

### After-Pregnancy Care (APC) program

#### June 2022 webinar

#### Frequently asked questions

1. If a birthing parent lives with the non-birthing parent of the baby (not married), do you need their income also?

Everyone in the household must be included in the application and the system determines the outcome. This information will be needed after the baby is born.

2. Under APC eligibility requirements, the slide says that individuals may not be active in another Apple Health program - what are examples of these programs?

Individuals may get other Apple Health coverage such as Apple Health for parent/caretakers or other programs with the same coverage as APC. View additional Apple Health programs online at <a href="https://health-care-services-supports/program-administration/wac-182-503-0510-washington-apple-health-program">https://health-care-services-supports/program-administration/wac-182-503-0510-washington-apple-health-program</a>.

3. Will the ProviderOne code still be under MAGI Pregnancy after pregnancy has ended or does it change to MAGI Adult Medicaid?

New Recipient Aid Categories (RAC) have been created for the After-Pregnancy Coverage (APC) program to help distinguish the different programs.

4. Why is proof of income not required and only "self-attestation"?

Self-attestation is accepted unless questionable and therefore verification may be requested. Visit our verification rules at <a href="https://health-care-services-supports/program-administration/general-verification">https://health-care-services-supports/program-administration/general-verification</a>.

- 5. Does immigration status apply to APC eligibility?
  - No, immigration status does not apply.
- 6. How does the 1115 waiver propose to change eligibility or program requirements?

It does not change eligibility or program requirements. The 1115 waiver approval will change only how the programs are funded.

7. If someone has a miscarriage/still born, can they still apply for APC?

Yes, the requirement for APC is having a pregnancy end within 12 months, regardless of how the pregnancy ended.

8. Will the newborn be covered under the birthing parents Apple Health coverage for the 12 months of APC as it is now under the two months postpartum coverage?

Yes, the process remains the same. Once the birth is reported, APC will begin for the birthing parent and the newborn will be added to their own Apple Health program.

9. Can a new applicant who was not on Apple Health during their pregnancy request retroactive coverage?



The retroactive request process has not changed. If an individual who was not on Apple Health applies and is approved, they may request retroactive coverage up to 3 months prior to their initial request for coverage.

# 10. For a client who already purchased a Qualified Health Plan, but qualifies for APC, will they be notified, or do they have to apply for APC?

If a person had a pregnancy end and is on a Qualified Health Plan who later wishes to apply for the APC program, they can do so as long as this is done within the 12 months their pregnancy ended. A few things they should review is:

- Contact their current provider to ensure they accept Apple Health; or
- Contact the Health Benefit Exchange's customer support center at 1-855-923-4633 for assistance.

# 11.Is APC listed as an option when reporting changes in Washington Healthplanfinder or do we use the option someone is pregnant or no longer pregnant?

Yes, the Washington Healthplanfinder has been updated to support the APC program.

#### 12. Can we share the new APC flyer?

Yes, view the flyer online at hca.wa.gov/assets/free-or-low-cost/19-0076-after-pregnancy-coverage.pdf.

#### 13. Are the 12 months prorated based on the actual date of birth?

Yes, the 12 months of APC coverage is based on the actual date of birth or actual end of pregnancy date, depending on the circumstances.

### 14. Will people on APC be assigned to managed care organizations or will this be managed by Apple Health coverage without a managed care plan (also known as fee-for-service)?

As it is today, managed care processes remain the same. Most clients will be assigned to an existing Apple Health full scope managed care plan, while some clients may have the option to choose coverage without a managed care plan.

#### 15. For clients that delivered a few months ago would we need to contact them to renew?

If the client was active on Apple Health and eligible for APC, they will receive another letter letting them know their new certification period.

# 16.If a client already purchased a QHP plan due to citizenship but within 12 months of end of pregnancy, will they qualify for Apple Health APC for the remaining 12 months?

If a pregnancy ended within 12 months, they would need to contact the Health Benefit Exchange (HBE) customer support center for assistance in choosing the option to remain in a QHP or enroll in APC.

### 17.Can the children be on Apple Health and then the mother be on APC?

# 18.If someone is on APC and gets pregnant again within the 12-month period, would they move back to Apple Health for pregnant individuals' program?

#### 19. Does the extension include breast pumps for new moms?

The APC policy implementation does not change the Apple Health breast pump policy. You can find the breast pump policy and coverage in this billing guide: **Medical Equipment and Supplies Billing Guide** at hca.wa.gov/assets/billers-and-providers/Med-Equip-Supplies-bg-20220701.pdf



20. Is there an email address we can reach out to for assistance with APC applications that should qualify for APC but are only showing eligible for a QHP?

Yes, contact HCA via email at <a href="mailto:AskMagi@hca.wa.gov">AskMagi@hca.wa.gov</a>

- **21.Is APC automatic if a client is already on Apple Health coverage or do they need to apply?** If enrolled on an Apple Health program, they must report a pregnancy or provide an end date to ensure automatic enrollment into APC.
- 22.If the parents are on non-paid maternal/paternal leave from work does the income need to be changed to zero income? And then modified again once work is resumed?

  Any changes in income should be reported within 30 days.
- **23.Is APC coverage for 12 months coverage after the birth month?** Yes. APC coverage begins the month following the month the pregnancy ends.
- **24.If a birthing parent is receiving SSI and on Medicare, can they qualify for APC?**Supplemental Security Income (SSI) is determined by the Social Service Administration (SSA). If they determine the individual is eligible to receive SSI, their coverage will continue. If SSA determines the individual is no longer eligible for SSI and closes their coverage and they had a pregnancy end within 12 months, they may be eligible for APC.
- 25. If a client had a child back in May would this auto renew 12 months, or do we have to make changes to get 12 months?

Systems were updated. Those who were on Apple Health during the time they were pregnant will receive APC based on the date their pregnancy ended.

26.If a client is on Family Planning – pregnancy related because they are undocumented and newborn was reported in May, should we email Health Care Authority to have the patient updated on to APC even though the pregnancy end date is already on Washington Healthplanfinder?

If you have a case where a person who was on Apple Health and had a pregnancy end who should be on APC, please email <a href="mailto:AskMagi@hca.wa.gov">AskMagi@hca.wa.gov</a> to review the case.

27. Does APC cover dental care services?

Yes, visit HCA's Program benefit packages and scope of services online at <a href="https://hca.wa.gov/billers-providers-partners/programs-and-services/program-benefit-packages-and-scope-services">hca.wa.gov/billers-providers-partners/programs-and-services/program-benefit-packages-and-scope-services</a>.

28.If a client is on APC and a subsequent pregnancy happens, then would First Steps coverage be affected if the patient doesn't report or change quickly back to pregnancy medical? Would we be denied payment?

The coverage should not be affected. As is currently required on First Steps Maternity Support Services (MSS), claims for those who become pregnant again before the Infant Case Management eligibility period ends, you will need to enter the patient's estimated due date for the subsequent pregnancy in the claims note to "reset" the clock for the new pregnancy in the claims system.

