WASHINGTON STATE
HEALTH CARE AUTHORITY
P.O. Box 45506 • Olympia, WA 98504-5506

NOTE: Red type corrections below were added on September 9, 2011

September 1, 2011

Dear Client,

Medicaid is notifying clients that it is changing coverage for some health care services as a consequence of budget reductions for the 2011- 2013 biennium.

NEW: Limits on non-emergency use of hospital emergency rooms:

As of October 1, 2011, Medicaid will only pay for three non-emergency visits to the ***Emergency Room per client per year.***

The year will run through June 30, 2012 and restart July 1, 2012. Non-emergent visits occurring before October 1 will not be subject to this change in policy. When you have your third non-emergency visit to an emergency room, Medicaid will notify you by letter that you reached your limit. After the third non-emergent visit, you may be responsible for payment for future non-emergent visits to the emergency room.

If you have an emergency, please call 911. Medicaid supports emergency room care for emergencies, but non-emergencies and chronic conditions should be managed by your primary care provider. We want every client to have a primary care provider. Limiting non-emergency use of emergency rooms will support the delivery of care in the most appropriate setting.

NEW: Changes in Dental Benefits for adults:

Effective July 1, 2011, comprehensive dental services were restored for three groups of Medicaid adults:

- Women who are pregnant, including a 60-day postpartum period
- Clients living in nursing homes
- Adults enrolled in 1915 (c) Home and Community Based waiver programs.

Effective October 1, 2011, the following clients will no longer be eligible for comprehensive dental services:

- Adult clients whose care is managed by the Department of Social and Health Services (DSHS) Division of Developmental Disabilities but who do not fit in the categories above.
    - For clients effected by this change, any prior authorization approved by the department to occur after September 30, 2011 will be honored. The department will accept prior authorization requests until 5:00 p.m. on September 30, 2011.

Establishing eligibility for dental services (Required for DD clients effective October 1, 2011): Your dental provider will need documentation from you to help them know if you are eligible for services. If you are in one of the groups above, please take the following information with you when you go the dentist. If you received services on or after July 1, you may be asked to provide this information to your dentist so he or she may bill for the services received. Please assist your dental provider in obtaining the required information as necessary.

If you are pregnant, please take a letter from your medical provider which confirms your pregnancy and includes the expected date of delivery. One letter for each pregnancy will be required. ~~You will not be eligible for services after you deliver the baby or your pregnancy ends.~~ Your dental coverage will continue for 60 days after delivery.

If you are a client that is a resident of a nursing home or an Intermediate Care Facility for the Intellectually Disabled (ICF/ID), your place of residence will provide a letter to give to your dental provider. The letter will certify you are a resident of that facility on the date the services are received.

If you are a client who is enrolled in one of the 1915 (c) Home and Community Based waiver programs, you will need to provide a copy of your current Planned Action Notice (PAN) showing the authorization of a waivered service to your dentist to show you are eligible for services on the date of service under this program. Providing this notice once per year is all that will be required. Your PAN will have one of the following programs or abbreviations named in the Program section at the top of the letter:

Home and Community Services Division waivers

- COPES
- New Freedom (NFCDS)
- Medically Needy Residential (MNRW)
- Medically Needy In-Home (MNIW)

Developmental Disabilities Division waivers

- Basic
- Basic Plus
- Core
- Community Protection

Finding a primary care or dental provider:

We want all our clients to have a primary care provider and dentist. If you would like to find a dental provider or a primary care provider, you can receive help on the agency's website at: https://fortress.wa.gov/dshs/p1findaprovider/. You can also contact the agency by submitting an on-line request form at https://fortress.wa.gov/dshs/p1contactus/ to find a provider in your area.

Because the benefit changes described above affect all Medicaid recipients, there is no right for an evidentiary hearing. This is a type of hearing at which you can present your facts and testimony. Because of that, there will be no continuation of benefits for any of the terminated service as of September 30, 2011.

Please use our website: http://hrsa.dshs.wa.gov/News/Budget.htm to keep current on Medicaid budget cuts.