



# Apple Health (Medicaid) Eligibility Factors

Office of Medicaid Eligibility and Policy  
Medicaid Eligibility and Community Support  
February 25, 2020

# Topics

- Post-eligibility Review (PER)
- Eligibility Reconsideration
- Re-applying after PER
- Program Integrity
- Resources

# Post-eligibility Review

# Post-eligibility Review Background

What is a Post-eligibility Review (PER)?

PER is the verification process completed by HCA staff when the attestation of income is not compatible with information obtained through cross-matches and the cross-match shows the individual may not be eligible.

# 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.

If an individual is active on SNAP or cash assistance through the Department of Social and Health Services (DSHS), they might not have a PER even if income is not compatible.

# 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.

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

Attestation is not  
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PER

PER

# Incompatibility

Accepted Attestation: Above Apple Health Standard

Cross-Match Results

Above Standard

Below Standard

Not Available

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.

# PER Process

During a PER, HCA eligibility staff check third-party sources prior to requesting verification.

Third-party sources may include:

- Employment Security Department
- The Work Number – Equifax

# PER Process

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.

## Washington Apple Health Information Request

Dear [REDACTED],

We need the following information by XX-XX-XXXX 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
- Monthly statements
- Complete copy of your most recent tax return

This is an example of an Apple Health Information request letter (pre-pend letter).

This letter is generated automatically through the Washington Healthplanfinder.

JAKE MILLER  
123 BOX CAR ST  
OLYMPIA WA 98504

05/25/2018

Application ID:  
3000501817

## Washington Apple Health Information Request

Dear Jake Miller,

We need the following information to see if the individuals in your household are eligible for Washington Apple Health coverage.

Jake Miller: Proof of gross monthly income for the last 60 days. Examples can include: wage stubs, statement from the employer, etc.

If this information is not received by 06/09/18, your coverage may be stopped or denied.

If you have questions about the information requested in this letter or would like to request more time to provide this information, call the Health Care Authority (HCA) at 1-855-682-0798.

When this information is received, we will review your household's eligibility for all available health coverage programs through Washington Healthplanfinder.

Label all submitted documentation with your Application ID.

Submit documents:

Online: [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org)

- Sign into your account and upload the documents to your Document Center.

By Email: [medsclintinbox@hca.wa.gov](mailto:medsclintinbox@hca.wa.gov)

By Fax: 1-855-867-4467

By Mail: Health Care Authority  
P.O. Box 45531  
Olympia, WA 98504-5331

This is an example of an information request letter 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](mailto:Apple@hca.wa.gov)
- Fax: (855) 867-4467
- Mail: Health Care Authority  
Po Box 45531  
Olympia, WA 98504
- Online: [www.wahealthplanfinder.org](http://www.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 could terminate.

JAKE MILLER  
123 BOX CAR ST  
OLYMPIA WA 98504

05/30/2018

Application ID:  
3000501817

## Washington Apple Health Termination

Dear Jake Miller,

Your Washington Apple Health coverage for the individuals listed below will end on 05/31/2018.

Name	Reason
Jake Miller	You didn't give us the information we asked for.

On 05/25/18, we asked you to give us:

Jake Miller: Proof of gross monthly income for the last 60 days. Examples can include: wage stubs, statement from the employer, etc.

This information was due by 06/09/18.

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

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.



# Eligibility Reconsideration

# Reconsideration

Reconsideration for eligibility may occur if HCA receives the requested information after the due date in the information request letter, but before the individual's Apple Health coverage has not ended.

If HCA receives the requested information after the individual's coverage has ended, the individual will need to re-apply for coverage.

# Scenarios

## Scenario one:

Rose renews her Apple Health on November 1 and the information in her application is cross-matched with data provided by ESD and is found to be incompatible.

Rose is now required to provide proof of her attested income, and a letter is generated requesting verification.

She does not respond. After 15 days HCA staff review her case and terminate her Apple Health coverage due to no response.

Her benefits are scheduled to end December 31.

What is the outcome of this scenario?

# Scenarios

## Outcome:

Rose will be eligible for reconsideration if she submits the requested documents prior to December 31.

# Scenarios

## Scenario two:

Jake applies for Apple Health on June 7 and the information he provided is cross matched with ESD data and is found to be incompatible.

Jake is now required to provide proof of his attested income, and a letter is generated requesting verification.

He does not respond and HCA staff cannot verify his attested income. His coverage will end July 31.

He submits verification after his Apple Health coverage ends.

What is the outcome of this scenario?

# Scenarios

## Outcome:

Jake is not eligible for reconsideration.

HCA received the requested verification after his coverage ended.

Jake will need to reapply for Apple Health.

# Reconsideration

An individual can reapply for coverage via:

- Online: [wahealthplanfinder.org](http://wahealthplanfinder.org)
- Mobile application: [WAPlanfinder](#)
- Phone: 1-855-923-4633
- Mail or Fax: print and return a paper application from [hca.wa.gov/assets/free-or-low-cost/18-001P.pdf](http://hca.wa.gov/assets/free-or-low-cost/18-001P.pdf)

# Reapplying Following PER



# Reapplying Following a PER

After a 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.

Through data sources, Apple Health will be pended until the client provides proof of income and HCA staff review their 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 [Additional Verification Required - EE001 letter](#) is sent requesting information to be submitted within 15 days. HCA may grant more time upon request.

HCA eligibility staff will process the application after the due date.

JAKE MILLER  
123 BOX CAR ST  
OLYMPIA WA 98504

04/30/2018

Application ID:  
000001

### Important Deadline to Submit Information

Dear Jake Miller,

#### 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
All Household Members	Household Income	05/15/2018

#### 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:**

- Social Security Card
- IRS, military, or payroll documents showing complete SSN
- Receipt of a pending Social Security Application

**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:

This is the second page of a letter requesting information following reapplication.

It provides examples of the types of verification an individual can submit.

# Eligibility Fraud

# Eligibility Fraud

Insurance fraud is the intentional under reporting of income or miss reporting of circumstances to qualify for health care 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

# Fraud Prevention

If you suspect someone is fraudulently reporting their circumstances to receive Washington Apple Health (Medicaid) coverage, please notify:

Washington Apple Health eligibility fraud

- Phone: 360-725-0934
- Fax: 360-725-1158
- Mail: Health Care Authority  
Attention: OMEP  
P.O. Box 45534  
Olympia, WA 98504-5534
- Email: [WAHEligibilityFraud@hca.wa.gov](mailto:WAHEligibilityFraud@hca.wa.gov)

For more information visit: [hca.wa.gov/about-hca/medicaid-fraud-prevention](https://hca.wa.gov/about-hca/medicaid-fraud-prevention)

# Resources



# Resources

- **HCA Training and Education**  
[hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/stakeholder-training-and-education](https://hca.wa.gov/free-or-low-cost-health-care/apple-health-medicaid-coverage/stakeholder-training-and-education)
- **HCA Medicaid Fraud Prevention**  
[hca.wa.gov/about-hca/medicaid-fraud-prevention](https://hca.wa.gov/about-hca/medicaid-fraud-prevention)
- **HCA Area Representatives**  
[hca.wa.gov/assets/free-or-low-cost/area\\_representatives.pdf](https://hca.wa.gov/assets/free-or-low-cost/area_representatives.pdf)