

# Adding a newborn in Healthplanfinder

## Scenario

A Mother is open on Washington Apple Health (Medicaid) and needs to add her newborn to her application in Washington Healthplanfinder.

### Step 1

From the Primary Applicant's dashboard under the Application tab, click "Report a Change."

**Dashboard**

Welcome, Jamie!  
Manage your coverage options, view important messages, and update account settings.

Account Home | Payments | My Household | Document Center | My Profile

**Application**

[Report a Change](#)

[Create Another Application](#)

**Household Coverage Summary**

Shop and compare plans so that you get the best plan that fits your needs.

[Shop for Current Plans](#)

**Current Coverage Summary**

WASHINGTON APPLE HEALTH COVERAGE

Washington Apple Health (except Alien Emergency Medical) includes dental coverage.

**Jamie Larsyn** ✓ Enrolled

[Washington Apple Health](#)

| Start Date | End Date   | Renewal Date |
|------------|------------|--------------|
| 05/01/2021 | 08/31/2021 | 08/31/2021   |

### Step 2

Select "Yes" under "Someone needs to be added to or removed from my list of household members to be considered for coverage" and click Next.

## Report your changes

Choose what change you had and you will be taken to that screen. Make your updates, complete all screens, and submit your application.

My household wants to apply for a full cost Qualified Health Plan and no longer wants Health Insurance Premium Tax Credits, Cost Sharing Reductions, or Washington Apple Health.

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Someone needs to be added to or removed from my list of household members to be considered for coverage

|     |    |
|-----|----|
| Yes | No |
|-----|----|

My household income has changed by \$150 or more, and is expected to last for at least two consecutive months.

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Someone in my household has become pregnant, or someone whom I have previously reported as pregnant is no longer pregnant.

|     |    |
|-----|----|
| Yes | No |
|-----|----|

My address has changed

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Someone in my household has gained or lost health coverage

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Something else has changed. Examples include:

- I need to change tax filing status for myself or others in my household
- My citizenship or tribal status has changed
- Someone has moved out of state.

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Remove Primary Applicant?

|     |    |
|-----|----|
| Yes | No |
|-----|----|

Back

Next

## Step 3

Click "Add Member"

## Add your household members

Note: All household and tax dependents must be listed, even if they do not need health care coverage.

|                       |                                     |      |
|-----------------------|-------------------------------------|------|
| Jamie Larsyn          |                                     | Edit |
| Female                |                                     |      |
| Date of Birth         | Social Security Number              |      |
| 02/05/2000            | XXX-XX-4926                         |      |
| Applying for Coverage | Living in Same Home as Jamie Larsyn |      |
| Yes                   | N/A                                 |      |

+ Add Member

#### Step 4

Fill in all required fields for the newborn. Make sure “Child” is selected for “How is this person related to the primary applicant?” and “Reason for Addition” is Birth. Click Save.

**Note:** an SSN is not required but is helpful to include if available.

### Add your household members

Note: All household and tax dependents must be listed, even if they do not need health care coverage.

\*Required Field

|                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Jamie Larsyn</div> <div>Female</div> <div><div>Date of Birth</div>02/05/2000</div> <div><div>Social Security Number</div>XXX-XX-4926</div> <div><div>Applying for Coverage</div>Yes</div> <div><div>Living in Same Home as Jamie Larsyn</div>N/A</div> | <div>Alex Larsyn</div> <div>Male</div> <div><div>Date of Birth</div>05/15/2021</div> <div><div>Social Security Number</div></div> <div><div>Applying for Coverage</div>Yes</div> <div><div>Living in Same Home as Jamie Larsyn</div>Yes</div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

+ Add Member

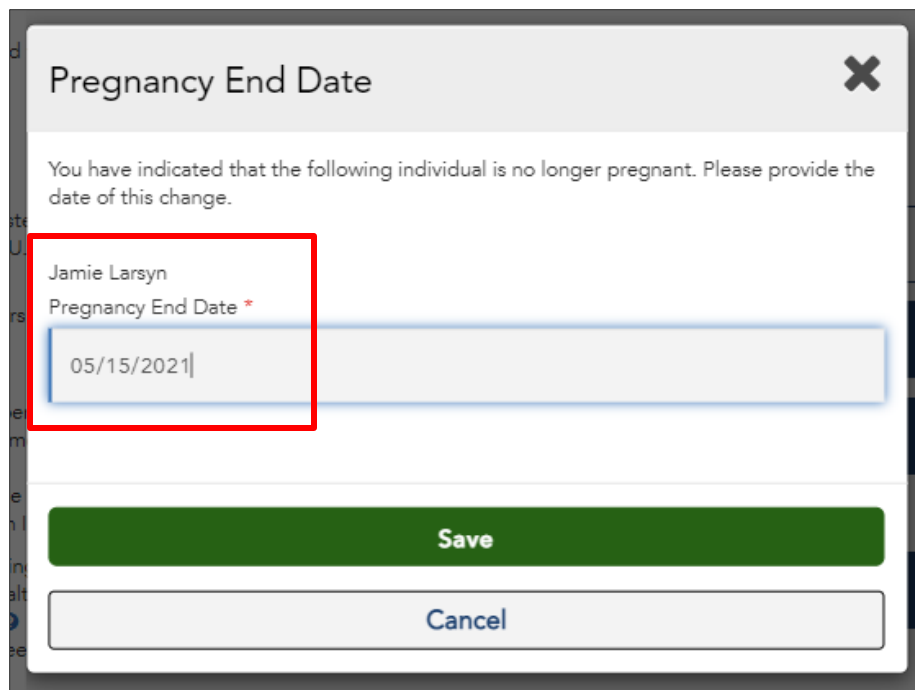
Back

Finish Later

Next

#### Step 5

On the “Answer questions about your household” screen, mark the mother as no longer pregnant and the date the pregnancy ended (the newborn’s date of birth).



**Pregnancy End Date** ✕

You have indicated that the following individual is no longer pregnant. Please provide the date of this change.

Jamie Larsyn  
Pregnancy End Date \*

05/15/2021

**Save**

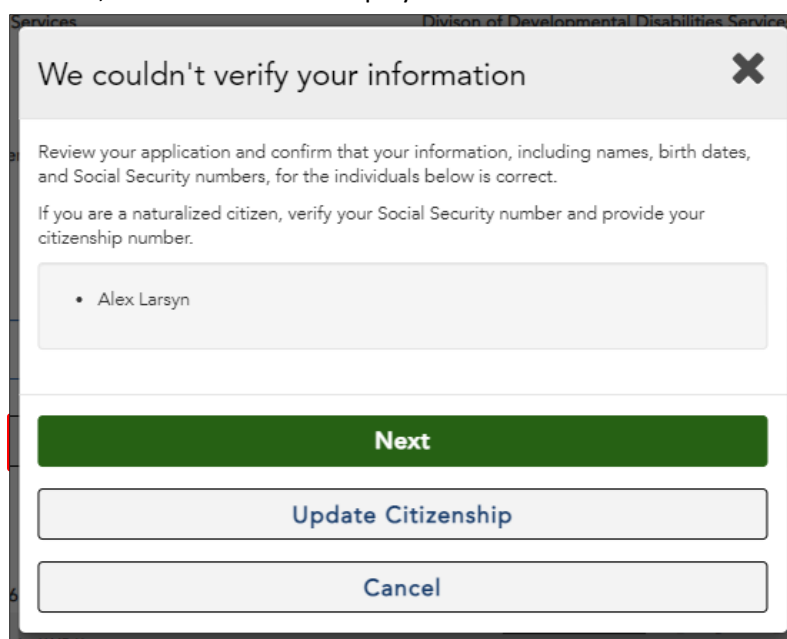
Cancel

### Step 6

Continue through the application, making any applicable changes.

### Step 7

After the Application Review screen, click “Next” if this displays:



Services Division of Developmental Disabilities Services

**We couldn't verify your information** ✕

Review your application and confirm that your information, including names, birth dates, and Social Security numbers, for the individuals below is correct.

If you are a naturalized citizen, verify your Social Security number and provide your citizenship number.

• Alex Larsyn

**Next**

Update Citizenship

Cancel

## Step 8

“Your eligibility results” will now display the newborn.

### Your eligibility results

You applied for free or low-cost health insurance coverage. To see Eligibility Status details per household member click each name below.



You have 1 household member(s) with additional action required. Please review for more information.

Jamie Larsyn  
✔ Approved

>

Alex Larsyn  
✔ Approved

>

Alex Larsyn  
Child  
✔ Approved

#### COVERAGE



You need to submit documents to verify: Citizenship, SSN.

Alex Larsyn has been enrolled in Washington Apple Health for Kids Coverage [Why this result?](#)

**Program**  
Washington Apple Health Kids

**Coverage Start Date**  
05/15/2021

**Coverage End Date**  
05/14/2022

**Renewal Information**  
Alex Larsyn will need to renew coverage by 05/14/2022. We will contact you with more information when it's time to renew.

**Next Steps for Alex Larsyn**  
Starting 05/15/2021 Washington Apple Health for Kids Coverage will cover Alex Larsyn. Click 'Next' to see Washington Apple Health Managed Care Plan options.