

# Washington Healthplanfinder System Update

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May 26, 2022

# System Update

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June							2022
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30	31		

*Washington Healthplanfinder will be updated June 1, 2022 at 12:00 A.M.*

Outages & Maintenance: [wahbexchange.org/news-center/outages-maintenance/](https://wahbexchange.org/news-center/outages-maintenance/)

# After-Pregnancy Coverage (APC)

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- ▶ APC is a comprehensive Apple Health (Medicaid) program for individuals to access health care services any time in the 12 months after their pregnancy ends. To be eligible for this program a person must:
  - ▶ Have been pregnant within the last 12 months.
  - ▶ Reside in Washington.
  - ▶ Have countable income equal to or below 193% of the Federal Poverty Level.
  - ▶ Not be enrolled in another Apple Health program.


# APC Program Rules

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- ▶ For individuals enrolled in Apple Health who report a pregnancy, APC will begin the first day of the month following the date the pregnancy ends.
- ▶ APC enrollment is automatic if the pregnancy is reported with the estimated or actual pregnancy end date. It continues up to 12 months regardless of changes in circumstances, for example a change in income.
- ▶ Individuals not enrolled on an Apple Health program during their pregnancy can still apply for APC if their last pregnancy ended within the past 12 months.
- ▶ Managed Care plan selection is only available to individuals who are receiving APC due to reporting a pregnancy while on Apple Health and who meet immigration requirements.


# Pregnancy Questions

- ▶ Individuals will now be able to choose any gender and indicate a pregnancy, regardless of sex assigned at birth.
- ▶ In the 'Answer questions about your household' section, the question 'Please check the box for any member who is pregnant', will now list all household members age 12 and older.


**Answer questions about your household** 

\*Required Field


This information is used to determine eligibility for household members applying for coverage:  
\* Carol Brady \* Mike Brady

Are all the members listed above U.S. citizens (including naturalized or derived citizens) or U.S. nationals? \* 


Yes	No
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Are any of the members listed above currently incarcerated? \* 


Yes	No
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Have any of the members listed above used tobacco products regularly in the past 6 months? Vape and e-cigarette products are not included. \*   
Your answer will not be used to check your eligibility for Apple Health, tax credits or other savings programs.


Yes	No
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Do any members seeking coverage have health insurance that is not Washington Apple Health (Medicaid) and not from Washington Healthplanfinder? If this other health insurance is ending within 60 days, you do not need to report it. \*   
Note: Select 'Yes' to see health insurance types you need to report.


Yes	No
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Are all the members listed above residents of the state of Washington? \* 

Yes	No
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Is any household member on this application pregnant or had a pregnancy in the previous 12 months? \* 

Yes	No
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Check the box for any household member who is pregnant or has been pregnant in the last 12 months. 

Carol Brady  
 Mike Brady  
Is this household member currently pregnant? \*

Yes	No
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Due Date \*   
E.g. MM/DD/YYYY

Number of babies expected \*  
E.g. 1

Has this household member had a past pregnancy in the last 12 months? \* 

Yes	No
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# Pregnancy Questions

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- ▶ An individual will be screened for Apple Health for Pregnant Individuals and After-Pregnancy Coverage when answering the following question:
  - ▶ Is any household member on this application pregnant or had a pregnancy in the previous 12 months?

Is any household member on this application pregnant or had a pregnancy in the previous 12 months? \* ⓘ

Yes No

When an individual selects the field level help question mark, this wording will appear:

- ▶ Select 'Yes' if someone in your household is pregnant with an expected due date or was pregnant with in the last 12 months.

# Pregnancy and APC Questions

- ▶ When 'Yes' is answered to the 'household member pregnancy question', additional information is needed.

The screenshot shows a web form titled "Is any household member on this application pregnant or had a pregnancy in the previous 12 months?". At the top, there are two radio buttons: "Yes" (selected) and "No". Below this, a section titled "Check the box for any household member who is pregnant or has been pregnant in the last 12 months." contains two checkboxes: "Carol Brady" (unchecked) and "Mike Brady" (checked). Below the checkboxes, there are three questions, each with a "Yes" and "No" radio button:

- "Is this household member currently pregnant?": "Yes" is selected.
- "Due Date": A text input field with the placeholder "E.g. MM/DD/YYYY".
- "Number of babies expected": A text input field with the placeholder "E.g. 1".
- "Has this household member had a past pregnancy in the last 12 months?": "No" is selected.

- ▶ Has this household member had a past pregnancy in the last 12 months? – a 'Yes' selection triggers an additional question: Pregnancy end date.

- ▶ Check the box for any household member who is currently pregnant or has been pregnant in the last 12 months.
- ▶ Is this household member currently pregnant? – a 'Yes' selection requires additional questions:
  - ▶ Due Date
  - ▶ Number of babies expected

# Field Level Help Text

- ▶ When an individual selects the field level help question mark, this wording will appear:

Check the box for any household member who is pregnant or has been pregnant in the last 12 months.

Carol Brady

Is this household member currently pregnant? \*

Due Date \* ?

Number of babies expected \*

Has this household member had a past pregnancy in the last 12 months? \* ?

What date did the pregnancy end? \* ?

▶ Provide the date that the pregnant household member expects to give birth. If you are unsure, provide your best guess.

▶ Household members who had a pregnancy end for any reason in the last 12 months may qualify for Washington Apple Health After-Pregnancy Coverage.



# Change Reporting or Renewal

- ▶ When an individual previously reported a pregnancy end date and reports a change or completes a renewal, the following questions appear.

Is any household member on this application pregnant or had a pregnancy in the previous 12 months? \*

Yes  No

Check the box for any household member who is pregnant or has been pregnant in the last 12 months.

Carol Brady  
You previously reported:  
• Carol Brady has a due date of 05/15/2022 with 1 baby expected.

Do you need to make any updates to this information? \*

Yes  No

Is this household member currently pregnant? \*

Yes  No

What date did the pregnancy end? \*

E.g. MM/DD/YYYY

- ▶ Check the box for any household member who is currently pregnant or has been pregnant in the last 12 months.

- ▶ Do you need to make any updates this information? – if 'Yes' is selected additional questions appear
- ▶ Is this household member currently pregnant? – if no is selected
  - ▶ What date did the pregnancy end?

# Change Report Question

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- ▶ The change report pregnancy related question has been updated.
- ▶ When an individual answers 'Yes', *Washington Healthplanfinder* navigates to the additional household information page and the updated question for pregnancy will be defaulted as 'Yes'.

Someone in my household has become pregnant or had a pregnancy in the previous 12 months.

[ Yes ]	No
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# Correspondence Updates

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- ▶ The Apple Health renewals (EE008) and the Apple Health Renewal Action Required (EE009) correspondence has been updated to included the following:

Does any household member regularly use tobacco products?*(Do not list members that only use vape and e-cigarette products.)	N	
Is any household member currently pregnant? Due date: _____ Number of babies expected: _____	N	
Was any household member previously pregnant in the last 12 months? Last day of pregnancy: _____	Y	
Does any household member have other health insurance? Do not include Washington Apple Health (Medicaid) or other coverage found through Washington Healthplanfinder. If yes, provide the following: Name of insurance company: _____ Policy holder name: _____ Policy holder date of birth: _____ Policy holder group number: _____ Policy number: _____ Who is covered: _____ Date this insurance ends: _____	N	

# Resources

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- ▶ **HCA Stakeholder Training & Education webpage**
  - ▶ [hca.wa.gov/stakeholder-training](https://hca.wa.gov/stakeholder-training)
- ▶ **Pregnant Individuals Eligibility webpage**
  - ▶ [hca.wa.gov/apple-health-pregnant-individuals](https://hca.wa.gov/apple-health-pregnant-individuals)
- ▶ **After-Pregnancy Coverage webpage**
  - ▶ [hca.wa.gov/apc](https://hca.wa.gov/apc)