Informing Families

Building Trust A Partnership for Better Communication on Developmental Disabilities Issues in Washington State

Ready...Set...Know...

Frequently Asked Questions About the SSI-Medicaid Move to Healthy Options

In the coming months, our state is moving to managed health care for individuals who receive SSI-Medicaid (but *not* Medicaid/Medicare). It's called the Healthy Options program. This bulletin is Part 3 of a three-part series to help keep you informed and prepared over the coming weeks and months.

Why is this happening?

In 2011, the Washington State Legislature directed the move to managed care for persons on SSI-Medicaid as a way to improve access and prepare for new enrollments in 2014, when health care reform takes effect.

Does this mean I'll have to change doctors?

We hope not. Many physicians belong to a number of health care plans. Contact your doctor and other providers who are important to you, to find out which plans they belong to.

Does this affect Medicaid Personal Care?

No. This change to managed care only affects the health care portion of your Medicaid coverage. It does not affect services you receive through the Division of Developmental Disabilities, Home & Community Services or Regional Support Networks.

Will this affect my pharmaceutical benefits? Each plan has its own pharmacy policies and process, so it may be possible that you take medication that's not part of its formulary. Contact the plan you've been assigned and ask about its pharmacy benefits. If you rely on a particular medication, ask whether or not it's in the plan's formulary. Healthy Options contracts require that your treatment plan remain the same for 90 days, or until you can be seen by a health care provider. There are exceptions, so feel free to contact the Health Care Authority (HCA) if you have specific concerns about your treatment.

My son has private insurance, with Medicaid as secondary insurance. Will he need to be on a Healthy Options managed care plan?

No. You can keep the private insurance and your Medicaid health care will remain fee-for-service.

Can I get an exemption if my doctor isn't part of a Healthy Options provider network?

If you need a specific provider due to medical necessity, and that provider doesn't contract with any of the plans in your area, contact HCA to request an exemption. HCA will review your request, and there's a good chance it will be granted; however, be sure to provide good documentation to support your request.

Can I change plans after the effective date? Yes. You can change plans at any time. The plan you choose will be effective the first day of the following month. Your enrollment packet will have instructions for requesting a change.

More Questions?

SHIBA (State Health Insurance Benefits Advisors) will answer your questions and/or direct you to the correct resource for follow-up. Call toll-free: **1-800-562-6900.** For exemptions and/or changes to your plan, contact the Health Care Authority: 1-800-562-3022; www.hca.wa.gov/managed_care and click on the "Healthy Options/Medicaid" link on the left side of the web page.