

The logo for the Washington State Health Care Authority. It features the text "Washington State Health Care Authority" in a dark blue, sans-serif font. The word "Authority" is significantly larger than the other words. A red, curved swoosh underline starts under the letter 'A' in "Authority" and extends to the right, looping back under the 't' and 'h'.

# Health Care Reform Transitions

**American Indian Health Commission**

**March 6, 2013**

**Rena Carlson, Section Supervisor, Health Care Services**

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**Mary Wood, Section Manager, Eligibility Policy and Service Delivery**

# Agenda

- Transitional Bridge Waiver Overview
- Basic Health Tribal Sponsor Encounter Billing
- Health Care Reform Overview
- Transitional Bridge Waiver Programs - Transitions to 2014 Coverage
- Questions?

# Resources for More Information

- Web-sites: <http://www.hca.wa.gov/>
  - For information about the Medicaid expansion:  
<http://www.hca.wa.gov/hcr/me>
  - For information about the Health Benefit Exchange:  
<http://wahbexchange.org/>
  - To contact the HCA concerning the Medicaid expansion:  
[medicaidexpansion2014@hca.wa.gov](mailto:medicaidexpansion2014@hca.wa.gov)
- Webinars and presentations around the state
  - See upcoming schedule and past events at:  
<http://www.hca.wa.gov/hcr/me/stakeholdering.html>
- Listserv notification
  - Subscribe at:  
<http://listserv.wa.gov/cgi-bin/wa?SUBED1=HCA-STAKEHOLDERS&A=1>

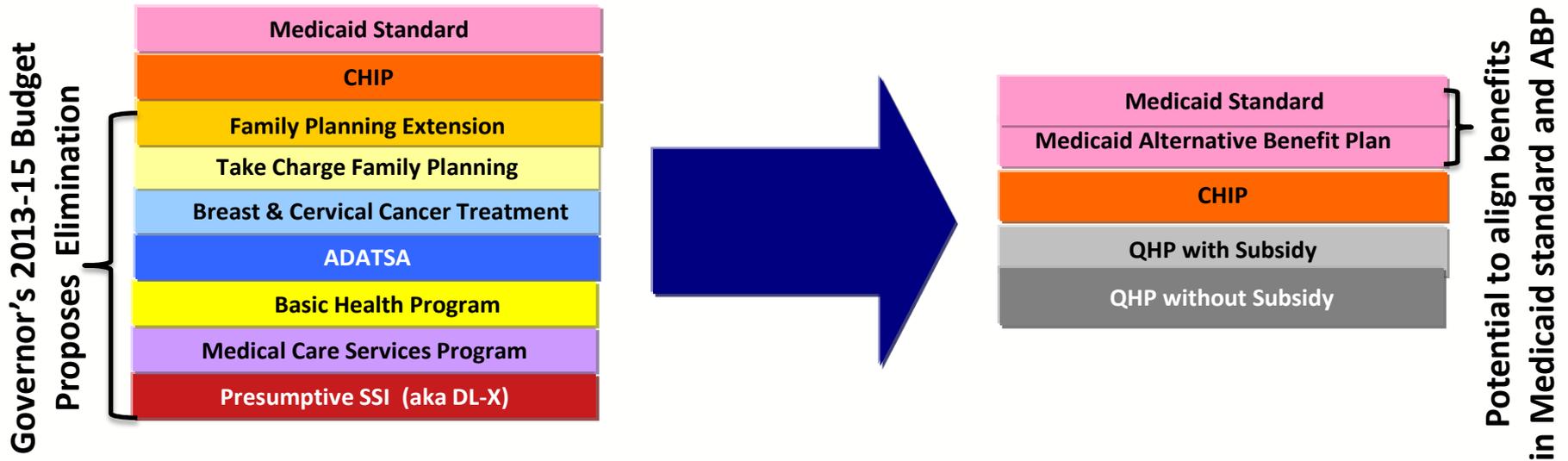
# Transitional Bridge Waiver Overview

# Transitional Bridge Waiver - Background

- Goal to sustain Medical Care Services, ADATSA, Basic Health programs
- 1115 waiver approved by CMS
- Federal financing bridge for coverage from 1/1/11 – 12/31/13
- Basic Health sponsored American Indian/Alaska Natives
  - Cost-sharing exemption
  - Differential payment for managed care plans
  - Indian health providers get full Medicaid encounter payment
- Enrollees transition to 2014 ACA coverage
  - Assistance to avoid coverage gap
  - Notification to enrollees required

# Opportunity/Need to Streamline

2014 Coverage Continuum through Insurance Affordability Programs (IAP)



Streamlining considerations – numbers affected, access/continuity of coverage through IAP continuum, administrative complexity, transition timing

# Basic Health Tribal Sponsor Encounter Billing

# BASIC HEALTH TRIBAL ENCOUNTER BILLING PROCESS

# OVERVIEW

- Background
- Process and billing forms
  - Completing the A-19
  - Troubleshooting
- Transmission of forms and data

# BACKGROUND

- Under the requirements of the Transitional Bridge Waiver 11-W-00254/10, beginning January 1, 2011, sponsored Basic Health (BH) tribal members who received services provided by an Indian Health Service facility, an Indian Tribe, a tribal organization, urban Indian organization, or through referral under a contracted health plan are not subject to enrollee cost-sharing.
- A new billing process has been developed to ensure tribal health facilities are reimbursed for the difference between the established encounter rate and the amount the contracted health plan actually paid.

# PROCESS & BILLING FORMS

- HCA must receive the following information in order to issue a quarterly payment:
  - Sponsored member name;
  - Date of service;
  - Amount billed to the Managed Care Plan “MCO”; and
  - Amount the MCO paid.
- To support and expedite this process HCA, created data driven Quarterly Billing workbooks and will accept direct billing in the form of an A-19 for each quarter.

- Tribal agencies must enter data on each worksheet by month
- Each workbook contains three worksheets and covers one Quarter
- Totals from the Quarterly workbooks are then entered on the A-19 form

Each time an entry is made below these fields will update automatically.

Enrollee's name, date of birth, and member ID is populated from the drop-down box.

For each month of the quarter, click on tab at bottom of page. Data tab = enrollees coverage dates

The screenshot shows an Excel spreadsheet with the following data:

1	GRAY SHADING: HGA use only																	
2	Basic Health Encounter Payment:	Squaxin Island Tribe	Coverage Period*	7/1/2011	7/31/2011													
4	2011 ENCOUNTER RATE	\$294.00																
6	Total Enrolled	3																
8	Coverage Date	Jul-11																
9	Tribal Member Encounters	1																
10	Total Amount Billed	\$150.00																
11	Amount MCO Paid	\$75.00																
12	Estimated Amount Authorized	\$219.00																

Sponsor	Basic Health			Sponsor			Basic Health Outstanding Supplemental Payment	
Select Member From Dropdown box Begin with Row 16	Date Of Birth	Member ID	Enrolled Month	Key Service Date*	Key Amount Billed	Key Amount MCO Paid	*Confirm Coverage Period	Authorized Amount
[Dropdown]	2/22/1966	[Dropdown]	7/1/2011	7/5/2011	\$150.00	\$75.00	Enrolled	\$219.00

FORM INSTRUCTIONS:

- 1) Select a member from the Dropdown box by selecting a cell in column "A".
- 2) View to Confirm Date Of Birth, Member ID and Enrolled Month.
- 3) Key Service Date.
- 4) Key Amount Billed.
- 5) Key Amount MCO Paid.

NOTE: Confirm Coverage Period will show "Not Enrolled", if Key Service Date is outside of the Coverage Period.



# TROUBLESHOOTING

3rd QT 2011 Squaxin Island Tribe BH Encounter Review.xlsx - Microsoft Excel

Month Enrolled	Record Number	Member Name	Month	Year	Member ID	First Name	Last Name	DOB	Address	City	Zip Code	Tribes
Jul-11	1 1		7	2011	634666666	KIMBERLY		22-Feb-65	40 RF SOL TA TAHI LOOP	SHELTON	98584	
Jul-11	2 2		7	2011		MARY		14-Nov-72		SHELTON	98584	
Jul-11	3 3		7	2011		VERNON		26-Sep-62		SHELTON	98584	
Aug-11	1 1		8	2011		KIMBERLY		22-Feb-65		SHELTON	98584	
Aug-11	2 2		8	2011		MARY		14-Nov-72		SHELTON	98584	
Aug-11	3 3		8	2011		SHELBY		16-Jan-62		SHELTON	98584	
Aug-11	4 4		8	2011		VERNON		26-Sep-62		SHELTON	98584	
Sep-11	1 1		9	2011		KIMBERLY		22-Feb-65		SHELTON	98584	
Sep-11	2 2		9	2011		MARY		14-Nov-72		SHELTON	98584	
Sep-11	3 3		9	2011		SHELBY		16-Jan-62		SHELTON	98584	
Sep-11	4 4		9	2011		VERNON		26-Sep-62		SHELTON	98584	

Each workbook contains a master data sheet that reflects monthly enrollment rosters

- If a sponsored enrollee's name does not appear on the data worksheet the form will not allow entry

Most common reasons for roster mismatch in initial test case:

- Name change (i.e. marriage or divorce)
- Not enrolled in Basic Health (maternity medical, BH plus enrollment)
- Member not sponsored by tribe during month of service

# TROUBLESHOOTING

The screenshot shows an Excel spreadsheet with the following data:

Sponsor	Basic Health			Sponsor			Basic Health Outstanding Supplemental Payment	
Select Member From Dropdown box Begin with Row 16	Date Of Birth	Member ID	Enrolled Month	Key Service Date*	Key Amount Billed	Key Amount MCO Paid	*Confirm Coverage Period	Authorized Amount
1 KIMBERLY ZACHRY	2/22/1965	534868608	7/1/2011	7/5/2011	\$150.00	\$75.00	Enrolled	\$219.00

Summary Data:

2011 ENCOUNTER RATE	\$294.00	FORM INSTRUCTIONS:
Total Enrolled	3	1) Select a member from the Dropdown box by selecting a cell in column "A".
Coverage Date	Jul-11	2) View to Confirm Date Of Birth, Member ID and Enrolled Month.
Tribal Member Encounters	1	3) Key Service Date.
Total Amount Billed	\$150.00	4) Key Amount Billed.
Amount MCO Paid	\$75.00	5) Key Amount MCO Paid.
Estimated Amount Authorized	\$219.00	NOTE: Confirm Coverage Period will show "Not Enrolled", if Key Service Date is outside of the Coverage Period.

- Each date of service must be entered per line
- Confirm "Coverage Period" will show "**not enrolled**" if you have entered an incorrect service date
- "Service date" must match the billing month

# TRANSMISSION OF FORMS AND DATA

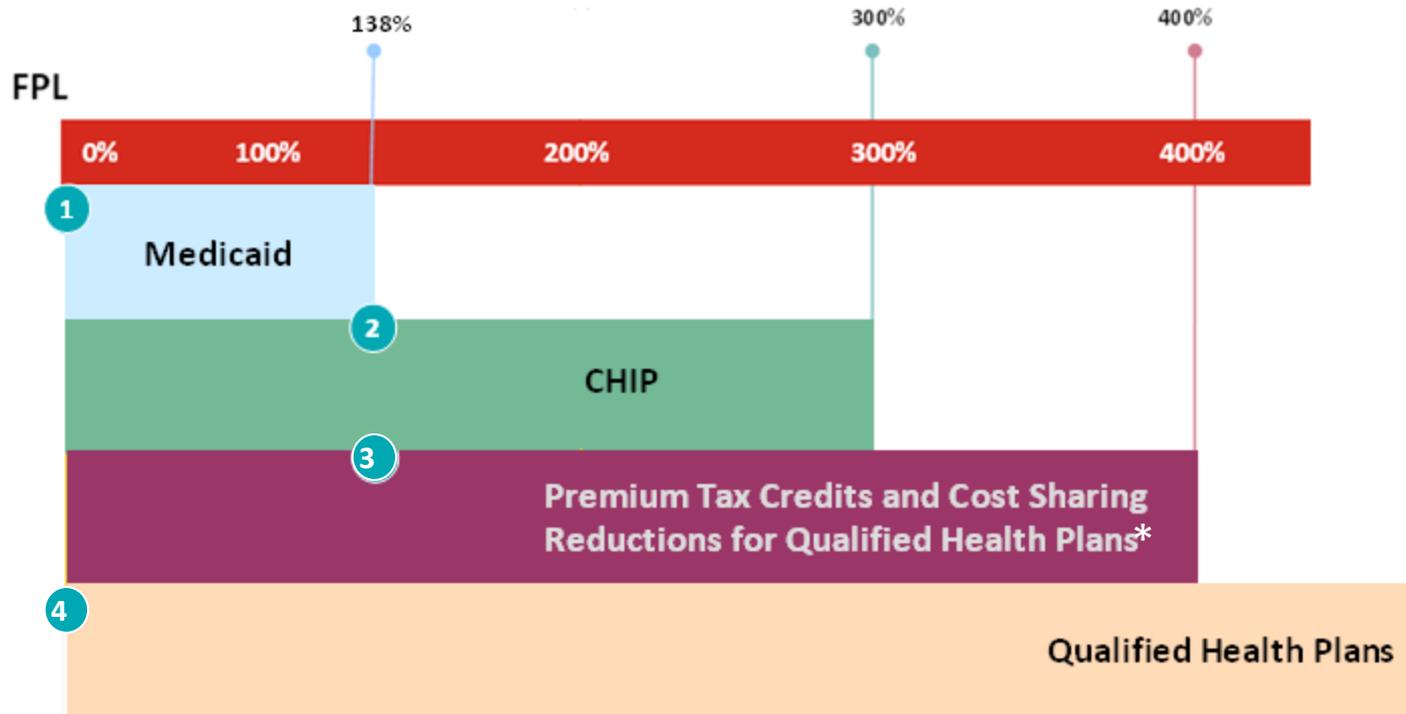
- HCA will send documents from a secure email to the designated tribal contact
  - Please let us know who these should go to via email to [rena.carlson@hca.wa.gov](mailto:rena.carlson@hca.wa.gov)
- HCA requires forms be returned via a secure site to protect the enrollee's information
  - Check with your IT department to ensure secure transmission

# Basic Health Tribal Sponsor Encounter Billing

**Questions?**

# Health Care Reform Overview

# 2014 ACA Continuum of “Insurance Affordability Programs”



\* Federal Basic Health Plan Option for individuals with incomes between 138% and 200% of the FPL will not be available in 2014.

# Health Care Reform Goals

- Optimize opportunities to streamline administrative processes
- Leverage new federal financing opportunities to ensure the Medicaid expansion is sustainable
- Maximize use of technology to create consumer-friendly application/enrollment/renewal experience
- Maximize continuity of coverage & care as individuals move between subsidized coverage options
- Reform the Washington Way --- comply with, or seek waiver from, specific ACA requirements related to coverage and eligibility, as needs are identified

# 2014 Medicaid Coverage

- Option to expand Medicaid to 138% of the FPL for adults under age 65 not receiving Medicare\*
  - **MAGI methodology** defines how income is counted, and how household composition and family size are determined
  - **MAGI** will determine eligibility for children, pregnant women, parents and all adults in the new adult category
- Current Medicaid eligibility standards still apply to aged, blind, disabled, SSI, and foster children
  - **ACA does not impact these groups**
- Washington's new adult group will include:
  - **Childless adults** with incomes below 138% of the FPL
  - **Parents** with incomes between ~40% and 138% of the FPL

\* The ACA's "133% of the FPL" is effectively 138% of the FPL because of a 5% across-the-board income disregard

# 2013 Federal Poverty Levels

Federal Poverty Level	Annual Income: Individual	Annual Income: Family of 3
100%	\$11,490	\$19,530
133%	\$15,282	\$25,975
138%	\$15,856	\$26,951
200%	\$22,980	\$39,060
300%	\$34,470	\$58,590
400%	\$45,960	\$78,120

Source: <http://aspe.hhs.gov/poverty/13poverty.cfm>

# Enhanced Federal Funding for New Adult Group

- Newly eligible parents and childless adults are:
  - under 65 years old
  - not pregnant
  - not entitled to Medicare
  - not in an existing Medicaid category (e.g. children, pregnant women, aged, blind and disabled)
- Enhanced federal funding for costs of newly eligible adults:

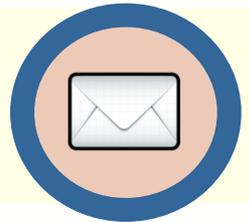
	2014	2015	2016	2017	2018	2019	2020 +
State Share	0%	0%	0%	5%	6%	7%	10%
Federal Share	100%	100%	100%	95%	94%	93%	90%

# One Application Process

**Single and streamlined: Single application for all Insurance Affordability Programs (Medicaid/CHIP, APTC/CSRs) and QHPs**



**Accepted via: website, phone, mail, in-person, and other common electronic means**

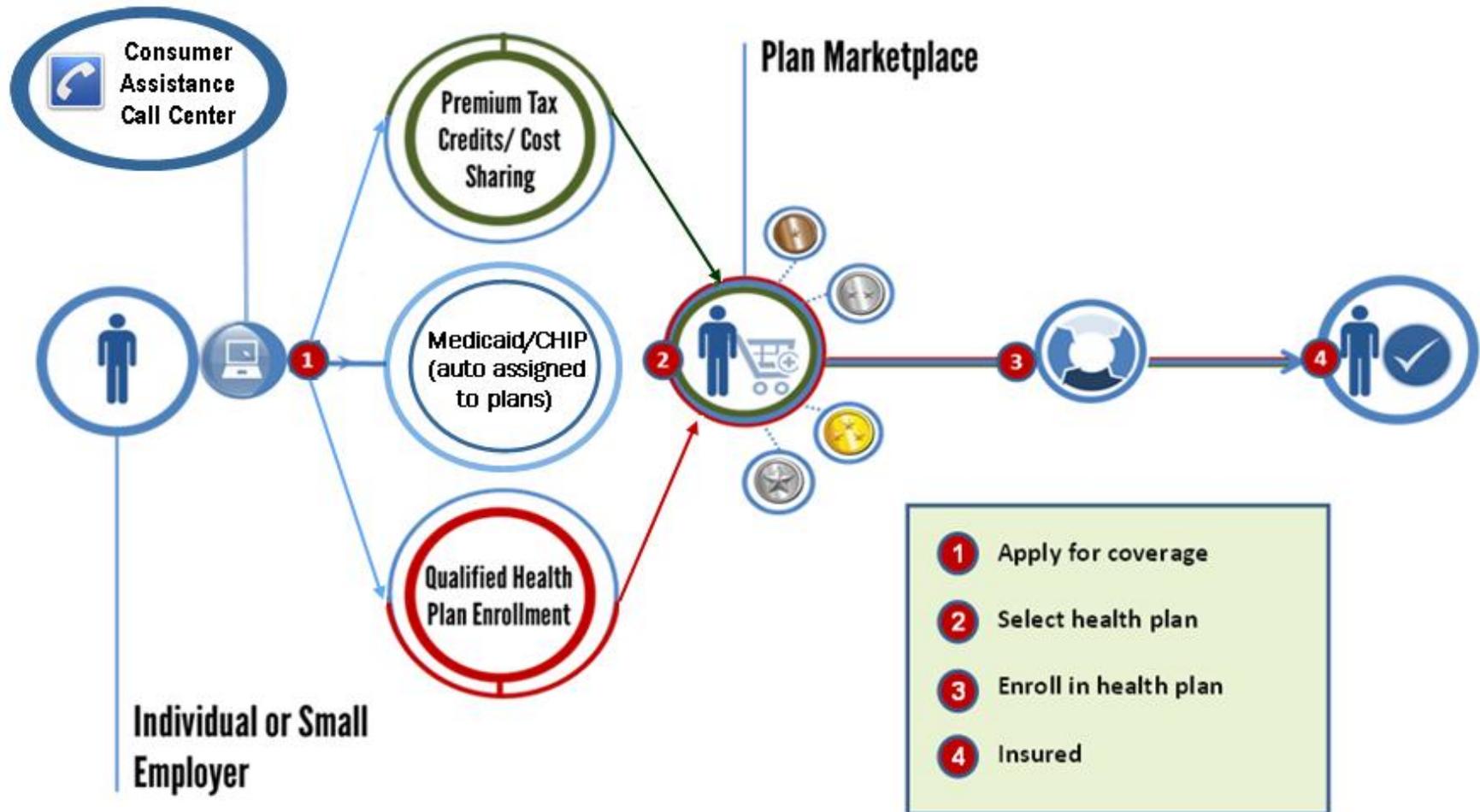


**Federally-approved: State-alternative form must be approved by HHS and be no more burdensome than HHS form**



# The Exchange: One-Stop Shopping for Coverage

Think: Amazon.com or Expedia... a simple way to shop for health insurance



# Consumer Assistance

To reach uninsured Washington residents, the state will rely on:



**Navigators, Agents and Brokers:** will provide help to consumers and small businesses with enrolling into coverage on the Exchange; provide advice to consumers about their enrollment options and premium tax credits; and make referrals of complex cases to Consumer Assistance Programs



**Community-Based Organizations:** Continued partnership with existing community-based network



**Call Center:** Toll-Free Hotline operated by the Exchange to provide insurance application assistance

# Navigator Program Timeline

## January-March

- Board Approval
- Issue RFP

## April-June

- Select Navigator Organizations
- Contracting

## July-September

- Train-Certify Navigators
- Coordinate/train partner

## October-December

- Open Enrollment
- Performance Monitoring

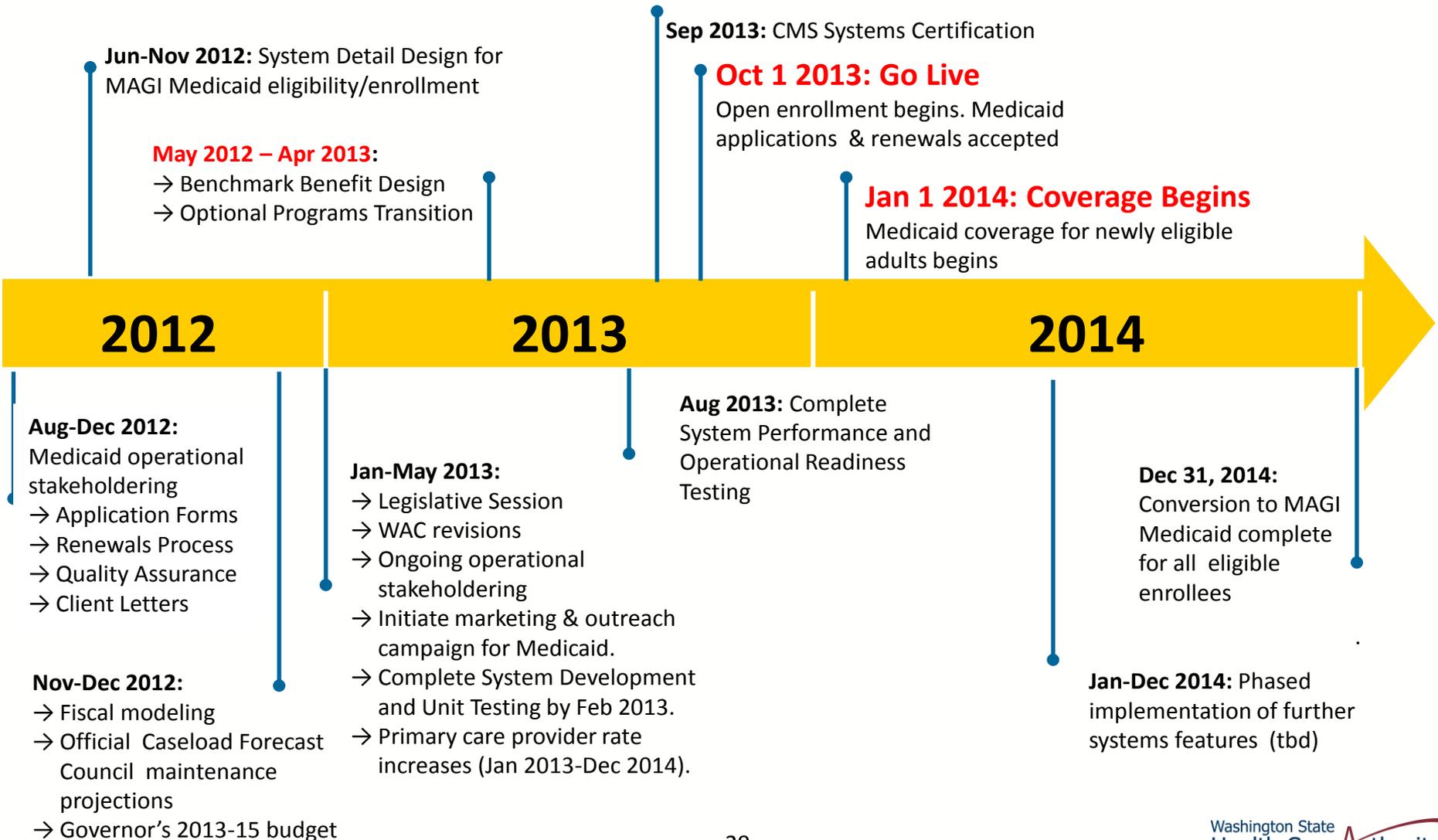


# Community-Based Organizations

CBOs can assist with outreach to Washington State residents such as:

- **New applications:**
  - Assist individuals in applying for health care coverage through the new health benefit exchange web portal. **Target Newly Eligible Adults** age 19-64 with income up to 138% FPL.
- **Renewals of Medicaid coverage:**
  - Encourage/assist current Medicaid recipients (children, parents, pregnant women) who must renew coverage using the Washingtonhealthplanfinder portal during 2014 (and beyond)
- **Transitions from other coverage:**
  - Support current Basic Health members as they use the new Washingtonhealthplanfinder portal (Oct-Dec 2013) to transition to coverage for January 2014
  - Follow up with Medical Care Services and ADATSA clients regarding their automatic conversion to coverage beginning January 2014

# Timeline: Much Work to be Done!



# Health Care Reform Overview

**Questions?**

# Transitional Bridge Waiver Programs - Transitions to 2014 Coverage



# Key Transition Steps

		2012												2013												2014	
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
<b>B PHASE 2: SEAMLESS TRANSITION</b>																											
1	Tribal sponsor notification (Basic Health)																										
2	Tribal update (ACA general)																										
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17	MCS & ADATSA managed care auto enrollment																										
18	Bridge coverage ends/IAP coverage begins																										



✘ MAGI begins through HBE

✘ 2014 health plans official

✘ ACA Cove

# MCS/ADATSA – Auto Conversion

- All individuals that meet citizenship requirements for Medicaid will be auto-converted
- Auto-conversion will take place at the end of November for coverage to begin January 1, 2014
- MCS/ADATSA coverage will end Dec 31, 2013
- Notification letters will be sent towards the end of November

# Draft MCS/ADATSA Conversion Letter

CSO  
ADDRESS  
CITY STATE ZIP

Client ID#  
NAME  
ADDRESS  
ADDRESS  
CITY STATE ZIP

Dear

Beginning January 1, 2014 your medical program will change to Washington Apple Health. This change is part of the expansion of health care coverage under the federal Affordable Care Act (ACA).

You currently receive medical coverage from one of the following programs:

- Categorically Needy (CN) Medicaid
- Medical Care Services (MCS)
- ADATSA.

Your coverage under these programs will end on December 31, 2013.

**Things you need to know:**

- Your medical coverage will automatically transfer to Washington Apple Health. You don't need to take any action.

# *Draft MCS/ADATSA*

## *Conversion Letter (continued)*

- You will be enrolled in a managed care plan. If you already have a managed care plan it won't change. More information about managed care and plan options will be sent in a few days.
- You will continue using your Services Card.

You must complete health care applications, renewals, and changes through Washington Healthplanfinder. All future letters about your health care coverage will come from Washington Healthplanfinder.

### How to contact Washington Healthplanfinder

- Online at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) to manage your health care.
- Calling < Washington Healthplanfinder Phone Number Placeholder and TTY Number Placeholder >;
- Fax < Washington Healthplanfinder Fax Number Placeholder >;
- Send mail to < Washington Healthplanfinder Mailing Address Placeholder >;
- Send Email @ < Washington Healthplanfinder email placeholder >;
- Call < Navigator number Placeholder > to find a navigator in your area for assistance; or
- Drop off an application, renewal form, or any other documents requested by the Washington Healthplanfinder at a local Community Service Office. To locate the nearest Community Service Office, call the Washington Healthplanfinder number above or go online at <http://www.dshs.wa.gov/onlinecso/findservice.shtml>.

Contact Washington Healthplanfinder if you have any questions about this letter. Let us know if you need help applying for or accessing your health coverage due to a disability.

# MCS/ADATSA - Manual Conversion

- Immigrants who do not meet Medicaid criteria
- Likely little/NO impact on tribal populations

# Draft MCS/ADATSA Manual Conversion Letter

CSO  
ADDRESS  
CITY STATE ZIP

Client ID#  
NAME  
ADDRESS  
CITY STATE ZIP

Dear

Your health care coverage through the Medical Care Services (MCS) or ADATSA program will end December 31, 2013 because the programs are ending.

To be considered for Health care coverage after December 31<sup>st</sup> you must apply through the Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) or call #xxx-xxx-xxxx.

Through Washington Healthplanfinder, you may qualify for Washington Apple Health or you may qualify to purchase low-cost health care coverage.

You can also contact Washington Healthplanfinder by:

- Online at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org) to manage your health care.
- Calling < Washington Healthplanfinder Phone Number Placeholder and TTY Number Placeholder >;
- Fax < Washington Healthplanfinder Fax Number Placeholder >;
- Send mail to < Washington Healthplanfinder Mailing Address Placeholder >;
- Send Email @ < Washington Healthplanfinder email placeholder >;
- Call < Navigator number Placeholder > to find a navigator in your area for assistance; or
- Drop off an application, renewal form, or any other documents requested by the Washington Healthplanfinder at a local Community Service Office. To locate the nearest Community Service Office, call the Washington Healthplanfinder number above or go online at <http://www.dshs.wa.gov/onlinecso/findservice.shtml>.

# Basic Health - Facilitated Transition

- A manual conversion will be completed by having all Basic Health members apply through the Washington Healthplanfinder web portal
- Auto-conversion is not an option for Basic Health members - Modified Adjusted Gross Income (MAGI) information (e.g., tax filing household composition) not available

# Notification to Tribal Sponsors

- CMS requires specific notification to Basic Health enrollees re phase-out/transition
- Letters will be forwarded if addresses not current

**BUT:**

- Tribes informed HCA that they are coordinators
- When and how should Tribal sponsors be notified?
- Should we include MCS/ADATSA and other conversions in one letter? Separate letters?

# Draft Basic Health 90 Day Transition Letter

MMMM DD, YYYY

ID #:

Name  
Address  
City State Zip

## IMPORTANT INFORMATION ABOUT YOUR BASIC HEALTH COVERAGE

Dear <Name>

Health care reform under the federal Affordable Care Act (ACA) begins January 1, 2014. The Transitional Bridge Waiver<sup>1</sup> that helps the State sustain Basic Health coverage will end December 31, 2013. This means the Basic Health Plan ends December, 31, 2013. You cannot appeal the end of Basic Health or request your Basic Health benefits continue.

**Basic Health coverage ends at 12:01 a.m. January 1, 2014 for:**

***\*\*Currently covered members names are inserted here\*\****

To make sure you have health care coverage after Basic Health ends, you must apply through the Washington Healthplanfinder. Visit the website below for more information. You may apply for January coverage starting October 1, 2013.

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<sup>1</sup> The Transitional Bridge waiver leveraged an early Medicaid expansion option available in the ACA. The Waiver provides federal funding to help sustain the Basic Health Plan as a bridge to health care reform in 2014. For more information please visit: <http://www.hca.wa.gov/hcr/waiver.html>.

# Draft Basic Health 90 Day Transition Letter *(continued)*

To apply online go to [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).

- Click on “apply now” and follow the steps.
- This website is secure and you will get a decision right away.

If you can't apply on online, do one of the following:

- Call <who they are calling> at 1-800-XXX-XXXX to complete your application.
- Contact one of the organizations on the attached list. They can help you complete your application.
- Complete and return the enclosed form and a decision will be sent to you.

You will need the following information for each person you want health care coverage for:

- Name
- Date of birth
- Social Security number
- Other medical insurance information
- Expected net income (after taxes)

Family members enrolled in Basic Health *Plus* or the Maternity Benefits Program will continue to receive benefits as long as they remain eligible for these programs.

If you have questions about Basic Health, please call 1-800-660-9840.

# Draft Basic Health 60 Day Transition Letter

MMMM DD, YYYY

ID #:

Name

Address

City State Zip

## IMPORTANT INFORMATION ABOUT YOUR BASIC HEALTH COVERAGE

Dear <Name>

Health care reform under the federal Affordable Care Act (ACA) begins January 1, 2014. The Transitional Bridge Waiver<sup>1</sup> that helps the State sustain the Basis Health Plan will end December 31, 2013. This means the Basic Health Plan will also end on December 31, 2013. This means the Basic Health Plan ends December 31, 2013. You cannot appeal the end of Basic Health or request your Basic Health benefits continue.

We recently asked you to apply for continued health care coverage through Washington Healthplanfinder. Our records show you haven't completed the required application.

**Basic Health coverage ends at 12:01 a.m. January 1, 2014 for:**

**\*\*Currently covered members names will be inserted here\*\***

---

<sup>1</sup> The Transitional Bridge waiver leveraged an early Medicaid expansion option available in the ACA. The Waiver provides federal funding to help sustain the Basic Health Plan as a bridge to health care reform in 2014. For more information please visit: <http://www.hca.wa.gov/hcr/waiver.html>.

# Draft Basic Health 60 Day Transition Letter *(continued)*

To make sure you have health care coverage after Basic Health ends, you must apply online through Washington Healthplanfinder. Visit the website below for more information. You may apply for January coverage starting October 1, 2013.

To apply online go to [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).

- Click on “apply now” and follow the steps.
- This website is secure and you will get a decision right away.

If you can't apply online, do one of the following:

- Call <who they are calling> at 1-800-XXX-XXXX to complete your application.
- Contact one of the organizations on the attached list. They can help you complete your application.
- Complete and return the enclosed form and a decision will be sent to you.

You will need the following information for each person you want health care coverage for:

- Name
- Date of birth
- Social Security number
- Other medical insurance information
- Expected net income (after taxes)

Family members enrolled in Basic Health *Plus* or the Maternity Benefits Program will continue to receive benefits as long as they remain eligible for these programs.

If you have questions, please call 1-800-660-9840.

# Draft Basic Health 30 Day Termination Letter

MMMM DD, YYYY

ID #:

Name  
Address  
City State Zip

## FINAL NOTICE ABOUT YOUR BASIC HEALTH COVERAGE

Dear <Name>

Basic Health coverage ends at 12:01 a.m. January 1, 2014 for:

<List of Clients>

Family members enrolled in Basic Health *Plus* or the Maternity Benefits Program will continue to receive benefits as long as they remain eligible for these programs.

Health care reform under the federal Affordable Care Act (ACA) begins January 1, 2014. The Transitional Bridge Waiver<sup>1</sup> that helps the State sustain the Basic Health Plan until the implementation of health care reform will end December 31, 2013. This means the Basic Health Plan ends December 31, 2013. You cannot appeal the end of Basic Health or request your Basic Health benefits continue.

We recently asked you to apply for continued health care coverage after Basic Health ends. Our records show that you have not applied. If you want health care coverage after December 31, 2013, you must apply through Washington Healthplanfinder by December 31, 2013.

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<sup>1</sup> The Transitional Bridge waiver leveraged an early Medicaid expansion option available in the ACA. The Waiver provides federal funding to help sustain the Basic Health Plan as a bridge to health care reform in 2014. For more information please visit: <http://www.hca.wa.gov/hcr/waiver.html>.

# Draft Basic Health 30 Day Termination Letter *(continued)*

To apply online go to [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).

- Click on “apply now” and follow the steps.
- This website is secure and you will get a decision right away.

If you can't apply online do one of the following:

- Call <who they are calling> at 1-800-XXX-XXXX to complete your application.
- Contact one of the organizations on the attached list. They can help you complete your application.
- Complete and return the enclosed form and a decision will be sent to you.

If you have questions about Basic Health, please call 1-800-660-9840.

# Draft Basic Health 30 Day Covered Termination Letter

MMMM DD, YYYY

ID #:

Name

Address

City State Zip

## FINAL NOTICE ABOUT YOUR BASIC HEALTH COVERAGE

Dear <Name>

Basic Health coverage will end at 12:01 a.m. January 1, 2014 for:

<List of Clients>

Family members enrolled in Basic Health *Plus* or the Maternity Benefits Program will continue to receive benefits as long as they remain eligible for these programs.

Health care reform under the federal Affordable Care Act (ACA) begins January 1, 2014. The Transitional Bridge Waiver<sup>1</sup> that helps the State sustain the Basic Health Plan until the implementation of health care reform will end December 31, 2013. This means the Basic Health Plan ends December 31, 2013. You cannot appeal the end of Basic Health or request your Basic Health benefits continue.

We see that you applied for health care coverage through Washington Healthplanfinder at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org).

If you have questions about Basic Health, please call 1-800-660-9840.

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<sup>1</sup> The Transitional Bridge waiver leveraged an early Medicaid expansion option available in the ACA. The Waiver provides federal funding to help sustain the Basic Health Plan as a bridge to health care reform in 2014. For more information please visit: <http://www.hca.wa.gov/hcr/waiver.html>.

# What are we missing for Tribes?

		2012												2013												2014	
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
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✘ ACA Cove

# Transitional Bridge Waiver Overview

**Questions?**