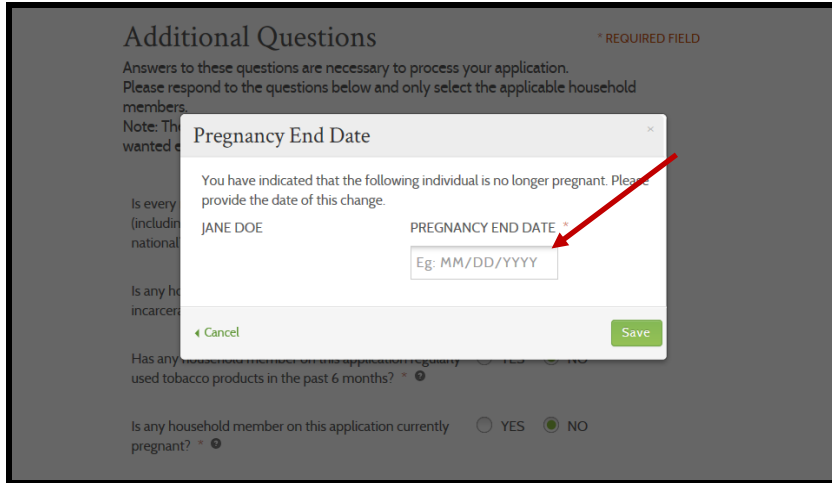
Pregnancy Due Date \*

Number of babies expected \*

Does any household member on this application have health insurance other than Washington Apple Health or coverage purchased from Washington Healthplanfinder? \*  YES  NO

**Step 7:** On the “Pregnancy End Date” module:

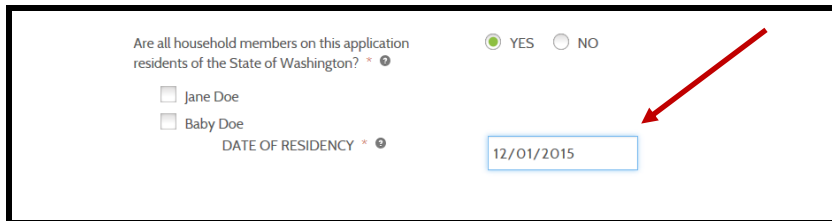
- Update the Pregnancy End Date to the newborn’s date of birth.



The screenshot shows the 'Additional Questions' screen with a 'Pregnancy End Date' pop-up dialog. The dialog contains the text: 'You have indicated that the following individual is no longer pregnant. Please provide the date of this change.' Below this text, there is a dropdown menu for 'JANE DOE' and a 'PREGNANCY END DATE' field with a red arrow pointing to it. The field has a placeholder 'Eg: MM/DD/YYYY'. At the bottom of the dialog are 'Cancel' and 'Save' buttons.

**Step 8:** On the “Additional Questions” screen:

- Update the “Date of Residency” to the newborn’s date of birth.
- **Remember:** Newborns born to a mother on Washington Apple Health are U.S. Citizens.



The screenshot shows the 'Additional Questions' screen. It features a question: 'Are all household members on this application residents of the State of Washington?' with 'YES' and 'NO' radio buttons. Below this, there are checkboxes for 'Jane Doe' and 'Baby Doe'. A 'DATE OF RESIDENCY' field is highlighted with a red arrow, containing the date '12/01/2015'.

**Step 9:** Continue through the application, making any applicable changes.


**Step 10:** After the “Application Review” screen, a pop up box will request “Verification of Citizenship/Lawful Presence” for the newborn if no SSN was input for the newborn.

- Click “Continue”.



The screenshot shows the 'Verification of Citizenship/Lawful Presence' pop-up dialog. It contains the text: 'We were unable to verify your citizenship status using your social security number. If you want to use a Certificate of Naturalization or a Certificate of Citizenship number to verify your citizenship status please select Update Citizenship. If you want to upload documentation of your citizenship status please select Continue.' Below this text, there is a dropdown menu for 'Baby Doe'. At the bottom of the dialog are 'Cancel', 'Update Citizenship', and 'Continue' buttons, with a red arrow pointing to the 'Continue' button.

**Step 11:** The “Eligibility Results” page will display, approving the newborn on health care coverage.



1 Browse

2 Apply

3 Select

4 Finalize

## Eligibility Status

You applied for free or low-cost health insurance coverage. Thank you for providing your household information. To see Eligibility Status details per household member click each name below. Clicking "Next" will give you a summary of your household's next steps to finalize your coverage.

**1** You have 1 household member(s) with additional action required. Please review for more information.

Jane Doe

Jane Doe
APPROVED

APPROVED

Household: Primary Applicant

Coverage: WAH - Family

Start Date: 12/01/2015

End Date: 02/29/2016

Washington Apple Health Family Coverage

Washington Apple Health Pregnancy Coverage ends on 12/01/2015. Starting on 12/01/2015, Jane Doe will be covered by Washington Apple Health Family Coverage.

[Why this result?](#)

Coverage Dates	Program	Renewal Information
12/01/2015 to 12/01/2015	Washington Apple Health Pregnancy	Not Applicable
12/01/2015 to 02/29/2016	Washington Apple Health Family Coverage	Jane Doe will need to renew coverage by 02/29/2016. We will contact you with more information when it's time to renew.

**Next Steps for Jane Doe**

You reported changes that did not affect your eligibility. Click 'Next' to see Washington Apple Health Managed Care Plan options.

### My Household Coverage PRINT

Current Year-2015

Individual Covered	Plan Name	Start Date	End Date	Renewal Date	Enrolled Status	Action
Jane Doe	Washington Apple Health	12/01/2015	02/29/2016	02/29/2016	Enrolled	
Baby Doe	Washington Apple Health	12/01/2015	12/31/2016	12/31/2016	Enrolled	