WASHINGTON APPLE HEALTH (WAH) PROGRAMS

Introductory Notes

A summary of WAH programs is available at WAC 182-503-0510.

Pending Long Term Services and Supports (LTSS) program rules: The Health Care Authority continues its process of rewriting rules regarding long term services and supports to address ACA and other changes and to complete revisions related to moving the Medicaid agency from DSHS to HCA. The agency hopes to complete this process in the first months of 2017. The agency has adopted changes in repeated emergency rule filings and likely will continue to do so until final rules are adopted. The current emergency rule is in WSR 16-22-011, effective 10/21/16-2/18/17. Certain rules for specific resource eligibility issues such as trusts, annuities, and life estates were not included in those emergency rules and are in proposed rules as of this writing (WSR 16-14-008). For all LTSS related rules, check the Washington State Register for later emergency rule filings or adopted rules (http://leg.wa.gov/CodeReviser/Pages/Washington_State_Register.aspx)

Medicaid redetermination: Before termination of medical assistance, the state must determine whether a person is eligible for any other type of medical coverage. The person remains eligible for medical assistance pending a full redetermination. WAC 182-503-0505(6), 182-504-0035, 182-504-0125.

Immigrants: Immigrants may or may not be eligible for programs in this chart. Eligibility rules for immigrants are complex and particularly subject to change. Listed on page 9 are the state and federal medical programs with no or limited immigrant status requirements. Northwest Justice Project's immigrant public benefits advocate is available for consultation regarding immigrants' medical eligibility (phone 206-464-1519).

Medicaid/Medicare dual eligibles: Medicare enrollees who also receive Categorically Needy or Medically Needy Medicaid (most are in Categories B5 through B7, and C) are required to receive their prescription drugs through Medicare Part D prescription drug plans. People receiving Medicaid payment for Medicare premiums and/or cost-sharing (Medicare Savings Plan categories B8 through B10 below) receive most prescription drugs through Medicare Part D plans. WAC 182-530-7700.

Financial standards for medical programs: HCA Income and Resource Standards charts are available through a link on this page: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/program-standard-income-and-resources; for Apple Health children, pregnant women, and adult (Medicaid expansion) groups, charts that include the 5% income "disregard" are at http://www.hca.wa.gov/assets/free-or-low-cost/19-003.pdf Long Term Care Standards are available at http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/standards-ltc Use caution; charts may not describe whether gross or countable income is applied to the relevant standard. See program rules for details.

Medicaid premium payment programs: The state has several Medicaid programs that allow reimbursement of clients for health insurance premiums when this is cost effective. For more information and application forms, see http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program . Rules are in development for the program, expected to be codified in WAC Chapter 182-558.

Agency interpretive materials: The Apple Health (Medicaid) Manual contains instructions to state agency staff on implementing the regulations: http://www.hca.wa.gov/medicaid/manual/Pages/index.aspx . The manual includes detailed instructions regarding WAH eligibility issues. Provider guides, instructions and other resources can be found on the Health Care Authority website: http://hca.wa.gov/medicaid.

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
A. MAGI-BASED PROGRAMS – CATEGORICALLY NEEDY • These programs have no resource limits. • Countable income is calculated using IRS federal tax program "Modified Adjusted Gross Income" with variations specific to Medicaid. See WAC 182-509. • "Deemed eligible" WAH programs do not require an income determination. These are listed at WAC 182-503-0510(4). • In this section are Categorically Needy programs unless they are for a single benefit (e.g., family planning only coverage).		
Adults		
1. WAH Parent and Caretaker Relative	Parent or caretaker relative related to a child by blood, adoption or marriage with countable income below 54% FPL. Although these individuals will also qualify under category 2 as MAGI-Based WAH Adults, this category may be beneficial as it provides a link to extensions listed in 1a.	182-505-0240; 182-500-0020 (definition of caretaker relative)
1a. 4-month or 12-month extension	Became ineligible for WAH for Parent and Caretaker Relative category due to increased earnings. The period of the extension is 12 months. (Deemed eligibility program.)	182-523-0100 through -0130
2. MAGI-Based WAH Adult	Adult age 19-64, non-Medicare Part A or B, not otherwise eligible for "classic" Medicaid described in subsections A.1 and B, with countable income below 138% FPL (133% plus automatic 5% income disregard). **Clients in this group receive "alternative benefit package" scope of coverage (see WACs 182-500-0010, 182-501-0060 and 501-0065).** Note: ABD cash recipients who meet Medicaid immigration requirements should now be on this medical program; those who do not but are lawfully present should be on Medical Care Services (see D.2 below).	182-505-0250
Pregnant women • These programs have no resource limits. • Countable income is calculated using IRS federal tax program "Modified Adjusted Gross Income" with variations specific to Medicaid. See WAC 182-509. • Pregnant women who are over the income limit may be eligible for other categories. See: QHP subsidies or Medically Needy for pregnant women.		
3a.WAH for Pregnant Women (with or without other children)	Countable family income below 198% of poverty (193% plus automatic 5% income disregard). No immigration status requirement for non-citizens. Unborn is counted as member of assistance unit. Changes in income or living situation during pregnancy or 2 months post-partum do not affect eligibility. Note special rules for pregnant minors in 3b.	182-505-0115 182-505-0535(2) 182-506-0010(2)(b)
3b. WAH for Pregnant Minors	No income standards. Lack of immigration status does not disqualify an individual from this program.	182-505-0117 182-503-0535(2)
3c. Post-partum women	2-month extension for women eligible for WAH at any time prior to end of pregnancy.	182-505-0115(4), 182-505-0117(7)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
3d. Post-pregnancy Family Planning Extension	Family planning services only, for 12 months after pregnancy coverage ends if not otherwise eligible for more comprehensive health coverage. (Deemed eligibility program.)	182-505-0115(5), 182-532-510
Children • These programs are now collectively referred to as "WAH for Kids" (formerly "Apple health for kids") • Some programs include adults under age 21 • Children may be eligible for other categories that are not MAGI-based WAH. See: Aged/Blind/Disabled CN and MN programs (SSI-related), Home and Community Based Waivers, Alien Medical Program, and QHP subsidies.		
4a. Newborn up to one year	Up to one year old, Washington resident, and the mother was eligible for WAH on child's birthdate. A mother may establish her eligibility retroactively or meet spenddown with expenses incurred on or prior to child's birthdate. (Deemed eligibility program.)	182-505-0210(2)
4b. Children under age 19	Child under 19 with countable family income up to 215% of poverty (210% plus automatic 5% income disregard), residing in Washington. No resource limit. 12 month continuous eligibility. No premium payments are required. Note: CN (federal) Medicaid has citizenship/immigration status, entry date, and Social Security Number requirements but noncitizen children qualify for WAH without meeting these.	182-505-0210(1),(3) 182-504-0125(6)
4c. Children under 19, premium-based health insurance	Uninsured child under 19, residing in Washington, with countable income under 317% of poverty (312% plus automatic 5% income disregard). Premiums for 200-250% of poverty: $20/month per child up to $40 per household. Premiums for 250%-300% of poverty: $30/month per child up to $60 per household.	182-505-0210(4); -0215; -0225
4d. WAH Long-Term Care, under age 21	Under 19: resides or is expected to reside in a medical institution, hospice care center, nursing home, institution for mental diseases or inpatient psychiatric facility may be eligible for WAH for Kids based on institutional rules described in WAC 182-514-0260. Individuals between 19 and 21 may be eligible for long term care under adult healthcare coverage. See WAC 182-514-0250. Once the person meets institutional status, only income received by the person or on behalf of the person counts when determining eligibility. 182-514-0240(3). If not income eligible for CN, see C4 for the Medically Needy Institutional program. For psychiatric inpatient stays that begin before age 21, see WAC 182-514-0250(7) and (182-513-1317(5((c)), emergency rule WSR 16-22-011). For involuntary commitment to psychiatric state hospitals, see 182-514-0270.	Chapter 182-514 182-505-0210(6); 182-514-0230 through 514-0270 182-513-1317(5); 182-513-1320, in emergency rule WSR 16-22-011 (see NOTE p. 1; re institutional status)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
4e. WAH Foster Care and subsidized adoption	Under age 26; is in foster care or receives subsidized adoption services, or was formerly in foster care. Children are eligible for state-funded CN coverage through the month of their 18th birthday if they are in foster care under legal responsibility of the state or federally recognized tribe within the state and do not meet SSN and citizenship requirements. (Deemed eligibility program.)	182-505-0211
B. NON-MAGI BASED PROGRAMS – CATEGORICALLY NEEDY • These programs have income and often resource limits.		
SSI and SSI-related CN (Aged, Blind, Disabled)		
5. Supplemental Security Income (SSI) - CN	Eligible to receive SSI**.** (Deemed eligibility program.)	182-503-0010(4)(a); 182-510-0001; 510-0005. See also 182-512-0050 (regarding SSI-related programs).
6. SSI-related CN (See 182-503-0510(1) and 182-512-0050(1))		
6a. Meeting SSI criteria	Meets SSI eligibility criteria, though not receiving SSI cash.	182-512-0100; 182-510-0001; 182-508-0001(2); see 182-505-0210 regarding children
6b. Aged, Blind or Disabled and institutionalized with income under a "SIL"	See also section 7a below. SSI-related people who meet institutional status under 182-513-1320 and meet level of care standards. Gross income must be under a "special income level" (SIL) set at 300% of the SSI federal benefits standard. Institutionalization in Eastern and Western state hospitals covered only for adults over age 65. 182-513-1317(5). More liberal rules for deeming of income and resources than for non-institutional SSI-related programs. Transfer of asset restrictions.	See 182-513-1315 to -1317, emergency rule WSR 16-22-011 (see NOTE p. 1); level of care standard 388-106-0355; transfer of asset 182-513-1363 to -1367 (Emergency rule repeals 513-1364 through 513-1366)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
6c. Home and Community Based Waiver programs: COPES/DDA/Other	Home and community based alternatives for people who otherwise would be hospitalized or in a nursing home. Must be SSI-relatable, meet level of care requirements, and meet applicable income and resource standards. COPES and other HCBS programs are for disabled/aged adults; DDA waiver is for developmentally disabled children and adults. Transfer of asset restrictions apply. The waiver programs provide an eligibility entry to WAH for the people who do not otherwise qualify for Medicaid and provide some services not available to non-waiver program clients. But personal care services needed by clients of the waiver programs are now provided as a State Plan service, "Community First Choice (CFC)," rather than under the waivers. For more information about the waiver program eligibility policies, see http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/long-term-care-index In 2012, the former MNRW and MNIW medically needy waivers for people with income above the "SIL" (see 6b above) were *combined* into the COPES waiver. Both the "SIL" and the above-SIL eligibility groups get CN Medicaid, and both groups benefit from spousal and dependent allocation rules. For more information about eligibility for the combined program see: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/consolidating-home-and-community-based-hcb	182-513-1315, -1316, -1318, Chapter 182-515, in emergency rule WSR 16-22-011 (see NOTE p. 1). Level of care assessments by ALTSA Chapter 388-106 (see especially 388-106-0310, -0355) or DDD 388-845; transfer of assets 182-513-1363 to -1367 in emergency rule WSR 16-22-011 (see NOTE p.1)
6d. SSI-terminated children	Received SSI for 8/96 and qualify using the prior disability definition (few children remain).	182-505-0210(3)(c)
6e. Terminated SSI extension	Terminated SSI - disability ended, redetermination of eligibility pending or on appeal.	182-510-0010(1),(2) 182-510-0001(6)(c) (re appeal)
6f. "Pickle" people (COLA disregards)	Former SSI/SSP recipient now entitled only to OASDI (also called Social Security) but would be eligible for SSI/SSP if COLA increases to OASDI for self plus family (after date lost SSI/SSP) are disregarded from income. This applies only if recipient formerly was entitled to both SSI/SSP and OASDI in a month after April 1977 and received at least SSI/SSP (not necessarily OASDI) in that month, and if the deduction of the COLA increases puts income below the current SSI/SSP standard.	182-512-0880(1). See 42 CFR 435.135; preamble to rules at 51 Fed. Reg. 12326 (April 10, 1986); Lynch v. Rank, 747 F.2d, 528 (9th Cir. 1984)
6g. Qualified Severely Impaired persons ("1619(b)" workers)	SSA determines eligibility for this status. Former SSI recipients who work, continue to be blind/disabled, and meet all SSI requirements except their earnings exceed income limit; but income is insufficient to replace SSI/Medicaid. These people are treated as though they receive SSI. (Deemed eligibility category). Clients who lose SSI due to earnings need to have 1619(b) status established by the Social Security office, and report income and other changes to SSA to stay on this status.	182-503-0010(4)(b) 182-510-0001(4)(c) 182-512-0880(5) 182-512-0050(3) 42 U.S.C. 1382h(b)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
6h. Disabled widows/widowers aged 50-59 in Dec 1983	Social Security Disabled Widows Benefits recipients since Dec. 1983, who became ineligible for SSI due to COLA increases. (Rare group)	182-510-0001(6); 182-512-0880(2)(a)
6i. Widows/ widowers/ surviving divorced spouses	Social Security Disabled Widows Benefits recipients, Medicare Part A ineligible, who received SSI prior to receiving Soc. Sec. but lost it due to receipt of or increase in Soc. Sec., and would otherwise be SSI eligible. (Rare group.)	182-510-0001(6); 182-512-0880(2)(b)
6j. Disabled adult child (DAC)	A Social Security recipient who lost SSI on or after 7/1/88 due to receipt of or increase in "Disabled Adult Child" benefits and who would otherwise still be eligible for SSI. The person is eligible for Medicaid through a "disregard" of the DAC income. Social Security refers to this income as "Childhood Disability Benefits" (CDB) rather than "DAC." These Child's benefits are received under the SS account of a parent or a grandparent of a disabled adult whose disability began before age 22 (a developmental disability). DSHS should automatically apply the DAC income disregard if Social Security has correctly coded the income source.	182-510-0001(6); 182-512-0880(3)
6k. Other "grandfatherees"	Certain SSDI recipients who in 1972 received a 20% SSDI increase. (Rare group.)	182-512-0880(4)
7. Adults in Medical Institutions, Alternate Living Facilities, and Hospice		
7a. Adults Institutionalized in a Medical Facility (CN)	Adults meeting institutional status requirements in 182-513-1320, including MAGI based adults under WAC Chapter 182-514 and adults on SSI-or would be eligible for SSI if they were not institutionalized. (See 42 CFR 435.211). For SSI-related clients with income above the SSI level but under the "SIL," see section 6b above.	182-513-1315, -1316, -1317, emergency rule WSR 16-22-011 (see NOTE p. 1). 182-514, 182-514-250 for MAGI-based 182-508-0001(4)
7b. Adults in Alternate Living Facilities (Non-institutional CN)	Adults in department-contracted alternate living facilities can receive CN non-institutional medical; requires income below a special SSP standard based on the cost of facility care for SSI-related clients. Once eligible for this program, clients who are functionally eligible for CFC in a residential setting may get Medicaid program payment for the residential costs of a state-contracted facility under CFC. Clients also may be private pay clients in a facility and pay the facility charges privately, and this program provides them CN coverage for their non-facility medical expenses.	Emergency rules repeal the current rule (182-513-1305) and address this program in 182-513-1205. WSR 16-22-011 (see NOTE p.1) 182-508-0001(5)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
7c. Hospice patients (CN)	The Hospice program* is for an SSI-related person who elects to receive hospice care and is not otherwise eligible for a CN, MN, or ABP noninstitutional program or HCB waiver, or is in an institution and elects hospice. Eligibility for people outside an institution mirrors the COPES rules, but income must be under the SIL (300% of the SSI Federal benefit rate). Transfer of assets restrictions do not apply. The program is available to in-home or institutional clients, but not to clients in residential settings (those clients must be on a program that pays for the residential facility services). Examples: Client needing hospice has income above MAGI standards but doesn't yet meet functional criteria for COPES (or assessment hasn't occurred), or is ineligible for COPES due to transfer of assets. Once a client gets WAH eligibility on the hospice program, personal care services (CFC) may be available as a state plan service. If COPES eligibility criteria are met later, the person is reassigned to that program. A person who receives coverage under the alien emergency medical (AEM) program (see section D1) may be eligible for payment for hospice services if preapproved. *"Hospice" is also a state-plan service, if a person has WAH.	182-513-1315, 182-513-1240, emergency rule WSR 16-22-011 (see NOTE p.1). Chapter 182-551 182-508-0001(6)
Medicare Savings Programs and state "Medicare Buy-In"		
8. QMB (Qualified Medicare Beneficiary)	Medicare recipients with income at or below 100% FPL (for household size), and with resource equal to or less than the Medicare Part D Low-Income Subsidy (LIS) resource standard (in 2016: $7280 for one person or $10,930 for a couple). DSHS pays Medicare Parts A and B premiums following the month that eligibility is determined and coinsurance, copays and deductibles for Parts A, B and C.	Chapter 182-517 Pending rule revisions address this in 182-502-0110, 182-517-0100, emergency rule, WSR 16-22-011 (see NOTE p.1).
9. SLMB (Low-Income Medicare Beneficiary) and QI-1	SLMB: Medicare recipients with income above 100% but at or below and 120% FPL, and with resources equal to or less than the Medicare Part D Low-Income Subsidy (LIS) resource standard (in 2016: $7280 for one person or $10,930 for a couple). QI-1: Medicare recipients with income above 120% FPL but at or below 135% FPL, same resource limits as SLMB. DSHS pays Medicare Part B premiums. (QI-1 requires periodic Congressional reauthorization.)	Chapter 182-517 182-502-0110, 517-0100
10. QDWI (Qualified Disabled Working Individual)	Certain former Soc. Security recipients under age 65 with incomes over 135% FPL but at or below 200% FPL, and assets below $4000 (individual) or $6000 (couple). DSHS pays Medicare Part A premiums.	Chapter 182-517 182-502-0110, 517-0100.
11. State-funded Medicare "buy-in"	Medicaid recipients who do not qualify for the federal Medicare savings programs (QMB, SLMB or QI-1). DSHS pays Medicare Part B premiums and can enroll clients outside the usual enrollment periods. The Medicaid coverage is secondary and "wraps around" the primary Medicare coverage.	Chapter 182-517 182-502-0110, 517-0300.

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
Other non-MAGI Programs		
12. Refugee Medical Assistance (CN)	Refugees, for the first 8 months they are in the U.S.	182-507-0130
13. Health for Workers with Disabilities (HWD)	Workers under 65 meeting federal disability requirements may buy into Medicaid by paying premiums based on income. SSI-related rules but no resource limits; net income below 220% of poverty.	182-511
14. Breast and Cervical Cancer Treatment Program	Uninsured or underinsured women under age 65, with income up to 300% of poverty depending on the service, screened through the Department of Health's early detection program (described in section I below) and found to require treatment for breast or cervical cancer or for a related precancerous condition.	182-505-0120
15. Kidney Disease Program (KDP)	Dialysis, medications and other services for End Stage Renal Disease (ESRD) after other funding exhausted; nonexempt countable resources under QMB levels; countable income under 220% FPL *Note: this is not considered a "WAH" program but it is administered by HCA.*	182-540-015 through -065
16. Family Planning ("Take Charge")	Women and men with income below 260% FPL may receive family planning coverage under "Take Charge" if uninsured for family planning (exemptions for those with insurance under certain circumstances).	182-532-720; 182-532-790
C. MEDICALLY NEEDY (MN) PROGRAMS: Spenddown required if income above Medically Needy Income Level • MN programs use SSI-related methodology unless otherwise indicated. • Prospective MN clients may also qualify for MAGI-based WAH coverage or QHP subsidies (see p. 9, Section E). They may wish to compare the programs before enrolling.		
1. Children, pregnant women, SSI-related individuals	Person's countable income exceeds limits for CN programs listed above for which they would otherwise qualify. For children and pregnant women, the program uses TANF methodology. For SSI-related individuals, SSI-related program methodology applies.	182-508-0001(7); 505-0210(2), (7), (8); 505-0115; 506-0010; 512-0150; 182-519-0100(5)(e)
2. SSI-related ineligible spouses	Spouse of SSI recipient who is not receiving SSI but is SSI-relatable (aged over 65, blind, or disabled).	182-508-0001(9); 519-0100, -0100(4)(d), -0100(5)(d); 182-512-0150(1)(b); 182-506-0015(4)(d)
3. Institutional (SSI-related MN)	Aged, blind, or disabled (SSI-related), and meets institutional status (182-513-1320); above SSI-CN resource limit OR income above the "SIL" (300% of SSI Federal benefit rate) but under amount needed for private pay rate plus recurring medical expenses. Compared to non-institutional Medicaid programs: more liberal deeming rules, restrictions on transfer of assets.	182-513-1315, -1316, -1317, -1395, -1345, in emergency rule WSR 16-22-011 (see NOTE p.1) 182-508-0001(7), (8)

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
4. Non-SSI-related institutional medically needy for pregnant women and people under 21	Meets institutional status. Institutional medically needy program for pregnant women and people under age 21. (Note: If the person meets the requirements here but also is SSI related, the person can choose between this program and the SSI-related program, see section C3 above. 182-513-1395.)	182-514-0263; 513-1315, -1316, -1317, in emergency rule WSR 16-22-011 (see NOTE p.1)
5. MN-Non-institutional for Alternate Facility residents	Special MN noninstitutional coverage for SSI-related people in contracted alternate facilities (e.g., Assisted Living, Adult Family Homes) with income above the level allowed for the CN program (section B7b above). Spenddown applies. On this program, clients paying privately for facility care and not receiving state-paid services can get Medicaid MN coverage for their non-institutional expenses.	182-513-1205(6), in emergency rule WSR 16-22-011 (see NOTE p.1)
6. Hospice patients (MN)	The medically needy hospice program (as an eligibility program, not as a service available to someone with another basis for WAH eligibility), is available only for people on hospice in a medical institution. See additional information about hospice in section B.7c above.	182-513-1245, in emergency rule, WSR 16-22-011 (see NOTE p.1) Chapter 182-551
D. PROGRAMS FOR IMMIGRANTS NOT OTHERWISE QUALIFIED BASED ON IMMIGRANT STATUS		
1. Emergency medical programs for immigrants (called "Alien Medical Programs")	Immigrants with certain emergency medical conditions, who meet CN or MN Medicaid eligibility requirements except immigrant status, qualify regardless of date of arrival in U.S. Covers only services necessary to treat the emergency condition. **As of 1/1/14, the first two programs below include those who would be eligible for WAH for MAGI-Based Adult expansion (A.2 above) except for immigration status.** Three types of coverage: 1. **Alien Emergency Medicaid.** Covers only services necessary to treat an emergency condition that are provided in a hospital setting (inpatient admission, emergency room, or outpatient surgery) or by a physician immediately prior to a hospital admission. 2. **Alien Medical for Dialysis and Cancer Treatment.** Covers only services related to a previously diagnosed condition – renal disease, cancer, and organ transplant anti-rejection medications. 3. **State-Funded Long-Term Care Services Program.** Provides CN scope of care to individuals residing in their own homes, or in a nursing facility, adult family home, assisted living facility, enhanced adult residential care facility, or adult residential care facility. Requires pre-authorization by Aging & Disability Services Administration. Limited slots.	182-507-0110; 182-505-0210(9) 182-507-0115 182-507-0120 182-507-0125

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
2. Certain Aged, Blind, or Disabled Immigrants (ABD, HEN Referral recipients)	Medical Care Services remains available to ABD recipients and HEN Referral recipients who are lawfully present in the U.S. but ineligible for WAH Adult program due to its immigration status requirements (the 5-year bar or other non-qualifying status).	Chapter 182-508-0005, -0150
3. Children	See A. 4b and 4c above.	
4. Pregnant women	See A.3a and 3b above.	
5. Adults under 65 or not on Medicare	Subsidized QHP: See E below.	
6. WSHIP	See F below.	

OTHER PROGRAMS

E. SUBSIDIES FOR QUALIFIED HEALTH PLANS IN THE HEALTH BENEFIT EXCHANGE

The Washington Health Benefit Exchange currently offers individual health insurance through Qualified Health Plans (QHPs). Small group insurance is also available in 2014, in Clark County only, through the Exchange. These insurance products are available by applying through Washington Healthplanfinder, www.wahealthplanfinder.org, as is Washington Apple Health. Insurance affordability programs: Persons with household income under 400% FPL based on MAGI methodology may be eligible for health insurance premium tax credits to partially offset the cost of QHP premiums. Persons with household income under 250% FPL may also qualify for cost-sharing reductions if a "silver" level plan is purchased. These QHP subsidies, along with WAH, are called "insurance affordability programs." All persons who apply for insurance affordability programs are treated as applicants for both WAH coverage and QHP subsidies; all will receive an approval or denial of WAH. Applicants who are denied are reviewed for the above QHP subsidies. Immigrants eligible for premium tax credits and cost-sharing reductions to purchase QHPs: Immigrants who are lawfully present in the United States may qualify for QHP subsidies, including those who do not meet the Medicaid requirements for immigration status or the 5-year bar for green card holders (Lawful Permanent Residents).	Overview at WAC 182-503-0001. Additional information available at www.wahbexchange.org.

CATEGORY	BASIC REQUIREMENTS	WAC REFERENCES
F. WASHINGTON STATE HEALTH INSURANCE POOL (WSHIP)		
	Residents who had not been accepted by private individual health insurance plans because of their medical conditions have been be able to purchase coverage through WSHIP, also called the "high risk pool." Effective 12/31/13, as a result of the availability of "guaranteed issue" insurance through the Affordable Care Act, WSHIP closed its enrollment to non-Medicare-supplement enrollees with the following exceptions: • Residents enrolled in WSHIP before 12/31/13 can remain enrolled through 12/31/17 • Residents ineligible for Medicaid/Medicare, who live in a county where a non-catastrophic health plan is unavailable in the private market/Exchange during open or special enrollment periods, can remain enrolled though 12/31/17. WSHIP is partially funded through assessments on commercial health plans but enrollee premiums can be costly. Premium discounts may apply for those with income less than 301% of the Federal Poverty Level. Information: www.wship.org, 1-800-877-5187. Assistance: Statewide Health Insurance Benefits Advisor (SHIBA), 1-800-562-6900.	WAC 284-91-001
G. HIV/AIDS EARLY INTERVENTION PROGRAM (EIP)		
	HIV/AIDS EARLY INTERVENTION PROGRAM (EIP): Dept. of Health offers assistance for clients with HIV/AIDS. The program helps with insurance premium payments, including Qualified Health Plans in the Exchange, and covers some costs of care and meeting Medicaid spenddown. Phone 360-236-3426 or 877-376-9316. More information: http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices/ADAPandEIP/ApplicationandEligibility The EIP program also provides **Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP) for HIV-negative people** at very high risk for HIV infection. The program pays for medication (TRUVADA®) to reduce a person's risk of becoming infected, if they have insurance. For more info: http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices For individuals without insurance, see http://www.doh.wa.gov/Portals/1/Documents/Pubs/150-055-PrEPDAPBrochure.pdf . EVERGREEN HEALTH INSURANCE PROGRAM: Evergreen pays health insurance premiums and COBRA for clients with HIV/AIDS, with certain income and asset limits. To qualify, clients must first enroll in the EIP. Phone 206-323-2834 or 800-945-4256. More information: www.ehip.org, info on combined EIP/Evergreen application here.	WAC 246-130 RCW 43.70.670
H. BREAST, CERVICAL, AND COLON CANCER SCREENING		
	The Breast, Cervical, and Colon Health Program provides free breast, cervical, and colon cancer screenings. To qualify, clients must be below 300% FPL, uninsured or underinsured, and be women age 40-64 (or younger, with breast symptoms) or men age 50-64. More information: http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/Cancer/BreastCervicalandColonHealth/Eligibility People screened through this program and found to require treatment for breast or cervical cancer or a related pre-cancerous condition, and who are uninsured or under-insured, may be eligible for HCA's Breast & Cervical Treatment Program (see category B.14 above).	182-505-0120