

Washington State  
Health Care Authority

# Medicaid Monthly Meeting (M3)

*April 29, 2014*

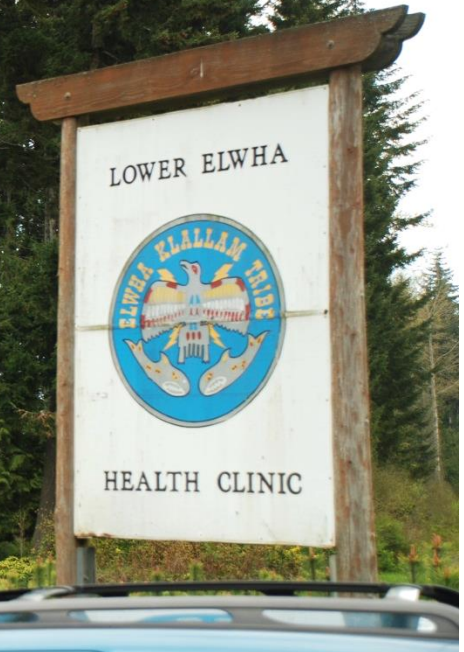
Karol Dixon & Mike Longnecker  
HCA Tribal Affairs Office

# Agenda

- **Tribal Affairs Staff Updates** – Karol & Mike
- **State Health Care Innovation Plan** – Laura Zaichkin
- **Medicaid Enrollment Update** – Karol Dixon, Ed Fox & SIHB
- **Autism & Referrals** – Gail Kreiger
- **Legislative Q&A** – Dennis Martin
- **Open Forum**

# Lower Elwha Klallam Tribe

April 17, 2014



# Thanks for letting us visit!



# February 2014 Claims Data (I/T/U)

	Billed	Paid	Denied	% pay
<b>ALL Medicaid Prof/dental</b>	973,065	694,705	278,360	71%
<b>All Tribal ITU Prof/Dental</b>	19,156	15,583	3,573	81%
• Tribal Medical	9,718	7,667	2,051	79%
• Tribal MG	2,500	2,219	281	89%
• Tribal CD	2,020	1,925	95	95%
• Tribal Dental	2,565	1,976	589	77%
Tribal Other prof/dental (1900 are FQHC)	2,353	1,796	557	76%
Tribal non-prof/dental (16,500 are POS)	16,927	9,599	7,328 (6,850 are POS)	57%

# Miscellaneous Updates

- ICD-10 postponed until October 2015
- 2014 IHS-OMB Encounter Rate: \$342
  - Loaded into P1
  - New rate will pay on next remittance
  - Retroactive for all 2014 claims

# Kids in Tribal Placements

Kids in Tribal placements are eligible for two types of medical coverage:

1. Apple Health for Kids (traditional process you are familiar with)
2. Apple Health for Kids – Foster Care Medical

# Compare the two:

## 1. Apple Health for Kids

- a. Apply through HPF
- b. Annual renewals through HPF
- c. Relative/placement income should not count against the child. Include whole household & be sure to indicate that this is not their child

## 2. Apple Health for Kids (Foster Care Medical)

- a. Apply outside HPF – with the new form!
- b. Requires a copy of Tribal court placement paperwork
- c. If child “ages out” of placement, eligible for coverage until they are 26.
  - a. There is a form to capture these former foster kids too!



# Foster Care Medical

- New forms sent out last month
  - <http://www.hca.wa.gov/medicaid/forms/documents/19-027.pdf>
  - <http://www.hca.wa.gov/medicaid/forms/documents/19-028.pdf>
- Documentation required:
  - Tribal court placement paperwork
  - Problematic - temporary orders > than 1 year old
  - Potential solution – statement on letterhead
- Private Agreements not covered under *Foster Care Medical* (go through HPF instead)

# Upcoming Webinars

- Eligibility: incarceration
- Billing: spend down
- Dates: TBD soon!

Washington State  
Health Care Innovation Plan



The Washington Way



DECEMBER 2013

# State Health Care Innovation Plan Implementation Update

**Laura Kate Zaichkin**

Administrator,

Office of Health Innovation and Reform

[Laura.zaichkin@hca.wa.gov](mailto:Laura.zaichkin@hca.wa.gov)

## HCA/King County Joint Statewide RFI

- **Providers and health plans** across the state invited to participate
- **Big-picture view** of what organizations already doing or plan to do for accountable health care delivery and payment
- **HCA & King County will use information separately** to inform their independent purchasing processes

**CONFERENCE CALL: April 30, 2-3 pm**

**<https://www2.gotomeeting.com/register/562813050>**

**DUE DATE: May 21, 3 pm. Submit by email to: [contracts@hca.wa.gov](mailto:contracts@hca.wa.gov)**  
Place "2014-014 Response" in subject line

# Governor's Performance Measures Coordinating Committee

- **Stakeholder committee to consider and recommend** statewide standards for future health care purchasing in WA
- **Chaired by** HCA Director Dorothy Teeter
- **Members will include:** Academic experts, consumers, employers, a Tribal representative, health plans, hospitals, patients, physicians, providers (non-hospital and non-physician), state agencies

## **NOMINATIONS DUE:**

**Wednesday, May 7, 5 pm, 1-page nomination form:**

**<http://www.hca.wa.gov/shcip/Pages/participate.aspx>**

# Accountable Community of Health Development

- **Evolving approach to empower communities and governments** to shape and inform ACH development
- **More information expected in May**

## Q&A

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### Washington State Health Care Innovation Plan



The Washington Way



DECEMBER 2013

**Laura Zaichkin**

Administrator,  
Office of Health Innovation and Reform

[Laura.zaichkin@hca.wa.gov](mailto:Laura.zaichkin@hca.wa.gov)



# Medicaid Enrollment Update

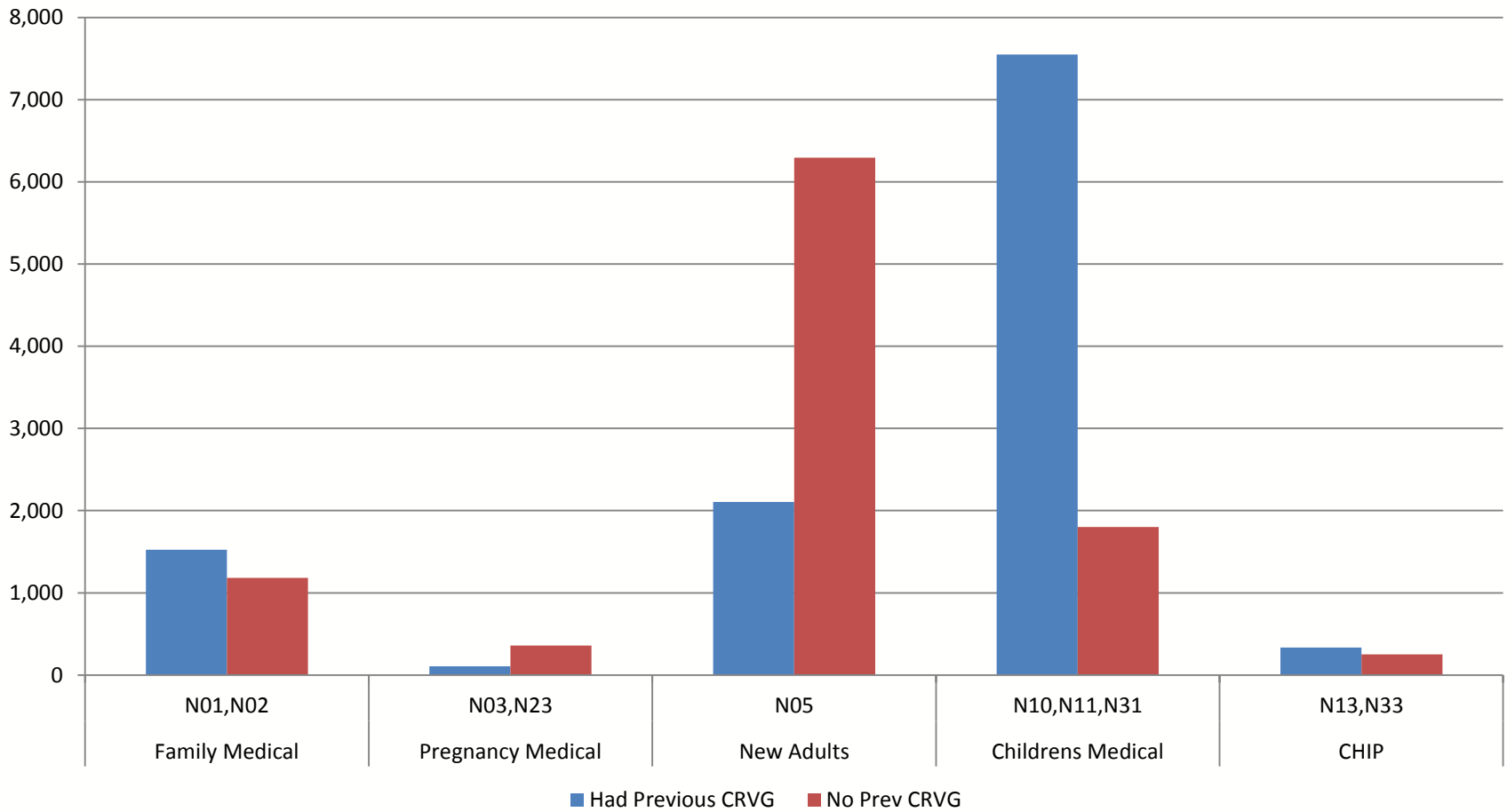
Karol Dixon



# AI/AN Enrollments Oct-April 10

CATEGORY	COVERAGE GROUPS	Had Previous CRVG	No Prev CRVG
Family Medical	N01,N02	1,525	1,183
Pregnancy Medical	N03,N23	105	359
New Adults	N05	2,105	6,292
Childrens Medical	N10,N11,N31	7,548	1,801
CHIP	N13,N33	335	252
<b>Subtotal</b>		<b>11,618</b>	<b>9,887</b>
<b>Subtotal</b>			<b>21,505</b>

# AI/AN Enrollments Oct-April 10





# **The American Community Survey**

## **Developing Useful Information on Uninsured American Indians & Alaska Natives:**

2010-2011-2012 American Community Survey  
Estimates for rates of insurance / uninsured and income distribution for  
Alaska Natives and American Indians

May 1, 2014

# Example: how to use ACS data for state level impact analysis

- 1<sup>st</sup> step: How many AIANs are there?
  - 1. \_\_\_\_ AIAN alone
  - 2. \_\_\_\_\_ AIAN alone and in combination - most commonly used
- 2<sup>nd</sup> step: What is rate of private and public insurance?
  - 1. \_\_\_\_\_ have private insurance
  - 2. \_\_\_\_\_ of \_\_\_\_ have private insurance (repeat for public)
- 3<sup>rd</sup> step: What is number and rate of uninsured?
  - 1. \_\_\_\_\_ uninsured ( \_\_\_\_\_ ) in \_\_\_\_ state for AIAN alone and in combination and \_\_\_\_\_ % for AIAN alone.

# Using data for planning and performance evaluation

- 4<sup>th</sup> step: Determine distribution across 3 income categories.
  - A. \_\_ under 138% of poverty, B. \_\_138 to 400%, C. \_\_\_over 400%
- 5<sup>th</sup> step: Use estimates to provide information needed for planning outreach and education, workforce, facilities, budgets.
- 6<sup>th</sup> step: Remember these are estimates, check with reality as it becomes known, make no assumptions, remember error rates.
  
- It's time to check with reality
  
- How many of our eligibles are newly insured ?

# Setting a Goal for Medicaid

- **44,000 uninsured AIANs (ACS, 1-yr, 2012)**
  - **17,000-19,000 uninsured under 139% (some insured are eligible)**
  - **Slightly less than half are 1/2 currently eligible and**
    - **1/2 newly eligible**
- **The goal ---make 17,000-20,000 Medicaid eligible AIANs NEWLY INSURED in 2014**
- **May 1, 2014 States likely to reach 10,000 newly insured AIAN in Medicaid**

# 20 counties pop and uninsured

	AIAN Pop	AIAN Uninsured
King County, Washington	39,778	8,552
Pierce County, Washington	23,951	5,149
Snohomish County, Washington	18,939	4,072
Spokane County, Washington	13,427	2,887
Yakima County, Washington	13,230	2,844
Clark County, Washington	8,602	1,849
Kitsap County, Washington	8,462	1,819
Whatcom County, Washington	7,854	1,689
Thurston County, Washington	7,547	1,623
Clallam County, Washington	5,167	1,111
Okanogan County, Washington	5,107	1,098
Grays Harbor County, Washington	4,716	1,014
Cowlitz County, Washington	4,004	861
Mason County, Washington	3,856	829
Benton County, Washington	3,729	802
Skagit County, Washington	3,522	757
Stevens County, Washington	3,314	713
Lewis County, Washington	2,477	533
Grant County, Washington	1,984	427
Island County, Washington	1,870	402



# Adjustments

1. Only 45% of uninsured are Medicaid income eligible
2. Rural counties have higher rate of uninsured ---28%

	AIAN Pop	AIAN Uninsured		28%	45% under 139	Enrolled	balance uninsured	enrolled as percent of uninsured	
King County, Washington	39,778	8,552	8,552			3,849	941	2,908	24%
Pierce County, Washington	23,951	5,149	5,149			2,317	548	1,769	24%
Snohomish County, Washington	18,939	4,072	4,072			1,832	321	1,511	18%
Spokane County, Washington	13,427	2,887	2,887			1,299	567	732	44%
Yakima County, Washington	13,230	2,844	2,844	3,704		1,280	543	737	42%
Clark County, Washington	8,602	1,849	1,849			832	210	622	25%
Kitsap County, Washington	8,462	1,819	1,819			819	215	604	26%
Whatcom County, Washington	7,854	1,689	1,689			760	326	434	43%
Thurston County, Washington	7,547	1,623	1,623			730	199	531	27%
Clallam County, Washington	5,167	1,111	1,111	1,447		500	244	256	49%
Okanogan County, Washington	5,107	1,098	1,098	1,430		494	180	314	36%
Grays Harbor County, Washington	4,716	1,014	1,014	1,320		456	177	279	39%
Cowlitz County, Washington	4,004	861	861			387	96	291	25%
Mason County, Washington	3,856	829	829			373	155	218	42%
Benton County, Washington	3,729	802	802			361	61	300	17%
Skagit County, Washington	3,522	757	757			341	180	161	53%
Stevens County, Washington	3,314	713	713	928		321	96	225	30%
Lewis County, Washington	2,477	533	533			240	47	193	20%
Grant County, Washington	1,984	427	427	556		192	62	130	32%
Island County, Washington	1,870	402	402			181		181	-

**Medicaid Enrollments and Estimated Take-up Rates for Uninsured, Medicaid Eligibles  
October 1, 2013 to April 10, 2014**

County	New to Medicaid (Not recerts)	Take-up Rate	Majority IHS or Majority Urban
Skagit County	279	37%	IHS
Mason County	300	36%	IHS
Clallam County	523	36%	IHS
Whatcom County	584	35%	IHS
Spokane County	947	33%	Urban
Grays Harbor County	403	31%	IHS
Yakima County	952	26%	IHS
Okanogan County	333	23%	IHS
Thurston County	354	22%	Urban
Cowlitz County	183	21%	Urban
Grant County	87	20%	IHS
Pierce County	1007	20%	Urban
King County	1669	20%	Urban
Ferry County	85	19%	IHS
Stevens County	175	19%	IHS
Kitsap County	343	19%	Urban
Clark County	311	17%	Urban
Snohomish County	679	17%	Urban
Lewis County	73	14%	-
Benton County	109	14%	-
<b>20 counties total</b>	<b>9396</b>		
<b>% of total state</b>	<b>95%</b>		
<b>39 counties total (Wash total)</b>	<b>9881</b>		
<b>19 remaining counties total</b>	<b>485</b>		
<b>AIAN</b>			ACS estimates categorized as majority with or without Access to IHS paid services.


# Questions on the ACS

The health insurance question asks the respondent to give a separate answer for each member of household regarding health insurance coverage.

1. Employer Sponsored Insurance (ESI)
  2. Private, paid by individual
  3. Medicare
  4. Medicaid
  5. Tricare, Health care insure for military and families
  6. VA, Veteran's Administration
  7. IHS coverage-not used to compute rates of insurance
- Question on insurance is 'point in time' or 'current coverage' not the coverage in the 'past year' asked in some surveys.
  - It is generally believed that Medicaid is underreported .

# ACS question on insurance coverage

**16** Is this person **CURRENTLY** covered by any of the following types of health insurance or health coverage plans? Mark "Yes" or "No" for EACH type of coverage in items a – h.

	Yes	No
a. Insurance through a current or former employer or union (of this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance purchased directly from an insurance company (by this person or another family member)	<input type="checkbox"/>	<input type="checkbox"/>
c. Medicare, for people 65 and older, or people with certain disabilities	<input type="checkbox"/>	<input type="checkbox"/>
d. Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability	<input type="checkbox"/>	<input type="checkbox"/>
e. TRICARE or other military health care	<input type="checkbox"/>	<input type="checkbox"/>
f. VA (including those who have ever used or enrolled for VA health care)	<input type="checkbox"/>	<input type="checkbox"/>
g. Indian Health Service	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other type of health insurance or health coverage plan – <i>Specify</i> 	<input type="checkbox"/>	<input type="checkbox"/>

# Limitations of ACS data

- Estimates are based on survey samples:
  - do not have calculated error rates to inform the range of uncertainty in the estimates
  - three years of data for Washington include more than 6308 responses from **self-identified** AIANs
- As the first set of 3-year estimates, it is relatively new and little research has examined its relative accuracy.

Example: there is some evidence that it underestimates Medicaid coverage by a couple points
- Uninsured is calculated when a respondent answers:
  - no to all 6 types of health insurance coverage
  - also, IHS is not considered coverage

# Overall Assessment

## The impact of Health Care Reform in Washington

1. Will be greater than most states due to the large population of AIANs-5<sup>th</sup> largest in the nation
2. Will involve many AIANs who do not have access to Indian Health Services since the state ranks very low (34%) in access to IHS compared to other states with a large Indian population.
3. Will involve over 40,000 AIANs who are uninsured with over 21, 000 of these living in the state's larger urban centers.
4. Exchange will involve a large number who will be eligible for subsidies and waiver of cost sharing (up to 300% of poverty)---about 17,000
5. About 20,000 of uninsured will be eligible for Medicaid.
6. Many insured will also be eligible for Medicaid.

# References

- *Uninsured American Indians and Alaska Natives with Incomes 133% to 300% of Poverty: Data for Health Insurance Exchange Outreach*, 2011, California Rural Indian Health Board
- [Centers for Medicare and Medicaid: Health Care Reform: Health Care Reform: Tracking Tribal, Federal, and State Implementation](#)
- U.S. Census Bureau. American Community Survey (ACS) 2008,2009, 2010, 3 year 2008-2010. American Community Survey accessed through [Factfinder2](#) for 3 year reports for years 2008, 2009, 2010.
- Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access and Cost Trends. Medical Expenditure Panel Survey-Insurance Component (MEPS-IC). Table II.A.2 (2009), available at [http://www.meps.ahrq.gov/mepsweb/data\\_stats/summ\\_tables/insr/state/series\\_2/2009/tiaa2.pdf](http://www.meps.ahrq.gov/mepsweb/data_stats/summ_tables/insr/state/series_2/2009/tiaa2.pdf)
- Reports based on the Current Population Survey do not include reports on AIANs due to the small sample size. This was even true for the State of California's recent Employee Benefit Research Institute estimates (in California Health Almanac; California's Uninsured, December 2011) for race/ethnicity based on the CPS---despite the largest in the nation AIAN population of over 800,000 in 2010.

# Washington State Health Care Authority

## Autism Spectrum Disorder: ABA Services Delivery Model for Apple Health

Gail Kreiger, BSN

Manager, Healthcare Benefits and Utilization Management

Health Care Services

April 29.02014



# Access to ABA Services

**What:** A benefit for ABA services

**When:** January 1, 2013

**Who for:** Children 20 yrs of age and under,  
covered by Medicaid's Apple Health for  
Kid's Program

➤ AHFK's- est. 9,100 children

# Access to ABA Services

## What have we been doing?

- Working across state agencies to develop a licensure and certification process
- Building the center of excellence network for clinical (medical/ psychological) evaluations
- Building a network of licensed, enrolled ABA providers
- Developing policy and fee schedules

# Access to ABA Services

- Writing WAC and billing guide
- Making ProviderOne system changes
- Developing criteria, report formats and forms
- Providing webinars for stakeholders
- Providing case management for families trying to navigate the process
- Developing an evaluation model

# Access to ABA Services

## **Program Elements:**

- Medicaid eligibility criteria
- Provider qualifications
  - ❖ Centers of Excellence for Clinical Evaluations
    - ✓ Required reports
  - ❖ Statewide Network of ABA providers
    - ✓ Required forms
- Prior authorization and recertification of medical necessity.
- WACS and Medicaid Provider Guidelines revisions
- Timely and accurately paid claims

# Access to ABA Services

## **Definition of ABA Services:**

- A set of principles applied through a family-centered therapeutic intervention to improve core deficits associated with autism spectrum disorder (significant issues with communication, social interaction and injurious behaviors). Includes the design, implementation and evaluation of environment modifications using behavioral stimuli and consequences to produce

# Access to ABA Services

clinically significant improvement in behavior and skills. Includes use of direct observation, measurement and the functional analysis of the relationship between the environment and the child's behavior.

# Access to ABA Services

## **Eligibility Criteria**

- An established supporting diagnosis of Autism Spectrum Disorder as defined by the most current DSM criteria; made by a neurologist, pediatric neurologist, developmental pediatrician, psychologist or psychiatrist who is experienced in the diagnosis and treatment of autism, using a validated diagnostic tool (those proven through studies); AND

# Access to ABA Services

- There is objective documentation by a clinician, which may incorporate family members observations, establishing the presence of any of the core symptoms of autism: functional impairment or delay in communication, behavior, and or social interaction; **and**



# Access to ABA Services

- There is documentation by a clinician, which may incorporate family member observations, that the child's behaviors are having an adverse impact on development and/or communication such that:
  - The child can't adequately participate in home, school or community activities because the behavior interferes; **and/or**

# Access to ABA Services

- The child exhibits behavior in the nature of self-injury; aggression towards others; destruction of property; stereotyped/ repetitive behaviors, elopement; or severe disruptive behavior, where the behavior may be construed that the physical health or safety of the child or others may be placed in serious jeopardy; **and**

# Access to ABA Services

- There is documentation that less intrusive or less intensive behavior intervention have been tried and not been successful; **OR** there is no equally effective and substantially less costly alternative available for reducing the interfering behaviors, increasing pro-social behaviors, or maintaining desired behaviors; **and**

# Access to ABA Services

- There is documentation of a reasonable expectation that the requested services will result in a measurable improvement in the child's skills and behaviors.

# Access to ABA Services



## Route to Care

Step 1. Child referred by any other health care professional or parent for diagnostic testing, comprehensive evaluation and multi-disciplinary treatment plan.

### Step 2. **Center of Excellence**

Comprehensive evaluation performed; diagnosis confirmed; treatment plan recommends and orders ABA services

# Access to ABA Services



Step 3. Child assessed by qualified, DOH licensed/certified BCBA and outcome-oriented, time limited ABA treatment plan developed

Step 4. Prior authorization for ABA services requested

Step 5. Authorization determination made

# Access to ABA Services



Step 6. ABA services initiated

Step 7. Re-certification required every 3-6 months, at agency's discretion.

# Access to ABA Services

## **Delivery Models for ABA services:**

### **For ages 2-5**

Delivery of intensive services in

- Natural setting, e.g., home, clinic and/or community, or
- Facility-Based Day Program



# Access to ABA Services

## **For 5 and older:**

Age appropriate services, could be intensive services rendered in the natural setting, could be rendered in office setting via health care visit, e.g., counseling, parent training other therapy approaches.

# Access to ABA Services



Child referred for  
comp. evaluation

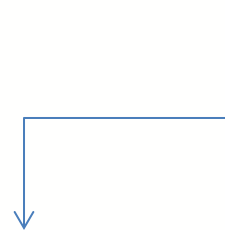


Comp. evaluation performed;  
ABA services ordered

Independent Practice Provider Model  
(Option 1)

Lead Behavioral Therapist  
Therapist Assistant

- Certified Counselor
- Certified Advisor



Licensed Agency Model  
(Option 2)

Lead Behavioral Therapist  
Therapist Assistant

- Agency Affiliated Counselors

# Access to ABA Services

## **Who can provide ABA services?**

### Option 1- Independent Practice Model --Requirements and Roles

#### **Lead Behavioral Therapist -**

##### Minimum Requirements:

- Licensed as a physician, a psychologist or a mental health counselor under Title 18, and
- Board certified BA or 240 hours of coursework related to BA and 750 hours of supervised experience or 2 years of practical experience in designing and implementing comprehensive ABA treatment plans, and
- Be enrolled as a participating provider, and
- Be authorized to supervise ancillary providers

##### Role:

- Develop and maintain comprehensive ABA treatment plan
- Clinical supervision of Therapist Assistant
- Supervise delivery of services, including 1 hour of onsite supervision for every 20 hours of service provided by Therapist Assistant

# Access to ABA Services

## Option 1 (con't): Requirements and Roles

### **Therapist Assistants-**

#### Minimum Requirements:

- Credentialed as a certified counselor or certified advisor under RCW Title 18.19, AND
- 60 hours of training in ABA services and caring for children with behavior disorders and demonstrated compliance in delivering ABA services before providing services to covered individuals

#### Role:

- Deliver services according to ABA treatment plan
- Bi-monthly approval and review of the ABA treatment plan, review progress with Lead Behavioral Therapist

# Access to ABA Services

## Option 2 – Agency Model --Requirements and Roles

### **Minimum Requirements for the Agency-**

- Be licensed as an agency under DOH or DSHS and
- Be enrolled as a participating provider

### **Lead Behavioral Therapist –**

#### Requirements:

- Be a psychologist, licensed mental health counselor, certified counselor, a certified advisor, or an agency affiliated counselor, and
- Board certified BA or board qualified having 240 hours of coursework related to BA and 750 hours of supervised experience or 2 years of practical experience in designing and implementing comprehensive ABA treatment plans

#### Role:

- Develop and maintain comprehensive ABA treatment plan
- Supervise Therapist Assistant
- Supervise delivery of services, including 1 hour of onsite supervision for every 20 hours of service provided by Therapist Assistant

# Access to ABA Services

## Requirements and Roles

### **Therapist Assistants-**

#### Minimum Requirements:

- Credentialed as a Agency Affiliated Counselor under RCW Title 18.19, AND
- 60 hours of training and demonstrated compliance in delivering ABA services before providing services to covered individuals

#### Role:

- Deliver services according to ABA treatment plan
- Bi-monthly approval and review of the ABA treatment plan, review progress with Lead Behavioral Therapist

# Point of Contact

More Information:

<http://www.medicaid.hca.wa.gov/abatherapy/index.html>

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# Legislative Q&A

**Dennis Martin**

Administrator, Office of Legislative Affairs

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# Upcoming Meetings

## Tribal Consultation, June 3, 2014

- Olympia, WA

## Medicaid Monthly Meeting, May 27, 2014

- <https://www2.gotomeeting.com/register/515443202>

## Tribal Billing Workgroup

- May 13 – cancelled (Team is on the road)
- Next meeting: June 10, 9:00 AM
  - <https://www2.gotomeeting.com/register/428483258>

# Open Forum

For comments or questions, contact:

**Karol Dixon**

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