
Policy 12-01 Individual Member Recertification

Purpose

This policy establishes guidelines for the recertification process, which verifies Basic Health (BH) members' continuing eligibility and ensures the state subsidy amount is correct.

The recertification process is to be applied consistently and equitably to all members.

The recertification process must allow members adequate time to respond with the required documentation.

Effective: January 1, 1996	Citations: RCW 70.47.050 and 70.47.060 WAC 182-22-110 , 182-24-010 , 182-24-020 , 182-24-060 , and 182-22-320 Recertification, Reinstatement, Reenrollment, and Appeals procedures. Recertification Forms, Member Handbook
Revised: January 1, 1997 February 6, 2002 August 1, 2008 November 17, 2008 January 27, 2009 August 5, 2009 Revisions to comply with Legal Settlement and required WAC revisions as part of settlement. January 1, 2011 <i>Revisions to support transition process with DSHS and federal waiver.</i>	
Approved: <u>Preston W. Cody</u> Assistant Administrator, BH	

Policy

To confirm that BH members are eligible for the level of state subsidy they are receiving, BH requires verification of **current** eligibility at least once every twelve months. Additionally BH members will be screened for transition eligibility for medical assistance coverage under the Department of Social and Health Services (DSHS) and if enrolled in medical assistance following DSHS review, transferred to that coverage. A BH member who refuses medical assistance following a determination of eligibility by DSHS may remain on Basic Health as long as he or she is otherwise eligible.

BH members who do not provide Social Security numbers (SSN) or for whom verification cannot be obtained from other agencies may be required to submit **current** eligibility documentation at least once every six months.

BH may also select members for recertification if information received from another source questions their eligibility or appropriate state subsidy amount.

BH group members may be recertified according to the same schedule and program requirements as individual members.

Member Recertification

1. Members selected for recertification must provide:
 - Proof of income for the past 30 days or last calendar month; and
 - Federal income tax documentation for the most recent year, or a dated statement of non-filing; and
 - Proof of their current residential address in Washington State
2. BH sends an initial recertification packet and gives the member at least 55 days to respond. If no response is received within the first 30 days, BH sends a reminder packet. The reminder packet is mailed at least 25 days prior to the final recertification due date. It shall consist of a second recertification notice labeled “final notice” for those members who have not submitted any documents or a checklist of missing items for those members who have sent some documentation
3. If members submit any documentation related to the recertification, BH will send the member confirmation of receipt of their documents within four business days. Information will include the BH customer service phone number and internet address for the FUZE chat system.
4. If BH does not receive complete recertification documents by the final due date, BH sends a disenrollment letter at least 50 days prior to the date coverage ends. The letter must contain the following information:
 - What the member can do to avoid a break in coverage;
 - The process for reenrolling, if they do have a break in coverage;
 - How to avoid a pre-existing condition waiting period;
 - Information about the effect of managed enrollment or wait list, if there is a break in coverage;
 - Information on sending the premium payment with recertification documents; and
 - Appeal rights.

The BH manual disenrollment letter must also include the documents that are still needed to complete the recertification process.

5. If **complete** documents are received within the **30 day period** following the mailing of the disenrollment letter, the member is compliant to recertification. They will not have a break in coverage, if they remain eligible and send the appropriate premium payment by the due date given.
6. If complete documents are received within six months of disenrollment, eligible members may reenroll, subject to managed enrollment. Offers of reenrollment in the plan will not be retroactive and shall take place within 45 days of BH receiving complete reenrollment documents that verify eligibility; subject to the provisions of WAC [182-24-020](#). When the

member is offered re-enrollment, HCA will promptly notify the member of the reenrollment and send an invoice to offer coverage.

7. If **complete** documents are received **after six months** following disenrollment, members may not reenroll for twelve months from the date of disenrollment, and are subject to managed enrollment.
8. If group members are no longer eligible for sponsorship but remain eligible for BH, individual enrollment will be offered to these members. It is the individual member's responsibility to provide premium payment within billing timelines, to avoid a break in coverage.