

---

# Member Alert

---

September 2011

## New program for American Indian/Alaska Natives (AI/AN)

Basic Health (BH) is adding Appendix B-1 to the *Basic Health Member Handbook* to cover the new American Indian/Alaska Natives Basic Health program.

### AI/AN Program overview

Effective January 1, 2011, BH members who are enrolled through a Tribal Sponsor that is contracted with BH may receive BH benefits without having to pay member premiums, copayments, deductibles, or coinsurance.

### Eligibility

To be eligible for the AI/AN program, you must:

- Be eligible for Basic Health (see page 2 of this alert);
- Provide proof of your enrollment in a federally recognized American Indian or Alaska Native tribe. Your Tribal Sponsor will help you provide proof; and
- Meet the following definition of “American Indian” or “Alaska Native:”

*Indian means any individual defined at 25 USC 1603(c), 1603(f), or 1679(b), or who has been determined eligible as an Indian, pursuant to 42 CFR 136.12. This means the individual:*

- (1) Is a member of a Federally recognized Indian tribe;
- (2) Resides in an urban center and meets one of the four criteria:
  - a. Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member;
  - b. Is an Eskimo or Aleut or other Alaska Native;
  - c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
  - d. Is determined to be an Indian under regulations promulgated by the Secretary; or
- (3) Is considered by the Secretary of the Interior to be and Indian for any purpose; or
- (4) Is considered by the Secretary of Health and Human services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.

  
**Basic Health™**  
[www.basicehealth.hca.wa.gov](http://www.basicehealth.hca.wa.gov)  
**1-800-660-9840**

---

This serves as official notice of changes to your Basic Health coverage, and is an addendum to your *Basic Health Member Handbook*.

# Legislature Requires New Eligibility Guidelines

Effective March 1, 2011 to be eligible for subsidized Basic Health you must:

- Be a Washington State resident;
- Be a US Citizen or qualified non-citizen;
- Be between 19 and 64 years old;
- Have gross family income at or below 200% of the Federal Income Guidelines;
- Have countable family income between 0-133% of the Federal Income Guidelines;
- Not be eligible for or receiving Medicaid or other medical assistance administered by the Health Care Authority;
- Not be eligible for free or purchased Medicare;
- Not be a full-time student who has received a temporary visa to study in the United States;
- Not be institutionalized at the time of enrollment; and
- Not be enrolled in the Washington Health Program.

Foster parents licensed under chapter 74.15 RCW continue to be eligible for subsidized coverage. They can have a gross family income up to 300% of the Federal Income Guidelines, but must meet all other eligibility guidelines.

If you are disenrolled for ineligibility, you may be able to enroll in the Washington Health Program (WH) administered by Basic Health. There are no income limits or citizenship requirements for WH. If you've had 24 continuous months or more of Basic Health coverage and apply within 30 days of losing your BH coverage, you may be eligible to enroll in WH without having to complete a Standard Health Questionnaire. For more information visit [www.washingtonhealth.hca.wa.gov](http://www.washingtonhealth.hca.wa.gov). For other coverage options, visit [http://www.basicealth.hca.wa.gov/other\\_options.html](http://www.basicealth.hca.wa.gov/other_options.html).

# Member Handbook Revisions

## Chapter 1:

### Eligibility for Basic Health Programs

#### Dependent eligibility – informal guardianships

Page 2 of the *Basic Health Member Handbook* describes family members who should be listed on your account (even if they are not enrolling for coverage). The third bullet item in that section is deleted and is replaced with the following:

- *A child in your custody under an informal guardianship agreement that is signed by the child's parent(s) and allows you to get medical care for the child. You must provide a copy of the guardianship agreement and proof that you are providing at least 50 percent of the child's support. You cannot list a child who is in your home under a foster care agreement.*

#### Dependent eligibility – may be eligible for own account

On page 2 of the *Basic Health Member Handbook*, in the right column, the paragraph following the bullet item at the top of the page is deleted and replaced with the following paragraph:

*Family members who are not eligible for coverage on your account may be able to enroll separately. For example, a child who reaches age 26 and is not disabled. This family member must complete a separate Basic Health application.*

## Chapter 2:

### Income Guidelines

To be eligible for Basic Health and to receive a subsidy for your monthly premium, BH will look at your income in two ways.

First, to receive a subsidy, your family's gross income must be at or below 200% of the Federal Income Guidelines (FIG). We will use your gross family income to determine your share of your monthly premium. For more information on gross family income, see Chapter 2 of the *Basic Health Member Handbook*.

If your gross family income is at or below 200% FIG, we will then determine your countable income. To be eligible for BH, your family's countable income must be at or below 133% FIG. We use the following process to determine your family's countable income:

((Wages + Net Self-Employment) - Earned Income Disregard) + Unearned Income – Deductions = Countable Income

## Chapter 3: Making Changes and Maintaining Eligibility

### Changing health plans

On page 6 of the *Basic Health Member Handbook*, in the right column following the second full paragraph, add the following paragraph:

*You may also change your health plan if the Health Care Authority (HCA) imposes an indeterminate sanction(s) on your health plan, but only if another health plan is available in the service area where you live. If this occurs, Basic Health will notify you. You may not be required to change health plans, but if you choose to do so, Basic Health will assist you with the change in health plans. If you are allowed to change health plans because the HCA has imposed a sanction on your health plan, your yearly deductible and out-of-pocket maximum will not start over.*

### Family changes

On page 7 of the *Basic Health Member Handbook*, right column, in the subsection entitled “Enrolling a new family member,” delete the first sentence and replace with the following:

*To enroll a new spouse or a child or dependent between 19 and 26, Basic Health must receive the appropriate application within the timeframes below.*

In that same section, delete the third item and replace with the following:

- *Other dependents (children age 19-26, adults with disabilities): Within 30 days of the date they become your dependent or move into your home. See page 2 for details.*

### Income changes

On page 8 of the *Basic Health Member Handbook*, right column near the bottom of the page, delete the heading “**Income does not include:**” and replace with “**Gross income does not include:**”

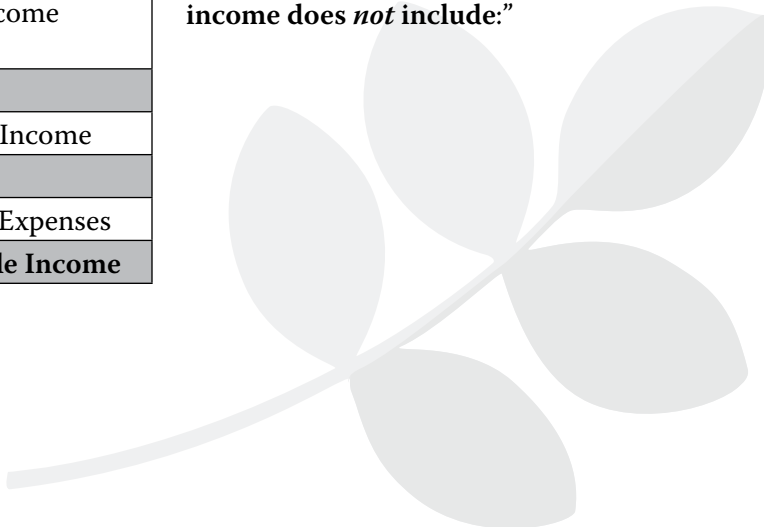
Definitions	
Wages	Gross wages for both subscriber and spouse
Net Self-Employment Income	Business related income and expenses from self-employment or rental income
Earned Income Disregard	Fifty percent of the combined wages and net self-employment ((Wages + Net Self-Employ) x 50%)
Unearned Income	Other income listed for Subscriber and Spouse only
Deduction(s)	Child care expenses up to \$1,025 per month per eligible dependent.

Family Size	133% Countable Monthly Income Max	133% Countable Yearly Income Max
1	\$ 1,207	\$ 14,484
2	\$ 1,630	\$ 19,564
3	\$ 2,054	\$ 24,645
4	\$ 2,477	\$ 29,726
5	\$ 2,901	\$ 34,806
6	\$ 3,324	\$ 39,887
7	\$ 3,747	\$ 44,967

Source = 2011 Federal Register Vol. 76, No. 13, January 20, 2011, pp. 3637–3638

For example: A family of 3 with gross monthly wages of \$2,600, gross monthly unearned income of \$200, and child care expenses of \$500 monthly has a countable income of \$1,000 monthly.

\$2,600	Gross Wages
-\$1,300	Less Earned Income Disregard
<b>\$1,300</b>	<b>Sub Total</b>
+\$200	Plus Unearned Income
<b>\$1,500</b>	<b>Sub Total</b>
-\$500	Less Childcare Expenses
<b>\$1,000</b>	<b>Total Countable Income</b>



## Chapter 4: Suspension, Disenrollment, and Reenrollment

On page 11, right column, the first bullet item is deleted and replaced with the following:

- *Become eligible for Medicaid or begin receiving medical assistance administered by the HCA. If you become eligible for other coverage, you will be transferred to that coverage.*

## Chapter 5: Rights, Responsibilities, and Privacy

On page 13 of the *Basic Health Member Handbook*, in the right column, the fifth bullet item is deleted and replaced with the following:

- *Change your primary care provider (call your health plan for assistance).*

On page 14 of the *Basic Health Member Handbook*, in the left column under “Exceptions”, the third bullet item is deleted and replaced with the following:

- *Your information will be shared with Medicaid to determine eligibility for that coverage and continued eligibility for Basic Health. If you are found eligible for Medicaid, you will be transferred to that coverage.*

## Chapter 6: Grievances, Complaints, Appeals, and Hearings

On page 16 of the *Basic Health Member Handbook*, beginning with the paragraph following the section heading entitled “Grievances against your health plan” delete all of the rest of page 16 and the first two paragraphs on page 17 and replace with the following:

*You have the right to file a grievance or appeal with your health plan if you are not happy with the way you have been treated or if you have been denied a medical service. The plan can help you file a grievance or an appeal.*

*Grievances or complaints can be about:*

- *A problem with your doctor’s office,*
- *Getting a bill from your doctor, or*
- *Any other problems you may have getting health care.*

*Your health plan must let you know by phone or letter that they received your grievance or complaint within five working days. The plan must address your concerns within 30 days.*

## Things to know if a medical service is denied... there are time limits.

*A **denial** is when your health plan does not approve or pay for a service that either you or your doctor asked for. When your health plan denies a service, it will send you a letter about the denied service. The letter will let you know about your rights if you or your doctors do not agree with the plan’s decision. After you get a denial letter, you have 90 days to ask for an appeal of the plan’s decision. Within 5 working days, the plan will reply in writing telling you they received your request.*

*An **appeal** is when you ask the health plan to review your case because you disagree with their denial. With written consent, you can have someone appeal on your behalf. You only have 10 days to ask for an appeal if you want to keep getting a service that you are already getting while the plan reviews its decision. Your plan will review and decide your appeal within 14 days. Your plan must tell you if it needs more time (up to 30 days) to make a decision. The plan must get your written permission to take more than 30 days to make a decision. In any case an appeal decision must be made within 45 days.*

**NOTE:** *If you keep getting a service during the appeal process and you lose the appeal, you may have to pay for the services you received.*

*Is it **urgent**? For urgent medical conditions, you or your doctor can ask for an expedited (quick) review or hearing. If your medical condition requires it, a decision will be made about your care within 72 hours. To ask for an expedited appeal, tell your plan why you need the faster decision. If the health plan denies your request, your appeal will be reviewed in the same time frames outlined above. Your plan must make reasonable efforts to give you prompt oral notice if it denies your request for an expedited appeal. Your plan must provide written notice within 2 calendar days of its decision.*

*If you **disagree** with the appeal decision from the plan, you have the right to ask Basic Health for a hearing within 90 days.*

*A **hearing** is when you ask Basic Health to review your case after your plan denied your appeal. DO NOT ask for a hearing from Basic Health before you get the plan’s decision about your appeal.*

## To ask for a Basic Health Hearing:

- Call the Office of Administrative Hearings ([www.oah.wa.gov](http://www.oah.wa.gov)) at 1-800-583-8271, or send a letter to P.O. Box 42489, Olympia, Washington, 98504-2489.
- Tell the Office of Administrative Hearings the reason for the hearing; what service was denied; the date it was denied; and the date that the appeal was denied. Also, be sure to give your name, address, and phone number.
- You may talk with a lawyer or have another person represent you at the hearing. If you need help finding a lawyer, call the NW Justice CLEAR line at 888-201-1014, weekdays from 9:15 a.m. until 12:15 p.m., and Tuesdays from 3:30 p.m. until 6:15 p.m., or visit <http://www.nwjustice.org/>

After the hearing, the Office of Administrative Hearings will send you a letter with its decision. If you disagree with the hearing decision, you have the right to ask your health plan for a review of your case by an **Independent Review Organization (IRO)**. An IRO is a group of doctors, who do not work for your health plan. You have 180 days to call your plan and ask for a review by an IRO after you get the OAH letter.

If you still do not agree with the decision of the IRO, you can ask to have the Board of Appeals review your case. You only have 21 days to ask the Board of Appeals to review the IRO's decision after getting your IRO decision letter. The Board of Appeals decision is final. You can ask for a Board of Appeals review by:

- Calling 1-877-351-0002 (TTD only: 360-664-6178), or
- Writing to the Board of Appeals at  
P.O. Box 45803 Olympia, WA 98504-5803.

## Chapter 8: Covered Services and Member Costs

### Member costs

On page 22 of the *Basic Health Member Handbook*, delete the first paragraph after the section heading and replace with the following:

*Except for American Indian and Alaska Native enrollees as defined in Appendix B-1, each member in Basic Health is responsible for sharing in the cost of coverage, as follows:*

## Definitions of Terms

The following definitions are added to the Definition of Terms beginning on page 42 of the *Basic Health Member Handbook*.

### **American Indian or Alaska Native**

*A person who meets the definition provided in Appendix B-1.*

### **Countable Income**

*The amount of a family's monthly income used to determine Basic Health eligibility. This amount is based on the gross family income, after the appropriate disregards. (See page 3 of this alert.)*

### **Hearing**

*A hearing is when you ask Basic Health to review your case after your plan denied your appeal.*

## Miscellaneous revisions, conflicts with the Basic Health Member Handbook

- Unless the context requires otherwise, references to the "Department of Social and Health Services" or "DSHS" are replaced with "the Health Care Authority" or "HCA."
- Where there is a conflict between the provisions of the *Basic Health Member Handbook* and this Member Alert, the provisions of this Member Alert will apply.

## Basic Health Member Handbook Revision

A revised copy of the *Basic Health Member Handbook* will be available later this year online at

<http://www.basichealth.hca.wa.gov/publications.html>.

We will notify you in your billing statement when the revisions are made. You may request a printed copy at that time.

**Announcement: On July 1, 2011 Medicaid left the Department of Social and Health Services (DSHS) and merged with the Health Care Authority (HCA).**

HCA 25-610 (9/11)

Olympia, WA 98504-2683

P.O. Box 42683

Washington State Health Care Authority

BasicHealth™

