



APPLE HEALTH (MEDICAID) MANUAL REVISION

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| Revision # | 055 |
| Chapter / Section | Application for Medicare |
| Issued Date | 1/9/2019 |
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[Application for Medicare](#)

Summary of Revision

Clarifying the TPL sanction and Medicare non-coop process and re-instating vs. reapplying.

<https://www.hca.wa.gov/health-care-services-and-supports/program-administration/application-medicare>

Application for Medicare

Revised Date:

May 30, 2018

Purpose: To clarify the Medicaid eligibility requirement to apply for Medicare.

[WAC 182-503-0505 Washington apple health -- General eligibility requirements.](#)

WAC 182-503-0505 Washington apple health --

General eligibility requirements.

Effective July 1, 2017.

1. When you apply for Washington apple health programs established under chapter [74.09](#) RCW, you must meet the eligibility criteria in chapters [182-500](#) through [182-527](#) WAC.
2. When you apply for apple health, we first consider you for federally funded or federally matched programs. We consider you for state-funded programs after we have determined that you are ineligible for federally funded and federally matched programs.
3. Unless otherwise specified in a program specific WAC, the eligibility criteria for each program are as follows:
 1. Age (WAC [182-503-0050](#));
 2. Residence in Washington state (WAC [182-503-0520](#) and [182-503-0525](#));
 3. Citizenship or immigration status in the United States (WAC [182-503-0535](#));
 4. Possession of a valid Social Security account number (WAC [182-503-0515](#));
 5. Assignment of medical support rights to the state of Washington (WAC [182-503-0540](#));
 6. Application for medicare and enrollment into medicare's prescription drug program if:
 1. You are likely entitled to medicare; and
 2. We have authority to pay medicare cost sharing as described in chapter [182-517](#) WAC.
 7. If your eligibility is not based on modified adjusted gross income (MAGI) methodology, your countable resources must be within specific program limits (chapters [182-512](#), [182-513](#), [182-515](#), [182-517](#), and [182-519](#) WAC); and
 8. Countable income within program limits:
 1. For MAGI-based programs, see WAC [182-505-0100](#);

2. For the refugee program, see WAC [182-507-0130](#);
 3. For the medical care services program, see WAC [182-508-0005](#);
 4. For the health care for workers with disabilities (HWD) program, see WAC [182-511-1000](#);
 5. For the SSI-related program, see WAC [182-512-0010](#);
 6. For long-term care programs, see chapter [182-513](#) and [182-515](#) WAC;
 7. For medicare savings programs, see WAC [182-517-0100](#); and
 8. For the medically needy program, see WAC [182-519-0050](#).
4. In addition to the general eligibility requirements in subsection (3) of this section, each program has specific eligibility requirements as described in applicable WAC.
 5. If you are in a public institution, including a correctional facility, you are not eligible for full scope apple health coverage, except in the following situations:
 1. If you are age twenty-one or younger or age sixty-five or older and are a patient in an institution for mental disease (see WAC [182-513-1315\(13\)](#)); or
 2. You receive inpatient hospital services outside of the public institution or correctional facility.
 6. We limit coverage for people who become residents in a public institution, under subsection (5) of this section, until they are released.
 7. If you are terminated from SSI or lose eligibility for categorically needy (CN) or alternative benefits plan (ABP) coverage, you receive coverage under the apple health program with the highest scope of care for which you may be eligible while we determine your eligibility for other health care programs. See WAC [182-504-0125](#).

This is a reprint of the official rule as published by the [Office of the Code Reviser](#). If there are previous versions of this rule, they can be found using the [Legislative Search page](#).

Clarifying Information

Application for Medicare

Application for and enrollment into Medicare is a condition of eligibility for individuals who apply for Apple Health coverage, as long as the agency is able to pick up the cost of the premiums on the individual's behalf. Every month Apple Health eligible individuals age 65 and older who are not already receiving Medicare are asked to provide proof of application for Medicare through an automated BarCode process.

End Stage Renal Disease

The Medicare Buy-in Unit also sends letters requesting proof of application for Medicare under the End Stage Renal Disease Program (ESRD) to selected Medicaid kidney dialysis individuals who receive three consecutive months of treatment. The same process outlined above is used. The individual's letter is slightly different but still requires the individual to provide proof of application. The individual's kidney dialysis provider, (for example Northwest Kidney Dialysis Center), is also notified that they need to assist their individual with the Medicare/ESRD application process.

Individuals who fail to provide proof of application for Medicare to the Medicare Buy-in Unit under the authority of WAC 182-504-0505 and 0540 can be terminated from Apple Health assistance, including individuals who receive SSI or long-term care services. Individuals closed for non-cooperation with application to Medicare will show in ACES and ProviderOne as closed for reason code 266, non-coop with TPL.

Note: The Medicare Buy-in Unit is careful to give nearly 90 days in the two-letter process before they send an action request in BarCode to DSHS to propose termination of Apple Health coverage.

Worker Responsibilities

Every month Apple Health eligible individuals age 65 and older not already receiving Medicare are asked to provide proof of application for Medicare. The Medicare Buy-in unit in Olympia (call 1-800-562-3022) manages this workload. The following process is followed:

1. Individuals are mailed a letter generated by barcode around the 20th of the month asking for proof of application for Medicare.
2. The letter is provided in the individual's primary language and in English to the individual and to the individual's authorized representative. Only the English version is stored in DMS.

3. All letters have a business reply postage paid return envelope addressed to the Medicare Buy-in Unit for returning the proof of Medicare application. Verification can be returned to any DSHS office or mailed to the DSHS Imaging Center.
4. Thirty days after the first letter is sent, the MBU works the BarCode ticklers checking for proof of application for Medicare.
5. If no proof is received, a second letter is sent to the individual requesting proof of application for Medicare and again ticklers are set for the MBU to review the case for proof.
6. If no proof is received after the second letter, the MBU generates an action request in BarCode asking that the individual's Medicaid be terminated citing WAC [182-503-0505](#) General Eligibility and WAC [182-503-0540](#) Non Cooperation with Third Party Liability on the termination letter.
7. Proof Received After Termination – If the former recipient provides verification of application for Medicare their Medicaid case can be re-activated. If the verification comes in during the period of the original certification period the case should be opened with no further contact with the individual. If verification is received after the original certification period ends than a new application is necessary.

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