



# Medicaid Update for Community Partners

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# HCA MEDICAID UPDATE

## Introduction

# TOPICS

- Newborn Process
- Retroactive Coverage

# NEWBORN PROCESS

# Reporting a Newborn

- In October, the Health Care Authority sent out a memo identifying a temporary process for reporting the birth of a newborn for delivering mothers covered on Medicaid who had yet to establish an account in the Washington Healthplanfinder system at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).
- Now that the Healthplanfinder web portal has been operational for six months, most delivering mothers will have active Medicaid coverage through Healthplanfinder.

# Reporting a Newborn

- For these mothers on Medicaid, getting coverage for their newborn does not need to be reported via the Ask MAGI mailbox.
- Now pregnant women who have active Medicaid coverage through the Healthplanfinder web portal should report the birth of their child by logging into their account and selecting the “Report a Change in Income or Household” link within her dashboard. With a few keystrokes, she will be able to obtain coverage for her newborn in “real time”.

# Reporting a Newborn

- For those few remaining pregnant women who have yet to establish Medicaid coverage through the Healthplanfinder web portal, the birth of their child may still be reported using the Ask MAGI web form located at: <https://fortress.wa.gov/hca/magicontactus/ContactUs.aspx>
- Dedicated staff at the Health Care Authority (HCA) will continue to open medical for these newborns reported using the Ask MAGI web form.
- Should you have any questions, please contact your HCA Area Representative.

# RETROACTIVE COVERAGE REQUESTS PROCESS



# Retro Process

- To better streamline the process of retroactively approving an individual for Washington Apple Health, the Health Care Authority (HCA) has developed a “Retroactive Health Care Coverage Request” form 13-952 for use by hospitals and medical facilities as well as applicants who apply for MAGI-based medical.
- For applications completed by phone or on the Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org). This form can be submitted separately. It will assist in the timely processing of claims.
- This form can be submitted with a paper Application for Health Care Coverage (18-001).

# Retro Process

- Retroactive health care coverage is a two-step manual process. To help ensure the request is processed timely, the form can be completed at the time of application when the primary applicant/head of household is present. This prevents the HCA from having to send the household a letter requesting the form, which may or may not be returned.
- Additionally, the household may have unpaid medical bills with other facilities. If at all possible, inquire with the household on all unpaid medical bills for the retroactive period so they are processed at the same time.

# Retro Process

- Retroactive health care coverage is available for the three months prior to the month of application. For example, if an application is submitted in March, the potentially eligible retroactive months would be December, January, and February.
- Should the HCA have any questions on the information provided, additional verification may be requested by mail before eligibility is determined.
- Requests for retroactive Classic Medicaid (aged, blind, and disabled) will continue to be processed by the Department of Social and Health Services as it is today. Do not use this form for Classic Medicaid retro requests.

# Retro Process

- There is no longer a need to contact the HCA MEDS team at Ask MAGI to initiate retroactive coverage.
- Assist the individual with completing the form at either the time of application or separately and return to HCA for processing.
- Retroactive coverage is not automatic. Individual must meet all eligibility requirements for the months requested.

# Retro Form 13-952

- Can be sent at time of application, once the Healthplanfinder application has been submitted online and the individual has marked 'yes' they have unpaid medical bills.
- Can be sent along with a paper application 18-001.

Washington State Health Care Authority

**Retroactive Health Care Coverage Request form – MAGI Medicaid**  
Use this form only if the applicant has completed an application for health care coverage.

Primary Applicant / Head of Household Information		
First Name, Middle Initial, Last Name		Date of Birth
DSHS ACES Client ID or ProviderOne ID number		Healthplanfinder Application ID number (if known)
Household Members Needing Retroactive Coverage		
Name		Name
Name		Name
Retroactive Months Needed, Household Income, and Deductions		
List the month(s) coverage is needed and the household's gross income and deductions for each month. If the household had no income or deductions for the month, write "none." Income we count includes: Money from employment, self-employment, unemployment, Social Security, dividend payments, renting out a property, railroad retirement benefits, annuity/pension payments, alimony/spousal support, and per capita distributions from gaming. Deductions include: Tuition or school-related fees, health savings account contributions, alimony/spousal support, student loan interest, educator expenses, moving costs since January, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials.		
Month 1:	Total Gross Household Income: \$	Total Deductions: \$
Month 2:	Total Gross Household Income: \$	Total Deductions: \$
Month 3:	Total Gross Household Income: \$	Total Deductions: \$
Declaration and Signature		
By signing below, I certify under penalty and false swearing that my answers are correct and complete to the best of my knowledge. I also understand the penalties for giving false information or breaking the law.		
Signature of Applicant		Date
Signature of Authorized Representative (if applicable)		Date
Authorized Representative (AREP) Name		AREP Organization
AREP Email Address		AREP Phone Number
Return the completed form to the Health Care Authority:		
<ul style="list-style-type: none"> <li>• By fax to 1-866-841-2267; or</li> <li>• By mail to MEDS, PO Box 45331, Olympia WA 98504-5331.</li> </ul>		

HCA 13-952 (3/14)

13952

# Retro Form 13-952

Information needed for retroactive processing:

Primary Applicant / Head of Household Information		
First Name, Middle Initial, Last Name		Date of Birth
DSHS ACES Client ID or ProviderOne ID number		Healthplanfinder Application ID number (if known)
Household Members Needing Retroactive Coverage		
Name		Name
Name		Name
Retroactive Months Needed, Household Income, and Deductions		
<p>List the month(s) coverage is needed and the household's gross income and deductions for each month. If the household had no income or deductions for the month, write "none."</p> <p><b>Income we count includes:</b> Money from employment, self-employment, unemployment, Social Security, dividend payments, renting out a property, railroad retirement benefits, annuity/pension payments, alimony/spousal support, and per capita distributions from gaming.</p> <p><b>Deductions include:</b> Tuition or school-related fees, health savings account contributions, alimony/spousal support, student loan interest, educator expenses, moving costs since January, domestic production activities, penalty on early withdrawal of savings, pre-tax retirement account payments (excluding Roth IRA contributions), or certain claimable business expenses of reservists, performing artists, or fee-basis government officials.</p>		
Month 1:	Total Gross Household Income: \$	Total Deductions: \$
Month 2:	Total Gross Household Income: \$	Total Deductions: \$
Month 3:	Total Gross Household Income: \$	Total Deductions: \$

# Retro Form 13-952

New form can be found on the HCA Forms website:

- <http://www.hca.wa.gov/assets/free-or-low-cost/13-952.pdf>
- Form translations expected to be available mid-April.

## **Return the completed form to the Health Care Authority:**

- By Fax to 1-866-841-2267; or
- By mail to MEDS, PO Box 45531, Olympia WA 98204-5531

# Authorized Rep

- If AREP (but not the client) signs the retroactive request form, the client needs to have answered “Yes” to the Unpaid Expenses question in Healthplanfinder or on the HCA Application for Health Care Coverage 18-001.
- AREPs must obtain client income for the months requested.
- If the client does not sign the form and the income does not match our data sources:
  - We will request client verification before processing, and
  - Processing will be delayed.



# RETROACTIVE COVERAGE

## Questions

# Retro Process

## **QUESTION:**

I've noticed that children and pregnant women have not been receiving backdated coverage for up to three months when they select "yes" they have unpaid medical bills. What is the best way to request retroactive coverage if it is not given automatically?

## **ANSWER:**

- Retroactive medical approval is a manual, two-step process which is being refined.

# Retro Process

## **ANSWER (cont.):**

- When an applicant reports unpaid medical bills and they are approved for Apple Health, HCA will send the household the Retroactive Health Care Coverage Request form for completion.
- For each month, HCA reviews the information to determine if the client was eligible for retroactive coverage.
- To expedite the process, the client or application assister can fill out the form at the same time the application is completed

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# Retro

## **QUESTION:**

For a client that is undocumented and needing retro coverage for pregnancy, but they are no longer pregnant at the time of application. How do we go about processing this application?

## **ANSWER:**

- We suggest applying, stating the applicant is pregnant, and make the due date the date the pregnancy ended, even if in the past.
- If the eligibility result is not what was expected, please email your regional representative for further assistance.
- If the applicant has a baby who needs coverage, add the child to the application at the same time.

# Retro

## **QUESTION:**

We have sent an Ask MAGI request for retro maternity 3 months ago with no response and the patient fears collection from lab bills. What can we do?

## **ANSWER:**

Assist the client in filling out the Retroactive Health Care Coverage Request form and send it to HCA. If the request is urgent, email the regional representative after the form has been submitted.

# Retro

## **QUESTION:**

How is back medical coverage getting processed? Many clients are getting sent to collections because they did not get back coverage approved. Will they get a letter or will it show up on their dashboard?

## **ANSWER:**

HCA receives a report from HBE listing the Medicaid households who report unpaid medical bills. HCA sends the Retroactive Health Care Coverage form to the household for completion. Once received, HCA staff reviews eligibility on a month to month basis and will send an approval or denial letter. This retro coverage will not show on the client's dashboard in Healthplanfinder.

# Retro

## **QUESTION:**

Can I use the AskMagi email to request retroactive coverage for WA Apple Health for kids and adults?

## **ANSWER:**

The most efficient way to request retroactive coverage is to fill out the Retroactive Health Care Coverage form and mail or fax it to HCA.

# Retro

## **QUESTION:**

How long will it take to process the Retro Coverage Requests?

## **ANSWER:**

HCA has a unit dedicated to processing retroactive coverage requests. Half are working on sending out the form to the households and the other half are processing the information as it's returned.



# Retro

## **QUESTION:**

How will we know that the retro coverage has been reviewed and/or made effective for the person?

## **ANSWER:**

Once approved, a letter will be sent approving or denying coverage. ProviderOne will update with the coverage the day after it has been approved.

# Retro

## **QUESTION:**

I have heard that the button for requesting retroactive coverage for medical bills does not work. The Healthplanfinder is not actually working properly to process any of these requests

## **ANSWER:**

- HPF is working. An applicant must answer 'yes' to having unpaid medical bills. This will notify HCA to send the Retroactive Health Care Coverage form to the household for completion.
- Marking 'yes' in HPF is only a request for retroactive medical and is not an automatic approval. It requires manual processing.

# RESOURCES/CONTACT INFO

# CSC Referrals List

HCA Medical Assistance Customer Service Center (MACSC)	HBE Washington Healthplanfinder Customer Support Center (HBE CSC)	DSHS Community Services Division Customer Service Contact Center (CSCC)	HCA Medical Eligibility Determination Services (MEDS)
1-800-562-3022 or <a href="https://fortress.wa.gov/hca/p1contactus/">https://fortress.wa.gov/hca/p1contactus/</a> or <a href="mailto:AskMedicaid@hca.wa.gov">AskMedicaid@hca.wa.gov</a>	1-855-923-4633 or <a href="mailto:CustomerSupport@wahbexchange.org">CustomerSupport@wahbexchange.org</a>	1-877-501-2233 or <a href="http://www.washingtonconnection.org">www.washingtonconnection.org</a>	1-800-562-3022 or <a href="https://fortress.wa.gov/hca/magiccontactus/ContactUs.aspx">https://fortress.wa.gov/hca/magiccontactus/ContactUs.aspx</a> or <a href="mailto:AskMAGI@hca.wa.gov">AskMAGI@hca.wa.gov</a>
ProviderOne Client Services Card inquiries	Apply or renew health care coverage for family, children, pregnancy or new adult medical programs	Apply for Food or Child Care assistance	Washington Apple Health MAGI Medicaid eligibility questions
Provider billing and claims questions	HIPTC/QHP/SHOP questions	Apply for Cash assistance (including TANF, ABD, etc.)	Post-Eligibility Case Review questions
Healthy Options enrollment and disenrollment	Locate an HBE In-person Assister/Navigator	Apply for Classic Medicaid programs (ABD/LTC/SSI)	Washington Apple Health for Kids premium payment questions
ProviderOne Benefit Services Package questions	Request an appeal for HIPTC/QHP programs (denials/terminations)	Request an appeal for Classic Medicaid, Cash, Food, or Child Care assistance (denials/terminations)	Request an appeal for Washington Apple Health programs (denials/terminations)

# HCA Area Representatives

Area	Counties	Representative
East	Asotin Ferry Garfield Lincoln Pend Oreille Spokane Stevens Whitman	Mark Westenhaver <a href="mailto:mark.westenhaver@hca.wa.gov">mark.westenhaver@hca.wa.gov</a> 360-725-1324
North Central	Adams Chelan Douglas Grant Okanogan	Francesca Matias <a href="mailto:francesca.matias@hca.wa.gov">francesca.matias@hca.wa.gov</a> 360-725-0920
South Central	Benton Columbia Franklin Kittitas Klickitat Walla Walla Yakima	Dody McAlpine <a href="mailto:dody.mcalpine@hca.wa.gov">dody.mcalpine@hca.wa.gov</a> 360-725-9964
North West	Island San Juan Skagit Snohomish Whatcom	Maggie Clay <a href="mailto:maggie.clay@hca.wa.gov">maggie.clay@hca.wa.gov</a> 360-725-0934

# HCA Area Representatives

Area	Counties	Representative
King	King	Rebecca Janeczko <a href="mailto:rebecca.janeczko@hca.wa.gov">rebecca.janeczko@hca.wa.gov</a> 360-725-0752
		Sarah Michael <a href="mailto:sarah.michael@hca.wa.gov">sarah.michael@hca.wa.gov</a> 360-725-0919
Central West	Clallam Jefferson Kitsap Mason Pierce	Melissa Rivera <a href="mailto:melissa.rivera@hca.wa.gov">melissa.rivera@hca.wa.gov</a> 360-725-1713
South West	Clark Cowlitz Grays Harbor Lewis Pacific Thurston Skamania Wahkiakum	Dody McAlpine <a href="mailto:dody.mcalpine@hca.wa.gov">dody.mcalpine@hca.wa.gov</a> 360-725-9964

# Additional Medicaid Resources

**HCA Medicaid** <http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage>

- **Training & Education**

<http://www.hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/stakeholder-training-and-education>

- **CSC Referrals List**

[http://www.hca.wa.gov/assets/free-or-low-cost/customer\\_support\\_center\\_referrals.pdf](http://www.hca.wa.gov/assets/free-or-low-cost/customer_support_center_referrals.pdf)

- **Questions? Contact your HCA Area Representative**

[http://www.hca.wa.gov/assets/free-or-low-cost/area\\_representatives.pdf](http://www.hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf)

# Future Webinars

**Next scheduled HCA Medicaid Update webinar:**

**April 24<sup>th</sup> from 2pm – 3pm**

## **TOPICS**

- **Classic Medicaid**
  - **Updated 18-005 Application**
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- Registration announcement was sent on 4/4/2014 through various email distribution lists.