

Your Rights Under Healthy Options

What are Healthy Options and Basic Health Plus?

Healthy Options is the name of the Medicaid and CHIP "managed care" program offered by the state's Medicaid agency (called the Health Care Authority, or "HCA"). Under Healthy Options you are enrolled in a health plan. The plans available to you depend on the county where you live. In the summer of 2012 new contracts will change the plans available in Washington to include Amerigroup, Community Health Plan of Washington, Coordinated Care Corporation, Molina Healthcare of Washington, and United Healthcare Community Plan.

Health plans work in the following way:

- Generally you have to go to clinics, providers' offices, and pharmacies that have contracts with your plan. (There are some exceptions.)
- You have to choose a **primary care provider (PCP)** who gives you care for routine health needs. The PCP can be a doctor or nurse practitioner. If you need care from a specialist (such as a neurologist, cardiologist, or orthopedist), you must get a referral from the PCP.
- Your doctor or pharmacist must sometimes get approval from the health plan for the care or medications they think you need.

Most, but not all, Medicaid-covered services are available through your health plan. Other covered services are available on a fee-for-service basis. For children, Healthy Options is

sometimes called "BH Plus" or "Basic Health Plus."

Who Must Enroll in Healthy Options?

With some exceptions (see below), you must enroll if you are:

- a parent or relative caring for a child or children,
- a child under age 19, not in foster care,
- pregnant,
- receiving "ABD" state cash assistance based on being blind or disabled (not based on age), or
- receiving Medicaid based on having a disability (**new group** described in box on page 2).

Exceptions:

You are **not** in Healthy Options and are covered on a fee-for-service basis if you are:

- On Medicare
- On the "Medically Needy" Medicaid Program (also called "spenddown program")
- Covered by other health insurance comparable to Healthy Options
- Disabled or blind, and live in a nursing home or an ICF/ID institution for people with developmental disabilities (such as Fircrest School, Lakeland Village, Rainier School)
- Receiving hospice care

- Participating in one of the Medicaid “chronic care management” programs
- A child receiving “Medically Intensive” Medicaid services (private duty nursing)
- An adult getting private duty nursing services from Medicaid
- A foster child (you may participate in Healthy Options but are not required)
- Certain immigrant children
- Living in a county that does not have at least two Healthy Options health plans (if there is one plan, you may participate but are not required).
- Approved by HCA for an “exemption” or disenrollment from Healthy Options (see page 2)

Other HCA managed care programs:

Besides Healthy Options, HCA has several other managed care programs:

- All clients served through Washington State’s “Medical Care Services” program based on incapacity are in a managed care program, with services provided through Community Health Plan of Washington.
- The Washington Medicaid Integration Partnership (WMIP) is a managed care program in Snohomish County. This program is voluntary, unlike Healthy Options, and is only open to Snohomish County Medicaid clients who get Medicaid because they are aged, blind, or disabled. WMIP clients are not required to enroll in Healthy Options at this time. The WMIP program will probably end January 1, 2013.

- In 2013 and later, HCA proposes to start another voluntary managed care plan for clients who receive Medicare as well as Medicaid. This is called the “dual integration” project.
- PACE is a managed care program in King County. Like WMIP, it is a voluntary program. People over age 55 with COPES level of care are eligible.
- Basic Health is a state-subsidized insurance program that relies on managed care.

SSI Medicaid “Healthy Options” Begins – Summer/Fall 2012

- ◆ Medicaid clients who are Disabled or Blind, and who do NOT receive Medicare, are being added to Healthy Options beginning July through November 2012.
- ◆ For more information about this 2012 change, see [BIG CHANGE for SSI Medicaid starts summer 2012: SSI “Healthy Options”](http://www.washingtonlawhelp.org) at www.washingtonlawhelp.org (search under “Health” topic and “Medicaid, Medicare, Charity Care” subtopic). There are additional materials at <https://fortress.wa.gov/com/c/sddcinformingfamilies/>.

How Do I Choose a Plan and Primary Care Provider?

If you are new to Healthy Options or your plan is no longer participating, HCA will assign you to a plan. **You must respond to the notice from HCA if you want to choose a different plan.** If you think you might qualify for an

exemption (described in next section), now is the time to request it.

Here are things to consider in choosing a plan and PCP:

My Primary Care Provider (PCP):

In what plan or plans are my family's providers? Usually HCA requires your family to choose a single plan for all family members in Healthy Options. To be absolutely sure your provider is in a plan and takes Healthy Options patients, call his or her office. Each plan should have a list of participating providers but may not be able to tell you which ones are currently taking new patients.

My Specialist, Hospital and Pharmacy:

Will the PCP I choose be able to refer me to the specialist I want to see? Call the PCP's office before you enroll, to ask whether the specialist(s) would be available to you. You can also contact the specialist directly and ask whether you can access them through the Healthy Options plan and PCP you are considering. Call the Plan you are considering for a list of pharmacies and hospitals you may use. There may also be differences in the medications covered in each plan.

Location:

Where is the PCP's office? Is it convenient?

Quality of Care:

What have you heard from others about the plan, the PCP, and other providers? Try to talk with friends, family members or others and ask the following questions: How does the PCP deal with Medicaid clients? Is it hard to get hold of the PCP or to reach an on-call doctor or nurse after hours? Have you heard complaints that people can't get appointments or the referrals they need?

Once you enroll, your health plan will send you a health plan ID card. The health plan has a toll-free telephone number. This number is on the health plan ID card. You can call this number if you have any questions about health care services or medications, want to change primary care providers, or want to file a complaint or appeal.

Who is Exempt from Healthy Options?

An exemption from Healthy Options will allow you to get medical care from your choice of providers who are willing to treat Medicaid patients on a fee-for-service basis. Under fee for service, you would not be limited to a single plan or PCP.

You May Qualify for an exemption or disenrollment from Healthy Options if:

- you are homeless or in temporary housing for 120 days or less;
- you have been getting treatment that will be interrupted by enrollment in the plan and the interruption will jeopardize your life, health or ability to attain, maintain, or regain maximum function;
- you are a child identified by HCA as a child with special health care needs;¹
- your current provider speaks your language and is not in a plan and you cannot find a provider in the plan who does, and an interpreter is not available (note that Healthy Options

¹ This exemption is subject to change. HCA rules contain the exemption but HCA plans to enroll these children (other than foster children) in Healthy Options.

plans are required to provide interpreters);

- you are Native American or Alaska Native, in which case you are automatically exempt and are only enrolled in Healthy Options if you request it; or
- you have managed care coverage through medical insurance **other than** Medicaid, and the coverage is comparable to Medicaid coverage.

If you have another reason for concern about enrolling in Healthy Options, ask for an exemption. HCA may exempt you for a reason not on the above list, such as being unable to get to medical appointments.

If you are in a plan and wish to disenroll, you can work with your plan both to resolve any concerns and to ask for help completing the medical justification form for disenrollment.

You may request an exemption or disenrollment by calling HCA Customer Service at **1-800-562-3022, extension 16128**.

Customer service staff will review your justification to see if you qualify for disenrollment/exemption. If possible, submit a request for exemption before enrollment. *DO IT SOON* to avoid delay in getting out of a plan. If the exemption is denied, the Health Care Authority must send you a notice explaining the reasons and your appeal rights. (See "What if I Disagree with My Health Plan?") You may wish to seek legal help for your appeal through CLEAR (see below).

What Healthy Options Plans are Available as of July 2012?

As of July 2012, the health plans available under Healthy Options are changing for both

current and new enrollees. The plans available starting in July 2012 are: Amerigroup, Community Health Plan of Washington (this plan includes "CUP" providers in Clark County), Coordinated Care Corporation, Molina Healthcare of Washington (this plan may include Group Health providers – check with the plan and providers to find out who is available to you), and United Healthcare Community Plan.

What if I Want To See a Different Provider for My Women's Health Care Services?

May I see a nurse practitioner, obstetrician-gynecologist, nurse, midwife or other women's health care doctor for my women's health services even though I have a PCP? The answer is yes! Washington State law requires all health plans, including Healthy Options, to allow you to go to the provider of your choice, without referral from a PCP, to get women's health services. These include prenatal and maternity care, birth control, gynecological exams, PAP smears, etc. You may go to different types of providers to receive this care, such as a doctor, physician's assistant, nurse practitioner or nurse midwife. For many of these services, the provider must be a member of your health plan. For family planning services, you can go outside your health plan to another health care provider who takes Medicaid.

Which Services Are Covered by My Plan?

You can get some medical services in your Healthy Options plan and other services outside of your plan without a referral from the provider or permission from the plan. Some services, such as immunizations, are covered

both by the Plan and outside it. Information on benefits is available in the Benefits Book that HCA sends to Healthy Options enrollees. (Save this booklet for your reference. The current booklet is not yet online).

What If I Disagree with My Health Plan? What Are My Rights?

If you disagree with something you are being told by someone in your health plan, if you feel something is not right, if you want to stay with a doctor who is dropping out of your plan, if you feel you have been treated unfairly, or if you think you might get better care elsewhere, here are some of your options:

Request a second opinion:

Plans are required to give you a second opinion from another provider in the plan when you ask for it. Call your health plan. In addition, second opinions outside the plan can be authorized by a fair hearing judge. You must first request a hearing (see below).

Contact your plan's customer service office:

Every plan is required to provide assistance with grievance and appeals. Contact customer service to ask for help. Sometimes this person can help resolve the problem. Generally the health plan must treat your call as a grievance or appeal and follow the appropriate procedures.

File a grievance or an appeal:

Health plans have policies and procedures for reviewing their decisions. Every plan must give you a copy of its grievance and appeal process. We recommend filing a grievance or appeal in writing, though the plan must accept them orally too. Contact your plan to do this.

An appeal is a request that the health plan change an action it has made. Make sure to

explain the reason for your appeal, such as denial of a specialty referral. You can appeal if:

- The health plan has said that it will deny, end, or change a service;
- The health plan has denied payment for a service;
- The health plan has not provided services in a timely manner;
- The health plan is not responding to a grievance or request that you have made;

If you appeal because the plan has said it will stop or change a service, you have the right to continue getting the service during the appeal process. You must request that it be continued within 10 days of being notified that it may be stopped or changed. If you are unsuccessful with your appeal, you may have to pay the health plan for the service. A grievance is any expression of dissatisfaction about anything that is not considered an appeal. You can file a grievance any time you are dissatisfied with the services you are receiving or not receiving from a health plan or a doctor, pharmacy, or other provider with your health plan.

Request a fair hearing and pursue independent review:

If you do not agree with the final outcome of your appeal, you can request a fair hearing. In a fair hearing, a neutral judge considers the case and makes the decision. The judge is not with HCA, DSHS or your health plan. You may request a hearing at your local DSHS office or by calling HCA or your DSHS community services office. You can also request a fair hearing by writing to:

Office of Administrative Hearings
P.O. Box 42489
Olympia, WA 98504
1-800-583-8270

If you disagree with the decision in the fair hearing, you have a right to independent review. This is a review by an Independent Review Organization, a committee outside your health plan. (You can also request independent review without going through the fair hearing process first.)

To request an independent review, contact your health plan in writing and send a copy of the request to the Office of Administrative Hearings. If the Independent Review does not resolve the issue, you have the right to appeal the fair hearing decision through the Board of Appeals. Because the timeframe and procedure for the fair hearing appeal is a little unclear in the law, you may want to contact CLEAR (888-201-1014) to receive assistance with the process.

Board of Appeals – Health Care Authority
P.O. Box 45803
Olympia, WA 98504-5803
1-877-351-0002

Change Plans:

You may change plans as often as you like. The change will take effect the next month, as long as you request the change before the 2nd to last business day in the month. However, try to get your change in by the 15th of the month. To do so, visit the ProviderOne Client Portal at <https://www.waproviderone.org/client> or call the automated Medical Assistance Customer Service Center: 1-800-562-3022, press 6 for client services, and then press 2 for health plan enrollment.

Change primary care providers:

You may change your PCP for any reason. The

change will become effective at the beginning of the next month. Call your health plan to switch.

Contact Medical Assistance Customer Service Center:

They may be able to help resolve your complaint and are interested in hearing about problems with plans. Contact information is at the end of this publication.

Contact Legal Services:

You may be able to get advice or representation from legal services, including information to help you represent yourself in a fair hearing. See contact information below.

What are My Other Rights?

What if I do not speak English well or I am deaf or hearing impaired?

Plan providers must arrange for interpreter services for medical visits at no cost to you. If they refuse or there are difficulties, contact the Medical Assistance Customer Service Center (contact information below).

Do I have to pay for Healthy Options?

There is no charge for any Healthy Options service, or any other Medicaid service. If a service is not covered by Medicaid, you may only be billed for it if you first sign an agreement to pay for it (with limited exceptions). If you do receive a bill, contact the Medical Assistance Customer Service Center. If the bill is sent to a collection agency, if you are sued, or if your wages are being garnished as a result of a medical bill, contact legal services (see below).

What if I have no way to get to any PCP or other health visits?

Call your regional Medicaid transportation office. Contact information is posted on the Internet at:

<http://hrsa.dshs.wa.gov//transportation/phone.htm> . They will ask you about your provider and your medical care. Have your Medical Services Card with you. They must pick you up and bring you back at no charge.

Is there a limit on when I can receive care?

You have the right to receive needed medical care without discrimination of any kind, 24 hours a day, seven days a week.

Will Healthy Options plans respect my privacy?

Yes. Health plans and providers are required to keep your health information strictly confidential. See the privacy section of your [Medical Benefit Book](http://hrsa.dshs.wa.gov/pdf/Publications/22-542.pdf) which can be found at <http://hrsa.dshs.wa.gov/pdf/Publications/22-542.pdf> for more information.

After Healthy Options ...How is My Health Care Covered?

Kids stay on Healthy Options or Basic Health Plus as long as family income stays below a certain level (look for our brochure about medical programs for kids).

If you have begun working, Healthy Options will cover parents and caretaker relatives for a year or more after your income exceeds Medicaid levels, up to a certain income. You may be required to pay monthly premiums in the second half-year. After that, even if your income remains above Medicaid levels, your children may remain eligible up to a much higher income level.

If you go off Medicaid because of income other than from working – Your children may stay on Healthy Options depending on family income (see above). Adults who are disabled, blind, or over 65 may still be eligible for Medicaid through the “Medically Needy”

program, but those who were enrolled in Healthy Options will change to fee-for-service coverage.

Other health insurance options: For information about other health coverage, see <http://nohla.org/infoAnalysis/individual.php> (NoHLA website). The Washington Basic Health program is closed to new enrollment. New options for affordable coverage through national health reform are planned to begin in January 2014.

Contact Information for Medical Assistance Customer Service Center

Phone: 1-800-562-3022 Fax: 1-360-725-2144

Email: askmedicaid@hca.wa.gov

TTD: Dial 711 through Washington Relay

Contact Us webform:

<https://fortress.wa.gov/dshs/p1contactus/>

General Information about Medicaid Managed Care

http://www.hca.wa.gov/managed_care

Contact Information for Legal Services

- Apply online with [CLEAR*Online](http://nwjustice.org/get-legal-help) - <http://nwjustice.org/get-legal-help> or
- Call CLEAR at 1-888-201-1014

CLEAR is Washington's toll-free, centralized intake, advice and referral service for low-income people seeking free legal assistance with civil legal problems.

- **Outside King County:** Call 1-888-201-1014 weekdays from 9:10 a.m. until 12:25 p.m. CLEAR works with a language line to provide interpreters as

needed at no cost to callers. If you are deaf or hard of hearing, please call 1-888-201-1014 using your preferred TTY or Video relay service.

- King County: Call 211 for information and referral to an appropriate legal services provider Monday through Friday from 8:00 am – 6:00 pm. You may also call (206) 461-3200, or the toll-free number, which may be useful when calling from a pay phone, 1-877-211-WASH (9274). 211 works with a language line to provide interpreters as

needed at no cost to callers. Deaf and hearing-impaired callers can call 1-800-833-6384 or 711 to be connected to a relay operator at no cost, who will then connect them with 211.

Information on legal service providers in King County may also be accessed through 211's website at www.resourcehouse.com/win211/.

Persons 60 and Over: If you are 60 or over, you may call CLEAR*Sr at 1-888-387-7111, regardless of income.



This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice.

This information is current as of the date of its printing, July 2012.