Authorized Representatives (AREP)

Office of Medicaid Eligibility Policy 2023



Agenda

Overview

Sharing information

When an AREP designation terminates

Authorization and consent forms

Resources



Overview

AREP Overview

- An Authorized Representative (AREP) is an individual or organization that is authorized by an applicant or recipient to act on their behalf for Apple Health (Medicaid) eligibility purposes.
- An AREP may:
 - Sign an application on the applicant's behalf;
 - Complete and submit a renewal form;
 - Receive copies of the notices and communications from the agency; and
 - Act on behalf of the applicant in all eligibility matters with the agency.



AREP Responsibilities

- An AREP must:
 - ► Have a good-faith belief the information they provide to the agency is correct and accurate;
 - Act responsibly in assisting with an application and/or renewal of eligibility and other ongoing communications with the agency;
 - Report changes in circumstances as required under WAC 182-504-0105;
 - Maintain confidentiality.





Organization as an AREP

- When an AREP is an organization, individuals of that organization may also act as AREPs.
- If an AREP is a division or other part of a larger organization, only individuals in that division or part may act as AREPs.
 - Example: King County Public Health is a large organization. If the Access and Outreach department of King County Public Health is designated an AREP, only those individuals in that department may act as AREPs.

Individuals from other departments in King County Public Health are not AREPs.



Legal Guardianship and Power of Attorney

- An AREP can also be a:
 - Court-appointed legal guardian with authority to make financial decisions on an individual's behalf; or have a
 - Power of Attorney (POA) that grants decision-making authority regarding the individual's financial interaction with the agency.
- A separate AREP designation is not required for a courtappointed legal guardian or POA. However, verification must be provided to the agency.



Methods used to designate an AREP

- ▶ The agency must accept the following methods for the designation of an AREP:
 - Electronic, including telephonically recorded signatures;
 - Signatures submitted through the Health Benefit Exchange are telephonically recorded.
 - Signatures submitted through the HCA can be telephonically submitted;
 - > Applications, renewals, and changes submitted through the Washington Healthplanfinder are electronic.
- Handwritten signatures transmitted by fax or other electronic transmissions.



Sharing Information

Information an AREP may receive

- An AREP can share any information relevant to eligibility; however, the agency can only share information with the AREP that is necessary for the purposes of determining financial eligibility.
- An AREP can receive letters, renewal forms, and ProviderOne cards if the client has authorized the sharing of such correspondence.



Sharing of information

- Information may be shared when:
 - Information is needed to administer a program;
 - ▶ Information is needed from a provider in order to make payment for services;
 - A provider needs information disclosed in order to be paid;
 - ► A release is required by law (commonly by court order or subpoena).
 - ➤ The Public Disclosure unit is responsible for these releases.



Information not to be disclosed

- Examples of information the agency cannot share are:
 - Social Security Numbers (SSN);
 - ► Birthdates;
 - ► Home or mailing addresses;
 - ▶ Places of employment that are outside of a request for specific employment verification; or
 - Pregnancy due dates or status.



Termination of AREP designation

Termination of AREP Authorization

- The AREP designation may be terminated verbally or in writing at any time by either the individual or AREP.
- When the individual is deceased, the AREP designation terminates, except when the AREP is:
 - ► The executor or administrator of the deceased's estate; or
 - ► Legally authorized by the courts or by state law to act on behalf of the deceased or their estate.
- Legal guardianship and POA assigned while the individual is living ends after the client is deceased.



Authorization and Consent forms

AREP Authorization

An individual can appoint an AREP using one of the following forms:

Form Type	Form number
AREP form shared by DSHS and HCA	Form 14-532
Application for health coverage for MAGI Apple Health and QHP (paper form)	HCA 18-001
Confidential Teen Pregnancy Application (paper form)	HCA 14-430
Application for long-term care/aged, blind, disabled coverage (paper form)	HCA 18-005



DSHS 10-012(x) Consent Form

- Clients use <u>DSHS form 14-012</u>* to authorize an exchange of information outside of basic eligibility.
 - ► This form is Health Insurance Portability and Accountability (HIPAA) compliant.
 - ► This form is not used by HCA staff to identify an AREP.

*Source: dshs.wa.gov/sites/default/files/forms/pdf/14-012.pdf



Authorization to Release Information Form (HCA 80-020)

- HIPAA compliant form used by the client to authorize the release of existing documents or information to a specified individual or agency.
- This form allows the disclosure of a designated set of records or information from the client's HCA file.
- The Public Disclosure unit is responsible for approving or denying requests for disclosure of confidential information via the *<u>Authorization for Release of</u> <u>Information (HCA 80-020).</u>

Health Care Authority

^{*}Source: <u>hca.wa.gov/assets/free-or-low-cost/80-020-release-information-authorization.pdf</u>

Washington State

Resources

Resources

- Authorized Representatives
 - hca.wa.gov/assets/free-or-lowcost/authorized_representatives.pdf
- Authorized Representative Form
 - dshs.wa.gov/sites/default/files/forms/pdf/14-532.pdf
- HCA Area Representatives
 - hca.wa.gov/assets/free-or-lowcost/area_representatives.pdf
- HCA Community-Based Specialists
 - hca.wa.gov/hcacommunitystaff
- Information that can be shared with navigators
 - hca.wa.gov/assets/free-or-low-cost/sharinginformation-with-navigators.pdf
 Washington State

Health Care Authority