



PROPOSED RULE MAKING

CR-102 (June 2012)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

Agency: Health Care Authority, Washington Apple Health

- Preproposal Statement of Inquiry was filed as WSR 16-22-059; or
- Expedited Rule Making--Proposed notice was filed as WSR _____; or
- Proposal is exempt under RCW 34.05.310(4) or 34.05.330(1).

- Original Notice
- Supplemental Notice to WSR _____
- Continuance of WSR _____

Title of rule and other identifying information:

182-538A-130, Exemptions and ending enrollment in fully integrated managed care (FIMC)
182-538A-190, Behavioral health services only (BHSO)

Hearing location:

Health Care Authority
Cherry Street Plaza Building; Pear Conf Rm 107
626 - 8th Avenue, Olympia WA 98504

Metered public parking is available street side around building. A map is available at:
http://www.hca.wa.gov/documents/directions_to_csp.pdf
or directions can be obtained by calling: (360) 725-1000

Date: **March 7, 2017** Time: **10:00 a.m.**

Date of intended adoption: Not sooner than March 8, 2017
(Note: This is **NOT** the **effective** date)

Submit written comments to:

Name: HCA Rules Coordinator
Address: PO Box 45504, Olympia WA, 98504-5504
Delivery: 626 – 8th Avenue, Olympia WA 98504
e-mail arc@hca.wa.gov
fax (360) 586-9727

by **5:00 pm on March 7, 2017**

Assistance for persons with disabilities: Contact Amber Lougheed by March 3, 2017
e-mail: amber.lougheed@hca.wa.gov or (360) 725-1349
TTY (800) 848-5429 or 711

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

Changes to these rules are necessary because the agency is delegating third-party activities to managed care organizations.

Reasons supporting proposal: See purpose

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Statute being implemented: RCW 41.05.021, 41.05.160

Is rule necessary because of a:

- Federal Law? Yes No
 - Federal Court Decision? Yes No
 - State Court Decision? Yes No
- If yes, CITATION:

DATE
January 27, 2017

NAME
Wendy Barcus

SIGNATURE

TITLE
HCA Rules Coordinator

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: January 27, 2017

TIME: 9:43 AM

WSR 17-04-054

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A

Name of proponent: Health Care Authority

- Private
 Public
 Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Melinda Froud	PO Box 42716, Olympia WA, 98504-2716	(360) 725-1408
Implementation....Becky McAninch-Dake	PO Box 45530, Olympia, WA 98504-5530	(360) 725-1642
Enforcement.....Becky McAninch-Dake	PO Box 45530 Olympia, WA 98504-5530	(360) 725-1642

Has a small business economic impact statement been prepared under chapter 19.85 RCW or has a school district fiscal impact statement been prepared under section 1, chapter 210, Laws of 2012?

Yes. Attach copy of small business economic impact statement or school district fiscal impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone ()

fax ()

e-mail

No. Explain why no statement was prepared.

The agency has determined that the proposed filing does not impose a disproportionate cost impact on small businesses or nonprofits.

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone ()

fax ()

e-mail

No: Please explain:

RCW 34.05.328 does not apply to Health Care Authority rules unless requested by the Joint Administrative Rules Review Committee or applied voluntarily.

AMENDATORY SECTION (Amending WSR 16-05-051, filed 2/11/16, effective 4/1/16)

WAC 182-538A-130 Exemptions and ending enrollment in fully integrated managed care (FIMC). (1) Fully integrated managed care (FIMC) and behavioral health services only (BHSO) are mandatory for individuals residing in FIMC regional service areas.

(2) The medicaid agency enrolls a client ((into)) residing in an FIMC regional service area in either FIMC or BHSO, depending on the client's eligibility, in accordance with WAC 182-538A-060.

~~((2) WAC 182-538A-060 applies to disenrollment and choice.~~

~~(3) A client may end enrollment in FIMC if:~~

~~(a) The client has comparable coverage; or~~

~~(b) The client's request to end enrollment is approved by the agency under one of the following circumstances:~~

~~(i) The enrollee moves out of the FIMC regional service area;~~

~~(ii) Medically necessary care is unavailable from the MCO including, but not limited to, when:~~

~~(A) The MCO does not, because of moral or religious objections, deliver the service the enrollee seeks; or~~

~~(B) The enrollee needs related services performed at the same time and not all related services are available within the network and the enrollee's primary care provider or another provider determines receiving the services separately would subject the enrollee to unnecessary risk.))~~

(3) The agency ends an enrollee's enrollment in FIMC according to the rules in WAC 182-538-130.

(4) If ((an enrollee)) the agency ends enrollment ((in)) for an FIMC enrollee based on WAC 182-538-130, the ((agency enrolls the)) enrollee ((in BHSO if the enrollee)) is required to enroll in BHSO if eligible.

AMENDATORY SECTION (Amending WSR 16-05-051, filed 2/11/16, effective 4/1/16)

WAC 182-538A-190 Behavioral health services only (BHSO). This section applies to enrollees receiving behavioral health services only (BHSO) under the fully integrated managed care (FIMC) medicaid contract.

(1) The medicaid agency requires eligible clients in FIMC regional service areas to enroll in the BHSO program.

(2) A BHSO enrollee in an FIMC regional service area may change managed care organizations (MCOs) but may not disenroll from the BHSO program.

(3) For BHSO enrollees, the MCO covers the behavioral health benefit included in the FIMC medicaid contract.

(4) WAC 182-538-110 applies to BHSO enrollees in FIMC regional service areas.

(5) The agency assigns the BHSO enrollee to an MCO available in the area where the client resides.

(6) A BHSO enrollee may change MCOs for any reason with the change becoming effective according to the agency's managed care policy.

~~((7) The agency ends enrollment in BHSO managed care when the enrollee becomes eligible for any third party health care coverage comparable to BHSO.))~~