
Health Care Authority Hot Sheet

Issue: Disenrollment Notification

Date: 2/17/11

What's the situation?

The Governor, Senate, and House of Representatives submitted proposals for the 2011 Supplemental Budget. Although a final budget has not been signed into law, they came to an agreement and Basic Health must reduce enrollment by limiting eligibility only to those eligible for the Medicaid waiver. This reduction covers a broader population than originally anticipated.

Based on an overlap of language in the original proposals and to meet our ten-day disenrollment notification requirement, Basic Health prepared to take action in order to avoid risk of over expenditure (operating expenses). BH will still send those between the ages of 19-64 who do not legally reside in the United States a disenrollment letter dated February 18, 2011. The disenrollment is effective March 1, 2011.

Due to the new proposal, we must also disenroll those 65 and over who do not legally reside in the US and those over 133% of the Federal Income Guidelines. (Note that the income calculation includes the disregards used by DSHS to calculate Medicaid eligibility. This means a person would have a higher income than they would using the BH calculation.) They are not eligible under the Medicaid waiver and we will send them a disenrollment letter dated February 18, 2011. The disenrollment is effective March 1, 2011.

We will now focus our attention on transferring the approximately 1,700 children under the age of 19 to Apple Health for Kids.

We anticipate a significant increase in appeals and phone calls. Below is information to help you answer the questions that may come in.

FAQs

1. Why am I being disenrolled March 1?

Basic Health requires individuals be eligible for the Medicaid waiver to receive BH coverage. Individuals who do not legally reside in the United States or have income over 133 percent of the Federal Income Guidelines are not eligible to receive BH coverage. We were able to identify the individuals on the letters as not being eligible for BH.

2. What if I can prove this is wrong? Can I appeal?

If the subscriber believes the action taken on their account is wrong, we must receive their appeal within 30 days of the date of this letter. For those being disenrolled due to not legally residing in the United States, they must include with their appeal a valid Social Security number (SSN) and date of birth or current documents from the federal government proving the member(s) listed in the notice

legally resides in the United States. Please note, if they do not meet all of the other eligibility requirements for the Medicaid waiver, we will still disenroll them.

3. What are the eligibility requirements for the Medicaid waiver?

Individuals are eligible for the Medicaid waiver if they meet all of the following:

- are an adult between 19-64 years old;
- have countable income up to 133% of the Federal Poverty Level (FPL);
- are a US Citizen or qualified non-citizen;
- are a Washington resident;
- are not Medicaid eligible (either when they first apply or based upon their recertification);
- are not otherwise insured; and
- do not qualify for Medicare or VA benefits.

4. Why are we only giving members a 10-day notice?

WAC 182-24-070(4) Disenrollment from BHP –states BH must send written notice of termination “at least ten days before the effective date of disenrollment”.

5. BH asked for my SSN earlier this month and now I am being disenrolled. The letter said I would not lose coverage.

Due to an agreement recently signed by the state and federal governments, BH is now eligible to receive federal matching dollars to share in the cost of providing coverage for qualified non-citizens and US citizens. Valid SSNs help us claim these funds so the state can continue providing health care coverage for as many people as possible.

At the time we sent the letter, those who did not provide the requested information would continue to be eligible. Now, however, if members do not legally reside in the United States, we will no longer use state funds for this population unless they can provide an SSN and date of birth or current documents from the federal government that show the member legally resides in the United States.

6. I already paid my premium. Will I receive a refund?

If the subscriber already paid their premium and there are no paying members remaining on the account, we will refund their payment. Please note, if the subscriber made an e-payment, BH will process a refund but it will not go back onto the subscriber’s credit card. The subscriber will receive a state issued warrant (check) for the refund amount minus the convenience fee. Currently this fee is \$2.45 per transaction.

7. Are there other coverage options?

DSHS offers coverage for children through Apple Health for Kids. Children 18 and younger could be eligible at no cost or with a premium of \$30 or less per month. For questions regarding this program, visit <http://hrsa.dshs.wa.gov/applehealth/> or call 1-800-204-6429.

You may also be eligible for other DSHS programs. Visit the DSHS trial eligibility calculator at <http://www.dshs.wa.gov/esa/TEC/> to:

- Complete and submit an online application,
- Download an application to mail in, or
- Locate your local Community Service office.

If you do not have internet access and you would like to apply, please call 1-877-514-3663 to request a DSHS application.

Basic Health administers a non-subsidized program called Washington Health. This program operates at no cost to the state as members pay the full premiums. There is no waiting list for this

program. To find out more information or to see if you are eligible, visit www.washingtonhealth.hca.wa.gov or call 1-800-660-9840.

The Washington Prescription Drug Program (WPDP) is free to all residents, regardless of age or income, who do not have prescription drug insurance coverage or whose insurance does not cover all their prescription drug needs. Enrollment forms are available online at www.rx.wa.gov or by calling 1-800-913-4146.

The Basic Health website has a list of other resources available to you. Please visit http://www.basichealth.hca.wa.gov/other_options.html for these options.

What are the key talking points when speaking to a caller about disenrollment?

- I am here to help answer your questions.
- We will not know what will happen to BH until the Legislature takes action.
- We are a state-subsidized program. Our budget is set by the state legislature. We must implement any changes (laws) they set to our program.
- To reach your legislative representative, you can call the legislative hotline at 1-800-562-6000 to leave a message for your representative.
- Our goal remains to provide quality, health care access to as many residents as possible.

Resources for callers

- Washington Health – www.washingtonhealth.hca.wa.gov
- DSHS Medical Assistance – <http://hrsa.dshs.wa.gov/HRSAClient.htm> or 1-800-562-3022
- Other Coverage Options – www.basichealth.hca.wa.gov/other_options.html