

Module 5: Maintaining Eligibility

Office of Medicaid Eligibility Policy
Medicaid Programs Division
2022

Topics

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- ▶ [Post-eligibility Review \(PER\)](#)
- ▶ [Program Integrity](#)
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Washington Apple Health (Medicaid) Renewals



Apple Health Renewals

- ▶ Renewal of Apple Health eligibility is required at least every twelve months except for:
 - ▶ Individuals turning 65 within the next 12 months.
 - ▶ Alien Emergency Medical (AEM). The individual is certified for a specific period of time to cover the emergency only.
 - ▶ Apple Health medically needy spenddown, a new application is required at the end of each three- or six-month base period.

Apple Health Renewals

- ▶ Washington Healthplanfinder attempts to auto-renew individuals' coverage 60 days prior to the end of their certification period.
 - ▶ Individuals are automatically renewed for a new certification period when the electronic data sources verify an individual's information such as household income is reasonably compatible (as defined in WAC 182-500-0095).
 - ▶ Individuals must take action to update their application when the electronic data sources cannot verify their information.

Apple Health Auto-Renewal

- ▶ When an application is determined eligible for auto-renewal the individual will:
 - ▶ Be renewed for a new certification period.
 - ▶ Receive the letter: Washington Apple Health Renewal – Review Only (EE008), that summarizes their account, household composition, tax filing status, and other application-related information.
 - ▶ Review the notification for incorrect information.

SAM DOE
123 MAIN ST
OLYMPIA WA 98504

04/01/2022

Application ID:
12345678

Washington Apple Health Renewal - Review Only

Dear Sam Doe,

Please review your attached application. Based on this information you previously reported, the Washington Apple Health coverage for the following individuals was **renewed automatically**:

	Begin Date	End Date
Sam Doe	06/01/2021	05/31/2023

If the information on your attached account information is still correct, **you do not need to do anything**.

If any of this information is incorrect, update your account:

- Online <http://www.wahealthplanfinder.org>
 - From your dashboard under "Quick Links," click on "Report a Change in Income or Household" to make any necessary changes to your application.
- Call 1-855-WAFINDER (855-923-4633)
- You can also make changes on the attached application, sign, and return:
 - By Mail: Washington Healthplanfinder
PO Box 946
Olympia WA 98507
 - By Fax: 1-855-867-4467

Please be aware, completing any changes by mail or fax may delay processing.

Washington Apple Health

Apple Health Auto-renewal

- ▶ The Washington Apple Health Renewal – Review Only EE008 notification informs the individual that they have been auto-renewed and will continue receiving Apple Health coverage.

Apple Health Manual Renewal

- ▶ When an application is determined ineligible for auto-renewal, the individual:
 - ▶ Receives a pre-populated application, Washington Apple Health Renewal- Action Required (EE009), that summarizes their account, household composition, tax filing status, and other application-related information.
 - ▶ Must take action to renew. To be considered for Apple Health coverage beyond the current certification period, a signed renewal must be submitted.

JANE SMITH
567 MAIN ST
TACOMA WA 98402

04/04/2022

Application ID:
987654

Response Required: Apple Health Renewal

Dear Jane Smith,

You must take action to keep getting health care coverage for the individuals listed below:

- Jane Smith

If you do not complete your renewal by 05/31/2022, the health care coverage for the individuals listed above will end on 05/31/2022.

Please review your attached account information and **to avoid a gap in coverage, complete your renewal by** doing one of the following:

- Online <http://www.wahealthplanfinder.org>
 - From your dashboard under "Quick Links," click on "Update My Application and Renew My Coverage" to make any necessary changes to your application.
- Call 1-855-WAFINDER (855-923-4633)
- You can also make changes on the attached application, sign, and return:
 - By Mail: Washington Healthplanfinder
PO Box 946
Olympia WA 98507
 - By Fax: 1-855-867-4467

Please be aware, completing any changes by mail or fax may delay processing.

If your income has increased or you believe you no longer qualify for Washington Apple Health, you may be eligible for other coverage. To see if you qualify, you must complete your renewal.

- ▶ This is an example of the first page of the Washington Apple Health Renewal - Action Required (EE009) notice.
- ▶ The letter will include a deadline and options to complete the renewal.

Review your information below and report any changes you have. For faster processing, complete your renewal online. If you need assistance completing your renewal, call Washington Healthplanfinder at 1-855-923-4633. If you would like to return this form by mail or fax, write your updates in the form below and send it to us.

Primary Applicant's Information - Provide updates in the space provided.			
Primary applicant Name Jane Smith			
Physical address 567 Main St Tacoma WA 98402 PIERCE		Mailing address 567 Main St Tacoma WA 98402 PIERCE	
Preferred written language English		Preferred spoken language English	
Format (Braille, Large Print) N/A			
Phone number (555) 555-5555		Alternative phone N/A	
Email address *****@gmail.com		Go paperless? Y	

Household Members - Verify information and provide updates in the space provided.					
Name	DOB	SSN	Requesting coverage?	Relationship to primary applicant	Living with primary applicant
Jane Smith	07/04/1983	***-**-****	Yes	N/A	Y
Updates for Jane Smith?					

Household Members Continued - Verify information and provide updates in the space provided.						
Name	Sex assigned at birth	Race	U.S. citizen	WA resident	Affiliated with a tribe?	If so, what tribe?*
Jane Smith	FEMALE	Unreported	YES	YES	NO	
Updates for Jane Smith?						

Tax filing status - Verify information and provide updates in the space provided.

- ▶ A pre-populated application with current account information is attached to this letter.
- ▶ The form provides spaces for individuals to submit updated information by mail or fax.

Contact Information	Current Information	Updated Information
Phone Number	206-555-5555	
Alternate Phone Number	n/a	

Language

Preferred Written Language

Preferred Spoken Language

Existing Household Member
If you no longer want coverage you are removing them and th

Name	Gender
Jake Miller	MAL
Updated Information for Jake Miller?	
John Doe	MAL
Updated Information for John Doe?	

New Household Members
Please add the names of anyone who lives with you that is not listed above.

Name	Gender	SSN	DOB	Lives with	Relationship

New Household Members Details

Name	Race(s)	Date of Addition Household

Tax Filing Status 2017

Jake Miller	Single filing taxes	\$
Update for Jake Miller?		
John Doe	Single filing taxes	\$
Update for John Doe?		

Tax Filing Status for New Household Members

Name	2017

Additional Questions

Correspondence ID: EE009-68913137 App ID 0001

Last Confirmed Income

Name	Type of Income/Deduction	Gross Monthly Income/Deduction Amount
Jake Miller	Income from a job	\$1,200.00
John Doe	n/a	n/a
Total Household Income		\$1,200.00

Income/Deduction Updates Including Any New Household Members You Added Above

Income	Person with Income/Deduction	Gross Income/Deduction Amount	Frequency (such as weekly/monthly)
Income from a job			
Self-employment			
Unemployment benefits			
Social Security			
Railroad Retirement benefits			
Dividend, stock, or shares income			
Capital gains			
Farming income			
Income from a trust			
Interest income			
Rental income			
Royalty income			
Annuity or pension income			
IRA			
Alimony or spousal support			

Renewal Timeframe

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

Renewals at Age 19

- ▶ Tax dependents of the primary applicant will be approved or renewed on Apple Health regardless of age or relationship as long as they meet all other eligibility requirements.
 - ▶ Individuals who are 19 years old or older and are not the spouse or tax dependent of the primary applicant must still apply on their own.
- ▶ Adult tax dependents have the option to apply on their own if they choose.

Renewals at Age 19

- ▶ The month before a tax dependent turns 19, the system tries to auto-renew Apple Health coverage.
- ▶ When eligible for ongoing Apple Health, the tax dependent's coverage will change to the relevant program based on income and other circumstances (for most, it will be Apple Health for Adults).
- ▶ If the application cannot be auto-renewed, the household must manually renew it.

Renewals at Age 65

- ▶ Individuals who are active on Apple Health for Adults and turning 65 will receive the Washington Apple Health Renewal - Action Required (EE009) notice 60 days prior to their birthday month.
- ▶ Individuals who are 65 and older can apply for Apple Health Classic Medicaid coverage online through washingtonconnection.org or by completing a paper application (18-005).
- ▶ For more information: hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/apply-or-renew-coverage.

Apple Health renewal

- ▶ MAGI Apple Health renewal options:
 - ▶ Online at wahealthplanfinder.org
 - ▶ Call Washington Healthplanfinder Customer Service Center (CSC) at 1-855-923-4633
 - ▶ Report updated information on the account form - sign and return via:
 - ▶ Mail: PO Box 946, Olympia, WA 98507
 - ▶ Fax: 1-855-867-4467

Post-Eligibility Review



PER Background

- ▶ What is a Post-Eligibility Review (PER)?
 - ▶ When client's attestation of income is not compatible with information obtained through cross-matches and the cross-match shows the individual may not be eligible a PER will be required.
 - ▶ PERs are processed by HCA staff to verify client's eligibility.

PER Background

- ▶ Income is described as not reasonably compatible with federal and state cross-matches when:
 - ▶ The income an individual attested to is below the Apple Health standard, but the data sources indicate the income is above the Apple Health standard.
 - ▶ The data sources are not available.

Incompatibility

Accepted attestation: Below Apple Health Standard



Cross-Match Results

Above standard

Below standard

Not available



Attestation is not reasonably compatible. A post-eligibility review is required.

PER



Attestation is reasonably compatible. A post-eligibility review is not required.



Attestation is not reasonably compatible. A post-eligibility review is required.

PER

Incompatibility

Accepted Attestation: Above Apple Health Standard



Individual is not income-eligible for Apple Health. The System determines eligibility for a qualified health plan with or without tax credits.

PER Scenario

▶ Scenario one

- ▶ Rose completes her Apple Health renewal and attests her income is \$500 a month from her job, but the cross-match with Employment Security Department (ESD) shows it to be \$1200.
- ▶ No PER is needed because the cross-match completed with the data sources find income is below the Apple Health income standard.

PER Scenario

▶ Scenario two

- ▶ Jake reports his income is \$1200 a month from his job, but the ESD cross-match shows income to be \$1850 a month.
- ▶ A PER is needed because the cross-match shows Jake's income may be above the Apple Health income standard.
- ▶ Verification of income may be requested during the PER.

PER Process

- ▶ During a PER, HCA eligibility staff check third-party sources prior to requesting verification. Third-party sources may include the Employment Security Department.
- ▶ When HCA is unable to verify income with third party sources, a letter is sent to the primary applicant requesting at least 60 days of income verification.
- ▶ This letter is sent to only the primary applicant and any Authorized Representative who have permission to receive letters on the applicant's behalf.



01/21/2020

Application ID:



Washington Apple Health Information Request

Dear ,

We need the following information by February 06, 2020 to see if the individuals in your household are eligible for Washington Apple Health. If we do not receive it, coverage may be stopped.

Provide proof of your household income and deductions for at least the last 60 days.

If you or someone in your household does not have any income, provide a statement explaining when your income changed or stopped.

Countable income includes:

Income from a job	Self-employment	Social Security
Rental income	Unemployment benefits	Farming income
Capital gains	Royalty income	Annuity/pension income
IRA income	Alimony/spousal support	Foreign income
Interest income	Income from a trust	Taxable tribal income
Railroad retirement	Other taxable income	

Proof of income from a job can include:

- Wage stubs
- Employer statement

Proof of income for self-employment and rental income can include:

- Complete copy of your most recent tax return
- Most recent Profit and Loss statement from the last three months

Proof of other types of income can include:

- Award letters

- ▶ This is an example of an information request letter (EE005) sent to an individual.
- ▶ All letters can be viewed in the Washington Healthplanfinder Message Center the day after they are sent.

PER Process

- ▶ Individuals are given 15 days to provide the requested information.
- ▶ The information can be submitted by:
 - ▶ Email: Apple@hca.wa.gov
 - ▶ Fax: (855) 867-4467
 - ▶ Mail: Health Care Authority
PO Box 45531
Olympia, WA 98504
 - ▶ Online: wahealthplanfinder.org
- ▶ HCA may grant additional time upon request.

PER Process

- ▶ After the due date, HCA eligibility staff check the document systems for the requested proof of income and use the information provided to determine eligibility.
- ▶ This may mean an individual could be eligible for a different program (including a premium-based program).
 - ▶ If the requested information is not provided or verified income is over the standard, Apple Health coverage may terminate.

02/10/2020

Application ID:
[REDACTED]

Washington Apple Health Termination

Dear [REDACTED],

Your Washington Apple Health coverage for the individuals listed below will end on 02/29/2020.

Name	Reason
[REDACTED]	You didn't give us the information we asked for.

On 01/13/2020, we asked you to give us:

Proof of your household income and deductions for at least the last 60 days.

This information was due by 01/29/2020.

Because we did not get this information, we cannot determine if you may be eligible for future coverage.

Your Washington Apple Health coverage for the individuals listed above will end on 02/29/2020.

If you have any questions about this notice, call the Health Care Authority at 1-800-562-3022.

RECONSIDERATION

We will reconsider this decision if we receive the information by the end date listed above. If the requested information is not received by this date, you will need to reapply for coverage:

- Online: <http://www.wahealthplanfinder.org>
- Call: 1-855-WAFINDER (1-855-923-4633)

▶ This is an example of a termination letter sent to an individual.

▶ This letter is sent when HCA staff have requested proof of income and did not receive the requested information.

Reapplying Following a PER

- ▶ After the PER is completed and coverage is closed, individuals have the option to reapply for Apple Health, however self-attestation may not be accepted.
- ▶ When income is not automatically verified through data sources, coverage will be in pending status until HCA staff manually verify eligibility.

Reapplying Following a PER

- ▶ A pending status means that coverage is not approved or denied; verification is needed before eligibility is determined.
- ▶ When individuals are in pending status the Important Deadline to Submit Information (EE001) letter is sent requesting information to be submitted within 15 days.
- ▶ HCA eligibility staff will process the application after the due date.

JOHN WICK
987 TERRACE PL
SPOKANE WA 99201

04/03/2022

Application
ID: 12345

Important Deadline to Submit Information

Dear John Wick,

Act now! We need more information about one or more household members.

You or others in your household still need to send one or more document copies to prove your eligibility for coverage or financial help. If we do not get these documents by the dates below, you or other individuals in your household could lose or be denied coverage, or have changes to the financial help you may be getting.

Washington Apple Health - Verification Needed

Individual Name	Verification Pending	Documents Due By
John Wick	Household income	04/15/2022

Documents to Submit

Some examples of documents that can be used to verify your eligibility for a Qualified Health Plan or Washington Apple Health are:

Proof of Citizenship:

- U.S. Passport or U.S. Passport Card
- Enhanced Driver's license or Enhanced State ID. (must say "enhanced")
- Certificate of Naturalization
- Official U.S. county Birth Certificate

▶ This is an example of a letter requesting information following reapplication.

▶ The table displays what is needed for verification purposes.

Proof of Social Security Number or Meeting an Exception:

- Update your application with the missing Social Security number or submit the Social Security card
- Receipt of a pending Social Security number application
- Declaration of being part of a well-established religion which objects to receiving a Social Security number
- For Washington Apple Health clients, call 1-855-682-0798 if you need help applying for a Social Security number

Proof of Income and Deductions:

Provide proof of the total household income and deductions for everyone on your application for the last 60 days, such as:

- Payroll statements for the last 60 days
- Complete copy of most recent income tax return
- The most recent three month self-employment profit and loss document
- Recent receipts or statements showing payment of reported deductions

Proof of Lawful Presence:

- Permanent Resident Card (Form I-551)
- Refugee Travel Document (Form I-571)
- Valid foreign passport with I-94 stamp of admission
- Visa with I-94 stamp of admission

Proof of Non-Incarceration Status:

- Declaration of Non-Incarceration Form, available at <http://www.wahbexchange.org/info-you/individuals-and-families/forms/>

Proof of Tribal Membership:

Any official document issued by a federally recognized tribe that shows the individual is a member of that tribe, such as:

- Tribal Membership or Enrollment Card
- Certificate of Indian Blood (that specifies membership or enrollment)

Other Health Insurance Coverage:

- Declaration of Ineligibility for Other Health Insurance Coverage Form, available at <http://www.wahbexchange.org/info-you/individuals-and-families/forms/>
- Copy of insurance policy showing enrollment end date
- Termination letter from insurance company

How to Submit Documents:

The fastest option is to submit documents online or by using our free mobile app, WAPlanfinder:

1. Sign into your account and select "Document Center"
2. View what you need to submit under "Documents Needed"
3. Select "Upload" to begin submitting documents

Or, label each page of your document with your application ID (at the top of this letter) and mail or fax to:

Washington Healthplanfinder

- ▶ This is the second page of a letter requesting information following reapplication.
- ▶ It provides examples of the types of verification an individual can submit.

Program Integrity



Program Integrity

- ▶ Insurance fraud is intentional under-reporting of income to qualify for insurance coverage. This may result in severe penalties for application assisters, the provider, and the applicant.
- ▶ The penalties can include but are not limited to:
 - ▶ Loss of coverage
 - ▶ Provider referral to the Office of Program Integrity
 - ▶ Termination of privileged user access in Washington Healthplanfinder
 - ▶ Criminal prosecution under Washington State law

Reporting Suspected Fraud

- ▶ If you suspect that an applicant or an application assister is being less than forthcoming when reporting circumstance or income, protect yourself and report any suspected fraud.
- ▶ If you have any questions or concerns, or would like to report any suspected fraud, please contact:
 - ▶ Health Care Authority for Washington Apple Health: WAHEligibilityFraud@hca.wa.gov
 - ▶ Health Benefit Exchange for Qualified Health Plans: Compliance@wahbexchange.org

Apple Health (Medicaid) Suspension



Suspension Overview

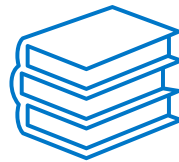
- ▶ The purpose of Apple Health suspension is to provide continuity of care for recipients of Apple Health during periods of incarceration or commitments, by:
 - ▶ Applying for health care coverage while incarcerated.
 - ▶ Suspending, instead of terminating coverage.
 - ▶ Identifying and communicating best practices to promote a smooth transition into the community.
- ▶ The system will suspend coverage automatically overnight.

Applying for Apple Health

- ▶ Justice involved individuals ages 19-64, who are uninsured upon incarceration can be enrolled online at wahealthplanfinder.org.
- ▶ Individuals eligible for Medicare must apply through washingtonconnection.org.
- ▶ Correctional facilities can apply for Apple Health on behalf of a justice involved individuals in their facility.

See WAC 182-503-0010

Resources



Resources

- ▶ HCA Stakeholder training and education
 - ▶ hca.wa.gov/free-or-low-cost-health-care/i-help-others-apply-and-access-apple-health
- ▶ Apple Health (Medicaid) Suspension
 - ▶ hca.wa.gov/medicaid-suspension
 - ▶ Email: medicaidsuspension@hca.wa.gov
- ▶ HCA area representatives
 - ▶ hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf
- ▶ Contact us
 - ▶ hcavolunteerassister@hca.wa.gov



Congratulations!

- ▶ You have completed Module 5 of HCA Community Based Training!
- ▶ Please continue on to Module 6 of the 7 module HCA Community Based Training.