

Program Overview

FOR FINANCIAL COUNSELORS

Project Access Northwest has a **Premium Assistance Program** that pays the monthly health insurance premiums for select low-income clients who purchase insurance on the Washington Healthplanfinder website. With insurance, clients are able to receive health care at appropriate times in a family practice setting and access secondary and tertiary care when needed.

Program Requirements

- Clients must be referred by a community partner.
- Clients must agree to share all information provided to the Exchange with Project Access Northwest.
- Clients must agree to share all insurance company communications related to coverage with Project Access Northwest.
- Household income of clients must be at or below 300 percent federal poverty level.
- Clients must be eligible for a Qualified Health Plan with Tax Credits.
- Clients cannot be eligible for Washington Apple Health (Medicaid) or Medicare or employer-sponsored insurance that is deemed affordable by the Exchange.
- Clients must choose a Silver plan in the Exchange.
- If approved, clients must agree to apply full monthly tax credits and choose a Silver plan.

Program Process

Potential clients are referred to the Premium Assistance Program Coordinator (Navigator). Clients must agree to partner their Exchange accounts with the Coordinator's account. Eligibility will then be determined based on information garnered via each client's account, a phone conversation with the client, and available program funding.

If a client is approved for premium assistance, the Coordinator will handle the initial premium payment and all recurring premium payments for the remainder of the policy year.

Clients are responsible for informing the Coordinator of any changes to their household information, as this may affect eligibility on the Washington Healthplanfinder and for the Premium Assistance Program. Any inaccuracies in household information may result in tax penalties during tax filing.

Clients are still responsible for any other costs associated with their health insurance plans. These costs may include (but are not limited to) deductibles, co-pays, emergency room expenses and prescriptions.

Premium Assistance Program Manager:

Yesenia Mendoza Ramos
206-496-1579
yeseniam@projectaccessnw.org

Premium Assistance Program

Client Information

FIRST NAME:		MIDDLE INITIAL:	LAST NAME:
DATE OF BIRTH:	PHONE NUMBER:		WASHINGTON HEALTH PLAN FINDER ID:
GENDER:	EMAIL:		PREFERRED LANGUAGE:
INCOME SOURCE:		MONTHLY INCOME:	HOUSEHOLD SIZE:

Please describe your situation and need for premium coverage

Consent to Participate in the Premium Assistance Program

By consenting, you agree to share information to be eligible for coverage of qualified health plan through Washington Health Plan Finder. Your personal information may be shared securely on the Washington Health Plan Finder in accordance with privacy laws to connect you with services. This consent covers all information shared by you or by anyone that has the right to share information on your behalf. You can always limit the information you provide by requesting to have it removed.

Please sign and date in the box below:

SIGNATURE	DATE
PRINTED NAME OF SIGNEE	<input type="checkbox"/> TELEPHONIC SIGNATURE <input type="checkbox"/> SEP

Questions? Contact Premium Assistance Program Manager Yesenia Mendoza Ramos: 206-496-1579, yeseniam@projectaccessnw.org

Basic Health Profile

At this time, we would like to obtain a basic health profile for our records. **These questions do not affect your eligibility.**

Insurance

PRIOR TO THIS PROGRAM, DID YOU HAVE INSURANCE?

YES NO

If yes, how long ago? If no, what were some factors to not obtain insurance?

Medical history

HAS A DOCTOR EVER TOLD YOU THAT YOU HAVE OR HAD ANY MEDICAL CONDITIONS:

- HEART
- LUNGS
- OTHER
- DIABETES
- HIGH BLOOD PRESSURE
- STROKE
- CANCER
- ARTHRITIS
- LIVER

IN THE LAST YEAR, HAVE YOU SEEN YOUR PRIMARY CARE DOCTOR OR FAMILY PHYSICIAN?

YES NO

If so, how many times?

When was your last time?

IN THE LAST YEAR, HAVE YOU BEEN TO THE EMERGENCY DEPARTMENT?

YES NO

If so, how many times?

Were you admitted?

YES NO

IN THE LAST YEAR, HAVE YOU BEEN SEEN BY A SPECIALIST?

YES NO

What specialties?

ARE YOU CURRENTLY TAKING ANY PRESCRIPTION MEDICATIONS?

YES NO

If so, name of prescriptions:

Medical costs

HAVE YOU INCURRED ANY ADDITIONAL COSTS FROM YOUR MEDICAL CARE OUTSIDE OF THE MONTHLY PREMIUMS?
(Ex: Copays, deductibles)

YES NO

HAVE YOU SEEN A FINANCIAL COUNSELOR TO DISCUSS ASSISTANCE FOR THESE?

YES NO

DO YOU HAVE ANY QUESTIONS REGARDING THE PREMIUM COVERAGE, SHOULD THERE BE FUNDING TO COVER YOU?

YES NO