Washington Apple Health (Medicaid) restoration

Office of Medicaid Eligibility Policy Medicaid Programs Division May 27, 2021



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COFA background





The Compact of Free Association (COFA) is an economic and military treaty between the United States and the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

- Individuals from these nations can come and go freely from the United States without work permits or visas.
- Many COFA islanders reside in King, Spokane, Pierce, and Clark counties.







COFA Islander programs

COFA Islander Health Care was established through 2018 state legislation. COFA Islander Dental Care was established the following year for the 2021 plan year.

These programs provide premium payment and costsharing assistance for COFA islanders living in Washington, enrolled in a qualified health plan or qualified dental plan.

- HCA pays the monthly premiums directly to the carriers.
- A debit card is provided to pay for out-of-pocket costs.



Apple Health restoration



Medicaid restoration

The Consolidated Appropriations Act, 2021, (Sec. 208) restored Medicaid benefits for individuals from the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands.





Medicaid restoration

- Prior to the passing of this legislation, COFA islanders were limited in their ability to receive Apple Health.
 - Children and pregnant individuals were and continue to be eligible for Apple Health.
- HCA is updating the eligibility system to allow COFA islanders to receive Apple Health (Medicaid) as qualified non-U.S. citizens who are exempt from the 5-year bar.





System enhancements

To ensure correct Apple Health eligibility determinations the Eligibility Service (ES) will update June 20, 2021.

- The system rules will change to allow for correct Modified Adjusted Gross Income (MAGI) and non-MAGI Apple Health eligibility.
- When an eligible COFA islander submits their Washington Healthplanfinder application, they will receive an Apple Health approval and a COFA Islander Health Care denial.



COFA Islander programs transition

Individuals enrolled in COFA Islander Health Care who are:

- Under age 65 and without Medicare will transition to Apple Health for Adults on July 1.
 - Their COFA Islander programs and qualified health plans will end June 30 so that there is no overlap or gap in coverage.
- Age 65 and older or have Medicare must apply for Apple Health via Washington Connection.
 - Their COFA Islander programs will continue after June 30 to ensure there is not gap in coverage while they apply through Department of Social and Health Services (DSHS).



COFA Islander programs transition

When COFA Islander Health Care ends, the COFA card remains active for three months. The COFA card may:

- Be used to pay bills for services received when an individual had COFA Islander Health Care.
- Not be used for bills received related to services received while on Apple Health.

Contact HCA for assistance if:

- Additional funds are needed or
- A bill is received after three months



Implementation timeline





Apple Health transition

An application is required to determine if an individual is eligible for Apple Health.

- COFA islanders must meet all eligibility criteria for Apple Health, including income limits, Social Security Number (SSN) requirements, and Washington residency.
- COFA islanders who have been terminated from or denied COFA Islander Health Care are encouraged to update their Washington Healthplanfinder applications.



Transition preparation

- Before the system implementation there are a few things COFA islanders can do to prepare. They can:
 - Ensure their Washington Healthplanfinder account is up to date. This includes addresses, household members, and income.
 - Submit a new application in Washington Healthplanfinder or Washington Connection.
 - Designate an Authorized Representative.
 - Check with their providers to see which managed care plans they accept.



Apple Health overview



Apple Health overview

Apple Health provides care to the following:

- Low-income families, pregnant individuals, children, and the elderly.
- Medicaid-expansion adult medical coverage (19-64 years old) for low-income adults (without Medicare).
- Individuals 65 years or older, have a blindness or a disability, including Supplemental Security Income (SSI)-related eligibility.
- Children and Youth in DCYF Foster Care, Adoption Support, and Alumni of Foster Care (up to age 26).
- Individuals with Medicare.



MAGI-based Apple Health

Most individuals eligible for Apple Health apply for coverage online at <u>wahealthplanfinder.org</u>.

- These Apple Health programs are referred to as MAGI-based medical programs.
- MAGI-based Apple Health programs eligibility includes income limits, household size, and residency.





Non-MAGI Apple Health

Non-MAGI Apple Health refers to programs administered by the Department of Social and Health Services (DSHS).

- Individuals who are age 65 years or older, have a blindness or a disability, or need Long-Term Services and Supports (LTSS), apply for Apple Health coverage online at <u>washingtonconnection.org</u> or submit a paper application.
- Eligibility criteria varies for each program and is based on household size, income, and resources.



Apple Health approval periods

Individuals who are found eligible for Apple Health are typically certified for a one-year period unless they are:

- Found ineligible during a post-eligibility review;
- Turning 19 years old;
- Eligible for Washington Apple Health for Adults and turning 65 years old or starting to receive Medicare;
- Determined eligible for a non-MAGI Medical program;
- No longer a Washington State resident; or
- No longer meeting the specific eligibility criteria for the program they were approved on.



Eligibility factors



Apple Health eligibility factors

Apple Health eligibility criteria varies between programs. For example, an individual may be eligible for Apple Health for Adults coverage if they:

- Are age 19 through 64.
- Have annual household income at or below the Apple Health standard.
- Are a U.S. citizen or meet immigration requirements for Apple Health.
- Are not entitled to Medicare.



Date of birth and SSN verification

Individuals applying for Apple Health are required to provide a date of birth and social security number. Washington Healthplanfinder uses electronic cross matches to verify the information provided.

When the information does not federally verify, individuals receive an information request letter and eligibility staff review the case and attempt to manually verify the SSN.



Social Security number

When an individual is unable to provide their SSN either because it is not known or it has not been issued, they must provide:

- Proof from the Social Security Administration (SSA) that an application for the SSN has been submitted; and
- The SSN when it is received.

Apple Health is not denied or terminated while waiting for the SSA to send an SSN.



Social Security number

Individuals who are required to provide an SSN or proof of an SSN application but refuse to do so will not receive Apple Health coverage unless they:

- Are not able to obtain or provide an SSN because they are a victim of domestic violence;
- Are not eligible to receive an SSN or may only be issued an SSN for a valid non-work reason; or
- Refuse to apply for or provide an SSN for wellestablished religious objections.



Washington State residency

A resident is someone who currently lives in Washington State and:

- Intends to continue living in Washington permanently or for an open-ended period of time;
- Entered the state looking for a job; or
- Entered the state with a job commitment.

An individual does not need to live in the state for a specific period of time before being considered a resident.

See WAC 182-503-0520 for more information.



Children age 18 or younger

In addition to the previous slide, a child age 18 or younger is a resident when:

- The child lives within the state, even without a fixed address, with a parent or caretaker who is also considered a resident;
- The child's parent or caretaker is a resident; or
- The child is age 13 or older and can attest to their own residency.



Temporary absences

An individual can be temporarily out of the state for more than one month and still be considered a resident if they:

- Intend to return to the state once the purpose for the absence has been accomplished; and
- Are not determined eligible for Medicaid in another state.



Apple Health for Parents and Caretaker Relatives



Apple Health for Parents and Caretaker Relatives

Adults caring for a minor child may qualify for Apple Health for Parents and Caretaker Relatives based on their household income and citizenship and/or immigration status.

Program	Single	2-person	3-person	4-person	5-person	6-person	7-person
	person	household	household	household	household	household	household
Apple Health for Parents/Caretakers (adults with dependent children under age 18)	\$511 monthly	\$658 monthly	\$820 monthly	\$972 monthly	\$1,127 monthly	\$1,284 monthly	\$1,471 monthly



Apple Health medical extension for parents and caretaker relatives

This program is given only to parent/caretaker adults who become ineligible for Apple Health Parent and Caretaker Relative coverage because of an increase in earned income or spousal support.

To qualify the adult must be eligible for Apple Health for Parent and Caretaker Relatives coverage in three of the preceding six months.

Apple Health Extension is certified for 12 months. However, eligibility is not continuous. Changes in household circumstances may affect eligibility.



Apple Health next steps



Apple Health next steps

Individuals enrolled in Apple Health will:

- Receive a ProviderOne Services card.
 - If a COFA islander had Apple Health in the past, it is still valid. They will not receive a new card.
- Enroll in a plan with a Managed Care Organization (MCO).
- Receive a letter with their Apple Health Welcome booklet link to view online. A paper copy may be requested.



ProviderOne Services card

Each person in the household enrolled in Apple Health will have their own Services card. Replacements may be requested online at <u>waproviderone.org/client</u>.

- The Services card can also be viewed on the WAPlanfinder mobile app.
- The ProviderOne client number is needed to receive health services.





Managed Care plan selection

The process of Medicaid Plan Selection is the enrollment in a managed care plan after an individual is determined eligible for Apple Health coverage.

- The system will determine whether an individual can enroll in a managed care plan.
- Once individuals are found eligible for Apple Health coverage, they can proceed to select a managed care plan or skip plan selection.



Managed Care enrollment process

- Non-MAGI individuals receive:
 - Notice of enrollment in a health plan and instructions on how to change plans
 - Enrollment handbook with information about Apple Health and managed care
- Earlier Enrollment Newly eligible MCO individuals are enrolled in managed care effective the first of the current month.



Managed Care enrollment process

- What to expect:
 - Once COFA islanders are enrolled in a managed care plan, their MCO will contact them with some initial health questions.
 - Responding to these questions allow the MCO to assist COFA islanders with coordination of necessary health services.



Benefits of Managed Care

The following are some managed care benefits:

- Guaranteed access to primary care
- Broad networks of specialty providers
- Care coordination / Health Home program
- Value added benefits / incentives
- Grievance and appeals process, including hearings



MCO benefits

Managed care plans coordinates physical health, mental health, and substance use disorder treatment services including:

- Outpatient care such as: Wellness exams, immunizations, maternity care, surgical services
- Pharmacy, including OTC and prescription medications
- Laboratory services
- Inpatient Hospital/Emergency Room
- Nursing facility for rehab or skilled nursing services
- Behavioral Health Inpatient, Residential, Outpatient



Care coordination

For high-risk individuals with chronic conditions (some may qualify for the Health Home program) the MCO will coordinate:

- Care management, including assessment, care planning and assistance with coordinating services and referrals.
- Health education services to help individuals understand their condition and learn self management skills.
- Services between systems.



Referrals and authorizations

- Some services may require a referral from the enrollee's primary care provider (PCP), for example – a referral to a cardiologist, podiatrist or specialty testing such as an MRI;
- These services may require a prior authorization (PA) from the MCO so that the service can be paid for. PAs are used to track utilization of services, especially higher cost services. If there is no PA, the provider may not be paid.



Working with MCOs

Individuals may contact their MCO for help and questions with:

- Translation services
- Coverage of their primary care provider
- Assistance finding a covered specialist
- How to use the MCO website
- Any other questions or assistance individuals may require



Changing plans

Apple Health enrollees may change their plans monthly. Managed care plans can be changed by:

- Phone: 1-800-562-3022
- Online: <u>waproviderone.org/client</u>
- WAPlanfinder app: <u>wahbexchange.org/mobile</u>
- Online: <u>wahealthplanfinder.org</u>

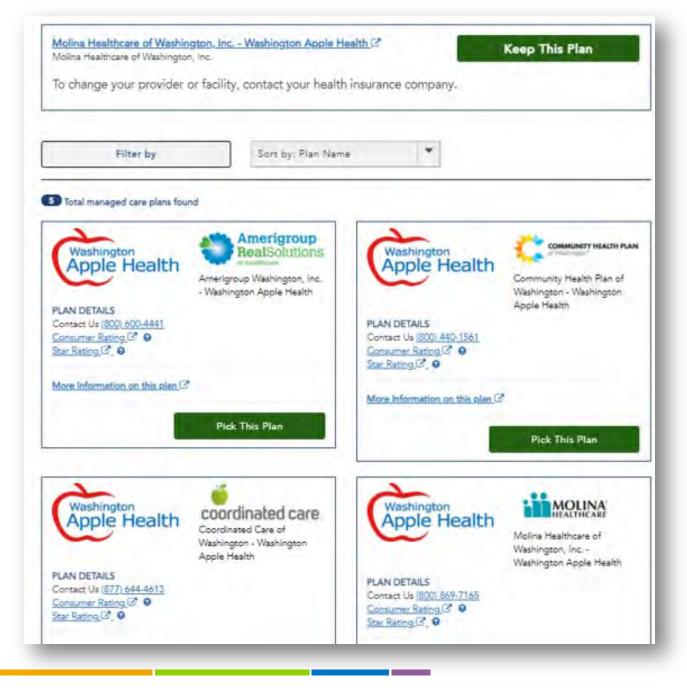
The changes are effective the following month.



Managed care plan selection

Application	Household Coverage S	ummary	
Report a Change	Shop and compare plans so that you get the best plan that fits your needs.		
Create Another Application			Shop for Current Plan
	Current Coverage Sum	mary	
Account	WASHINGTON APPLE HEALTH COVERAGE		
iew Current Eligibility Results	Washington Apple Health (except Alien Emergency Medical) includes dental coverage.		
übmit a Document	Bernard Samples		Servelled
View 1095 Form	Washington Apple Health		
	Start Date 10/01/2021	End Date 09/30/2022	Renewal Date 09/30/2022
? Help			





Managed Care plan selection



Client responsibility



Change of circumstances

Individuals approved for Apple Health are required to report the following changes within 30 days:

- Residential or mailing address
- Marital status
- Family members or dependents moving in or out of the residence
- Pregnancy
- Health insurance coverage
- Immigration or citizenship status
- Income of more than \$150 that is expected to last longer than 60 days
- Tax filing status



Apple Health renewal

Renewal of Apple Health eligibility is required at least every twelve months except for:

- Apple Health medically needy spenddown, a new application is required at the end of each three- or sixmonth base period.
- Pregnancy Medical. A renewal must be completed after the postpartum period.
- Individuals turning 65 within the next 12 months.



Apple Health renewal

An individual can renew their MAGI Apple Health coverage:

- 60 days prior to the end of their certification period
- Up to 90 days after the coverage has ended
- If an eligible individual submits a completed renewal within 90 days after coverage closed, Apple Health will be restored without a gap in coverage.
- If a renewal is not received a termination notice is sent 20 days before the end of the certification period.



Post transition



COFA Islander programs

COFA Islander Health Care and COFA Islander Dental Care will remain an option for individuals who are over resources for all Apple Health programs.

- Individuals must meet all eligibility criteria for COFA Islander programs, including filing taxes and meeting income limits.
- Individuals who do not respond to a request related to Apple Health eligibility will not be eligible for COFA Islander programs.







Scenario one

Julie had COFA Islander Health Care until July 1 when she transitioned to Apple Health. She goes to the pharmacy on July 16 to get her prescriptions.

What information does she provide?

Since Julie has Apple Health beginning in July, she will provide her managed care card and ProviderOne Services card or tell her pharmacist she has Apple Health.



Scenario two

Julie had COFA Islander Health Care until June 30. On July 10, she received a bill for her January hospital stay.

Can she use her Apple Health to cover this bill?

No. Julie had COFA Islander Health Care in January. Her COFA card is active until September 30. Once she confirms her insurance plan paid their part, she uses her COFA card to pay the balance.



Scenario three

George moved to Washington in July 2021 and wants health care coverage. He is 49, does not have Medicare and is not working. His cousin told him about COFA Islander Health Care and on August 25 he submits his Washington Healthplanfinder application.

What is the outcome of this scenario?

George is eligible for Apple Health. Since he applied in August, his coverage will begin August 1. He can select a managed care plan or have one assigned for him.



Scenario four

George is enrolled in Apple Health and needs help with his medical care. His plan calls him to complete a health care screening and he tells them he is diabetic, needs his medicine and help finding a doctor.

What is the outcome of this scenario?

His managed care plan will assist him with finding a Primary Care Provider (PCP) and provides the phone number. He makes an appointment, and his PCP prescribes him medicine covered by Apple Health.





Rebecca has COFA Islander Health Care and her children have Apple Health. She transitions to Apple Health on July 1.

What managed care plan will she have when she enrolls in Apple Health?

She will have the same managed care plan as her children. She will need to ask her doctors if they accept Apple Health and the plan her family has.





Rebecca's spouse, Steve had employer sponsored insurance and could not get COFA Islander Health Care.

Is Steve eligible for Apple Health?

He may be eligible if he meets other requirements such as income and residency. Having other insurance does not disqualify adults from Apple Health.



Scenario seven

Denny had Alien Emergency Medical (AEM) because he is on dialysis. He is concerned that he will have to pay for his treatments when he transitions to Apple Health.

Will Denny have to pay for his treatments?

Apple Health services include dialysis. Denny provides his new managed care card to the dialysis center so that they have the most current insurance information.



Scenario eight

Sam is 72 and applied for Apple Health with DSHS. His monthly income of \$342 is from Social Security and \$2800 in savings. He is denied non-MAGI Apple Health because he has too many resources.

How can Sam have healthcare coverage?

Sam may be eligible for COFA Islander Health Care. He can apply through Washington Healthplanfinder.



Scenario nine

Mary is 57, has Medicare and \$897 SSA income. She needs help with her premium and heard that there may be an Apple Health program that can help.

Where does Mary apply for Apple Health?

Mary applies for Apple Health through the Department of Social and Health Services. She is approved for Medicare Savings Program and has her Part A and Part B premiums, deductibles and copayments covered.



Scenario ten

Julie is 27 and works at the casino making \$4000 per month. She applied for Apple Health because she heard it was restored for COFA Islanders.

What is the outcome of this scenario?

Julie is not eligible for Apple Health because she is over the income limit. While Apple Health has been restored to COFA Islanders, they must meet all eligibility requirements.



How to apply



MAGI-Based medical programs

- Applications for MAGI-based medical programs can be submitted:
 - Online: <u>wahealthplanfinder.org</u>
 - Phone: 1-855-923-4633
 - WAPlanfinder app: <u>wahbexchange.org/mobile</u>
 - Paper: <u>hca.wa.gov/apple-health-client-forms</u> Search "18-001P"
 - ► Fax: 1-855-867-4467
 - Mail: PO Box 946, Olympia WA 98507



Non-MAGI medical programs

- An application for non-MAGI medical programs can be submitted:
 - Online: washingtonconnection.org
 - Paper: <u>hca.wa.gov/apple-health-client-forms</u> Search "18-005"
 - Mail: PO Box 11699, Tacoma WA 98411-6699
 - ► Fax: 1-888-338-7410
 - In person: <u>dshs.wa.gov/office-locations</u>
 - Phone: DSHS at 1-877-501-2233







Resources

- COFA Islander programs and Medicaid transition <u>hca.wa.gov/COFA</u>
- HCA Information on COVID-19: <u>hca.wa.gov/coronavirus</u>
- HCA Stakeholder Training & Education resources: <u>hca.wa.gov/stakeholder-training</u>
- Cross-agency Desk Aid: <u>hca.wa.gov/assets/free-or-low-</u> <u>cost/customer_support_center_referrals.pdf</u>
- HCA Community-Based Specialists: <u>hca.wa.gov/hcacommunitystaff</u>





COFA Questions <u>COFAQuestions@hca.wa.gov</u>

- **COFA phone number:** 1-800-547-3109
- HCA Apple Health eligibility COVID 19: <u>AHEligCovid19@hca.wa.gov</u>
- Apple Health eligibility: <u>AskMAGI@hca.wa.gov</u>
- Apple Health managed care: <u>HCAMCPrograms@hca.wa.gov</u>
- Document verification: <u>Apple@hca.wa.gov</u>

