

Apple Health (Medicaid) and Unaccompanied Homeless Youth

Office of Medicaid Eligibility Policy
Medicaid Eligibility & Community Support
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Overview

Overview

- ▶ Youth aged 18 years and under who are not residing with a parent or legal guardian can receive assistance from the Health Care Authority (HCA) to apply for Apple Health coverage (Medicaid) through [Washington Healthplanfinder](#).
- ▶ Youth can call HCA to complete their application over the phone and receive immediate eligibility results.
- ▶ Youth can also email the application. HCA staff strive to provide eligibility results within one business day after it has been received.
- ▶ Youth can submit an application any time throughout the year.

Application Process

Applying for coverage

- ▶ Youth will need to provide the following information:
 - ▶ Name and date of birth.
 - ▶ Information about their income.
 - ▶ Mailing address-If none-consider using where the youth is staying such as a school, a shelter, a friend, or a relative's address.

Applying for coverage

- ▶ Youth aged 18 years and under can submit an application via phone or a [paper application](#) by email.
- ▶ These applications are processed by:
 - ▶ Health Care Authority, MEDS
 - ▶ Phone: 1-855-682-0798
 - ▶ Email: AskMAGI@hca.wa.gov
- ▶ Youth aged 19 and older can apply online through the Washington [Healthplanfinder](#).
- ▶ [HCA Community Based-Specialists](#) are located throughout the state and can assist with updating applications.

Apple Health Enrollment Next Steps

Next steps



- ▶ Once found eligible for Apple Health (Medicaid) coverage, a letter will be sent in the mail that shares a link to the [Welcome to Washington Apple Health Managed Care](#) benefits and services booklet.
- ▶ This booklet displays important information regarding how to use the Apple Health coverage.

Next steps

- ▶ A ProviderOne services card is a plastic id card that resembles other health insurance cards and will be mailed within 7-10 days.
- ▶ Youth should take this card and their managed care id card to their doctor appointments to show they are covered under Apple Health.



Next steps

- ▶ The youth will need to contact the Apple Health managed care plan to select a Primary Care Provider (PCP).
- ▶ If the youth does not choose a PCP their health plan will choose one for them.
- ▶ Once selected, clients can call to make an appointment to see their provider.

<u>Amerigroup</u>	1-800-600-4441
<u>Community Health Plan of Washington (CHPW)</u>	1-800-440-1561
<u>Coordinated Care of Washington (CCW)</u>	1-877-644-4613
<u>Molina Healthcare of Washington (MHW)</u>	1-800-869-7165
<u>UnitedHealthcare Community Plan (UHC)</u>	1-877-542-8997

*To find more information visit: [First-timers' Guide to Washington Apple Health](#).

Authorized Representative (AREP)

Authorized representative (AREP)

- ▶ An Authorized Representative (AREP) is a person or organization that is authorized by an applicant or recipient to act on their behalf for Apple Health eligibility purposes.
- ▶ A youth can designate anyone on their application to be their AREP. The AREP must be an adult and maintain confidentiality.
- ▶ The AREP designation may be terminated at any time by either the applicant or AREP, verbally or in writing.
- ▶ See: [WAC 182-503-0130](#) for more information.

Scenarios

Scenario one

Lilly is 15 years old and living in a shelter. Lilly shares with Gio, a shelter support staff, that she does not have health care. Gio can help her apply for Apple Health (Medicaid) coverage.

How does Lilly obtain Apple Health?

Scenario one: outcome

- ▶ Gio explains what Apple Health (Medicaid) coverage is and how to apply for it.
- ▶ Lilly decides to apply over the phone to get immediate eligibility results.
- ▶ Together they call HCA MEDS at 1-855-682-0798 for assistance with processing the application.
- ▶ Lilly is approved for Apple Health (Medicaid) coverage.

Scenario two

Justin is 16 years old and lives with his Aunt June. Justin needs health care and is not sure if he would be eligible for Apple Health because Aunt June does not have legal custody of him.

Justin remembers that Mrs. Smith, his teacher, once talked about Apple Health coverage and she may be able to help him apply.

How does Mrs. Smith help Justin get Apple Health?

Scenario two: outcome

- ▶ Mrs. Smith prints a paper application (HCA form 18-001P)
- ▶ Justin completes the application and writes "Apple Health Teen" on the top of page 9.
- ▶ He emails the application to AskMAGI@hca.wa.gov and adds "Apple Health Teen" as the subject line.
- ▶ The application is received by MEDS staff and within two business days Justin receives an email back stating that he has been approved for Apple Health.
- ▶ Justin receives a ProviderOne card within 7 to 10 business days to the address provided.

Scenario three

Daniel is 17 years old and heard about Apple Health coverage at school. He would like to apply but he does not think he is eligible since he does not have a permanent address.

Daniel reaches out to Mr. Brian, the school counselor for assistance. Mr. Brian provides information on how to apply for Apple Health.

Will Daniel be able to apply without an address?

Scenario three: outcome

- ▶ Daniel decides to call HCA MEDS at 1-855-682-0798 for assistance with applying for Apple Health.
- ▶ The HCA representative explains that a mailing address such as a friend, relative, the school, or general delivery can be used.
- ▶ Daniel decides to provide the school address.
- ▶ Daniel's application is processed and approved for Apple Health immediately over the phone.

Scenario four

Pablo needs to go to the doctor this week, but he has misplaced both his provider one and managed care cards.

He is not sure how to get replacement cards, so he reaches out to Ms. Heather, the school nurse, for help as she helped Pablo apply for Apple Health last year.

How can Ms. Heather help Pablo?

Scenario four: outcome

Together Ms. Heather and Pablo call HCA MEDS at 1-855-682-0798 for assistance.

MEDS staff will:

- ▶ Verify Pablo's mailing address and managed care plan.
- ▶ Request a replacement ProviderOne services card.
- ▶ Identify the provider one id number over the phone if the card will not arrive in time for the appointments.
- ▶ Provide contact information to the managed care plan to request a replacement managed care card.

Scenario five

Beth was approved for Apple Health and originally designated her teacher, Anna, as the AREP.

Now that Beth is in a new class, she would like to change her AREP to her teacher, Mrs. Melissa.

Who can Beth contact to make this change?

Scenario five: outcome

Beth has a few options to update the application with Mrs. Melissa as the new AREP.

She can:

- ▶ Contact HCA MEDS at 1-855-682-0798; or
- ▶ Visit an HCA community-based specialists located throughout the state for in person assistance.

Scenario six

Mary is pregnant and living with her parents. Mary needs health care coverage and was recently told about ways to apply for Apple Health coverage.

Mary applies for Apple Health by calling HCA MEDS staff. During the call, Mary is asked if she would like to keep her pregnancy confidential.

What is the outcome of this scenario?

Scenario six: outcome

- ▶ Mary decides to keep her pregnancy confidential.
- ▶ HCA MEDS completes and submits the application.
- ▶ Mary is approved for Apple Health.
- ▶ Mary's coverage will only be displayed in the Provider One system.

Note: This scenario demonstrates the confidential services process which differs from the Apple Health Teen application process (see next slides for more information).

Confidential Services

Confidential services

- ▶ Teens under the age of 19 can choose to keep their pregnancy-related services confidential.
- ▶ To apply for Apple Health (Medicaid) coverage youth should:
 - ▶ Submit an [Application for pregnant teen health care coverage \(for teens under age 19\)](#) (HCA form 14-430)
- ▶ Visit [HCA Health Care Services for Pregnant Individuals](#) for more information.

Application for Pregnant Teen Health Care Coverage (for Teens Under Age 19)

First name	Middle initial	Last name	
Address where you live (If you don't have a fixed address, please provide mailing address below.)			
Street address	City	State	ZIP Code
Mailing address (If you prefer to have all mail sent to an authorized representative, please complete below.)			
Street address	City	State	ZIP Code
Preferred phone numbers			
Are these phone numbers where a physician/provider can leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do not fill in this section.			
Contact number:	Voicemail number:		
Language and disability services			
Do you have trouble speaking, reading, or writing English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you need an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you need translated materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
What language do you prefer to speak? _____			
What language do you prefer to read? _____			
Questions (Your response to these questions will not affect your coverage.)			
Are you a U.S. citizen or immigrant legally residing in the U.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you American Indian or Alaska Native?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you want your pregnancy to be kept confidential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any unpaid medical expenses incurred during your pregnancy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of birth (mm/dd/yyyy)	Pregnancy end date (mm/dd/yyyy) (If you don't know, estimate.)	Social Security number (If you don't have one, leave blank.)	
Optional authorized representative (An AREP is someone you allow the Health Care Authority to talk with about your coverage and/or to receive mail regarding your Pregnant Teen Health Care Coverage.) To have an AREP, please complete the information below.			
AREP's name	Organization name	Phone number	
Street address	City	State	ZIP Code
Check either or both: <input type="checkbox"/> Send my mail to my mailing address. <input type="checkbox"/> Send my mail to this AREP's address.			
Read carefully before signing below			
I understand that:			
<ul style="list-style-type: none"> My situation is subject to verification by the Health Care Authority or other state or federal agencies. If I asked for my pregnancy to be kept confidential above, no other insurance will be billed for services I receive through this program. 			
Declaration and signature			
I have read and understood the information in this application. I declare under penalty of perjury that the information I have given in this application is true, correct, and complete to the best of my knowledge.			
Signature of applicant			Date

MEDS, P.O. Box 45531, Olympia, WA 98504-5531 • 1-360-725-1898 (fax) • 1-800-562-3022 (voice)

Confidential services

Submit the application via:

► Mail:

► MEDS

PO BOX 45531

Olympia, WA 98504-5531

► Fax:

► (360)725-1898

► Phone:

► 1-800-562-3022

Resources

Resources

- ▶ Washington Apple Health and Homeless Youth:
 - ▶ hca.wa.gov/assets/free-or-low-cost/apple-health-homeless-youth.pdf
 - ▶ hca.wa.gov/assets/free-or-low-cost/homeless_teen_process.pdf
- ▶ Confidential Services:
 - ▶ hca.wa.gov/health-care-services-and-supports/apple-health-medicaid-coverage/pregnant-individuals#confidential-services
- ▶ HCA Training and Education Overview:
 - ▶ hca.wa.gov/free-or-low-cost-health-care/i-need-medical-dental-or-vision-care/training-and-education-overview
 - ▶ hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health/community-based-training

Resources

- ▶ HCA Community Based Specialists
 - ▶ hca.wa.gov/hcacommunitystaff
- ▶ HCA Area Representatives
 - ▶ hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf
- ▶ Navigator Search
 - ▶ https://www.wahealthplanfinder.org/HBEWeb/Annon_DisplayBrokerNavigatorSearch.action?brokerNavigator=NAV