



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region 10
2201 Sixth Avenue, MS/RX-47
Seattle, Washington 98121

JUN 20 2005

Robin Arnold-Williams, Secretary
Washington State Department of Social and Health Services
PO Box 45010
Olympia, WA 98504-5010

RE: Washington State Plan Amendment TN #05-004

Dear Ms. Arnold-Williams:

The Region 10 office of the Centers for Medicare and Medicaid Services has completed its review of the Washington State Plan Amendment TN #05-004, which was submitted on March 30, 2005. This transmittal reduces the time a beneficiary in Healthy Options has to choose to enroll in a different MCO after auto-assignment into a plan.

The State Plan Amendment is approved effective January 8, 2005.

If you have questions or require further assistance, please contact Tania Seto at 206-615-2343.

Sincerely,

/s/

Barbara K. Richards, Acting
Associate Regional Administrator
Division of Medicaid and Children's Health

cc: Doug Porter, Assistant Secretary

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
05-004

2. STATE
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
Jan. 8, 2005

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:
a. FFY 2005 \$0
b. FFY 2006 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Numbered Page 9j

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Numbered Page 9j

10. SUBJECT OF AMENDMENT:

Enrollment in Managed Care

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED: Exempt
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Robin Arnold-Williams

13. TYPED NAME:

ROBIN ARNOLD-WILLIAMS

14. TITLE:

Secretary

15. DATE SUBMITTED:

Mar 29, 2005

16. RETURN TO:

Ann Myers
Department of Social and Health Services
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

MAR 30 2004

18. DATE APPROVED:

JUN 20 2005

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JAN - 8 2005

20. SIGNATURE OF REGIONAL OFFICIAL:

181

21. TYPED NAME:

Barbara K. Richards

22. TITLE:

**Associate Regional Administrator
Division of Medicaid &
Children's Health**

23. REMARKS:

State WASHINGTONCitation 1.6 5. Managed Care (cont'd)

any MCO when it is in the best interest of the State. If either the MCO or the State limits assignments as described herein, the Contractor's capacity, only for the purposes of the calculation of assignments, will be that limit.

Assigned enrollees are notified by mail by the State of their assignment and have at least ten (10) days to choose a different MCO or PCCM.

- c. The State collects information about all newly created managed care segments. At the time monthly health plan premiums are paid, the State looks at each new enrollee to see how they were enrolled into HO.

The "overall" rate looks at all new managed care enrollment segments to determine how they got to their plan. An "S" (for "selected") or an "A" (for "assigned") is attached to each HO enrollment segment in MMIS. The State looks at the total number of enrollees with a new segment and calculates the percentage of those who selected a plan and those who were assigned. The calculation includes enrollees who changed from one plan to another, who are a new family member, and who have had a short break in coverage.

The "newly eligible" rate looks at the date a client's information comes to MMIS from ACES. If there has been a break in service that is greater than 6 months, the State looks at the "A" or "S" indicator on their managed care enrollment segment to determine how they got to the plan. The State then takes the number