

Washington State  
Health Care Authority

# Medicaid Monthly Meeting (M3)

*June 16, 2014*

**Karol Dixon**

**HCA Tribal Affairs Office**

# Agenda

- **Introductions** – Karol Dixon
- **Foster Care Medical for Tribal Placements**  
– Kevin Cornell
- **Foster Care MC RFP** – Alison Robbins
- **Managed Care (MC) Discussion**
- **State Health Care Innovation Plan** – Laura Zaichkin
- **Staff Updates** – Karol Dixon & Mike Longnecker



# Foster Care Medical for Tribal Placements

June 16, 2014

Foster Care Medical Team (FCMT)

# 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. Initial application & annual renewals through HPF
  - b. Relative/placement income does not count in determining the child's eligibility for coverage
  - c. Include whole household & be sure to indicate the correct relationship
2. Apple Health for Kids (Foster Care Medical)
  - a. Apply outside HPF using form HCA 19-027
  - b. Requires a copy of Tribal court placement paperwork
  - c. No annual renewal required
  - d. If child "ages out" of placement, eligible for coverage until they are 26. Use form HCA 19-028.

# Foster Care Medical Team

- New forms
  - <http://www.hca.wa.gov/medicaid/forms/documents/19-027.pdf>
  - <http://www.hca.wa.gov/medicaid/forms/documents/19-028.pdf>
- Current Tribal court placement paperwork
  - Child must be under the jurisdiction of Tribal court
- Not covered under the *Foster Care Medical*
  - Voluntary placements
  - Guardianship by notary
  - Apply through HPF rather than FCMT

### Washington Apple Health Request for Children in Tribal Foster Care

"Out of home" placement     Change in "out of home" placement     Child(ren) returned home

Children in Tribal placements are eligible for Washington Apple Health Foster Care Medical. This program does not require an annual review. Please complete this form to request coverage. If multiple children are placed with the same family only one form is needed. Please include a copy of the Tribal Court Order of Placement. Medical coverage may be approved retroactively back to the date of placement if needed.

Date child(ren) placed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Children's Information (Please print)		
Name:	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Tribal Affiliation	
Name:	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Tribal Affiliation	
Name:	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Tribal Affiliation	
Name:	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Tribal Affiliation	
Placement Family Information (Please print)		
Adult name(s):		
Relationship(s) to child:	Phone:	
Address		
City	State:	Zip Code
Tribe Information (Please print)		
Tribe:	Phone:	
Social worker name:	Email:	
Submitted by:	Phone:	Date:
Please submit the completed form to:		
Mail: Health Care Authority - Foster Care Medical Team P.O. Box 45534 Olympia, WA 98504	Questions? Call: (800) 562-3022 Ext 15480	
Fax: (360) 725-1158		

## Washington Apple Health Request for Children Aging Out of Tribal Foster Care

Children who turn age 18 while in Tribal placements are eligible for Washington Apple Health Former Foster Care Medical up to age 26. This program does not require an annual review. Please complete this form to request coverage. Please include a copy of the Tribal Court Dismissal of Dependency.

Children's Information (Please print)		
Name:	Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security number	Tribal Affiliation	
Date of Dependency:		
(Please include current contact information)		
Phone:	Address:	
City	State:	Zip Code
Tribe Information (Please print)		
Tribe:	Phone:	
Social worker name:	Email:	
Submitted by:	Phone:	Date:
<p><b>Please submit the completed form to:</b></p> <p><b>Mail:</b> Health Care Authority - Foster Care Medical Team P.O. Box 45534 Olympia, WA 98504</p> <p><b>Fax:</b> (360) 725-1158</p> <p style="text-align: right;"><b>Questions? Call:</b> (800) 562-3022 Ext 15480</p>		

# Example 1

Grandfather is 50 years old and has two grandchildren placed by Tribal court in his care. His income is only counted in determining his eligibility for Apple Health.

1. Apply for self and/or kids through HPF; or
2. The Tribe submits HCA Form 19-027 & documentation for the children

## Example 2

Grandmother is 66 years old and has three grandchildren voluntarily in her care. Her income is only counted in determining her eligibility for Apple Health.

1. Apply for self and/or kids through HPF
2. Apply for self [washingtonconnection.org](http://washingtonconnection.org)
3. Children not eligible for Foster Care coverage through the FCMT

# Example 3

John is a single adult aged 24. He was in a Tribal placement when he turned 18.

## 1. Apply through HPF

- Must meet income eligibility
- Must renew annually

## 2. HCA Form 19-028 with documentation

- Former foster child (FFC) program up to age 26
- No income restriction or annual renewals

# Reporting Changes

1. Individuals covered through HPF
  - Report changes through HPF primary applicant's dashboard; or
  - Call HBE CSC at 855-923-4633
2. Children covered through FCMT
  - Report changes using HCA Form 19-027
3. Adults covered through FCMT
  - Contacting the FCMT for address changes

# Contact information

Health Care Authority  
Foster Care Medical Team  
P.O. Box 45534  
Olympia, WA 98504

[fcmt@hca.wa.gov](mailto:fcmt@hca.wa.gov)

Fax: (360) 725-1158

Toll Free: (800) 562-3022, ext 15480

*See also next slide on how to navigate our 800#*

# Calling the FCMT

- **Calling us is as easy as 1...2...3.....Start by dialing 1-800-562-3022**
  - You will hear a recorded message, “You have reached the Health Care Authority...to continue in English stay on the line...” **Do not say anything.**
  - The next prompt will say, “If you have the extension number say ‘DIAL’ now.” **Do not say anything.** When the prompt is *finished* -
- **PRESS 1**
  - You will hear a prompt that says, “Payment, Medical, or Other”. **Do not say anything.** When the prompt is *finished* -
- **PRESS 2**
  - You will hear a recorded message that says, “For foster care press 3, clients with other questions press 1”. When the prompt is *finished* –
- **PRESS 3**
  - You will be transferred to the FCMT unit where your call will be answered in just a few seconds!

# Foster Care Medical RFP

- RFP forthcoming
- AI/AN kids will remain exempt and enrollment in Foster Care MC voluntary

# Managed Care Discussion

- For the Month of May 2014 the MCOs have 1,188,222 Medicaid clients in MC
  - 9,430 of those clients are AI/AN\*

\* AI/AN is currently reported as race code 4 or 5 in ProviderOne. Due to race being a voluntary field during enrollment there are a large number of AI/AN clients who are in the ProviderOne system as non-native. These clients will be updated to race code 4 as part of a larger clean up project this fall

# Managed Care Discussion

- May 2014 AI/AN\* in MCO plans (9,430 total)
  - 4,875 AI/AN in Molina
  - 2,569 AI/AN in CHPW
  - 788 AI/AN in UHC
  - 630 AI/AN in CCC
  - 321 AI/AN in Amerigroup

\*AI/AN as defined by race code

# Managed Care Discussion

- How many clients are AI/AN (self reported) but are not in ProviderOne as AI/AN?
- Preliminary analysis:
  - Small sample of Tribal Claims (n=20) pulled
  - 20% of claims were billed as AI/AN but client was not race code 4

# Health Plan Contact Information



**Customer Services: 1-800-600-4441**  
**Website:** [www.amerigroup.com](http://www.amerigroup.com)  
**Provider line - 1-800-454-3730**  
**Website:** <http://washington.joinagp.com>



**Customer Service: 1-800-440-1561**  
**Website:** [www.chpw.org](http://www.chpw.org)  
**Provider line - 1-800-440-1561**  
**Website:** <http://www.chpw.org/for-providers/>



**Customer Service: 1-877-644-4613**  
**Website:** [www.coordinatedcarehealth.com](http://www.coordinatedcarehealth.com)  
**Provider line - 1-877-644-4613**  
**Website:** <http://www.coordinatedcarehealth.com/for-providers/become-a-provider/>



**Customer Service: 1-800-869-7165**  
**Website:** [www.molinhealthcare.com](http://www.molinhealthcare.com)  
**Provider line - Phone: 1-800-869-7175**  
**Website:** <http://www.molinahealthcare.com/medicaid/providers/wa/Pages/home.aspx>



**Customer Service: 1-877-542-8997**  
**Website:** [www.uhccommunityplan.com](http://www.uhccommunityplan.com)  
**Provider Line - 1-877-542-9231**  
**Website:** <http://www.uhccommunityplan.com/health-professionals>

Washington State  
Health Care Innovation Plan



The Washington Way



DECEMBER 2013

# State Health Care Innovation Plan Implementation Update

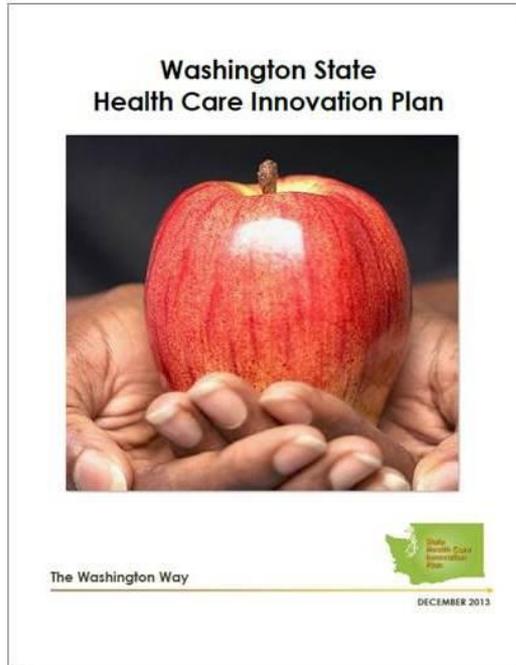
**Laura Kate Zaichkin**

Administrator,

Office of Health Innovation and Reform

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

# Q & A



The Innovation Plan available at:  
<http://www.hca.wa.gov/shcip>

Share your thoughts and asked to stay engaged by emailing the Help Desk: [simquestions@hca.wa.gov](mailto:simquestions@hca.wa.gov)

Laura Zaichkin  
[laura.zaichkin@hca.wa.gov](mailto:laura.zaichkin@hca.wa.gov)  
(360) 725-1635

# Staff Updates

**Karol Dixon & Mike Longnecker**  
**HCA Tribal Affairs Office**

# Payment/Denial Percentages

	Billed	Paid	Denied	% pay
All Medicaid Prof/dental	973,065	694,705	278,360	71%
All Tribal ITU Prof/Dental	19,156	15,583	3,573	81%
Tribal Med	9,718	7,667	2,051	79%
Tribal Mental	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	1,701	199	72%
Tribal non-prof/dental (16,500 are POS)	16,927	9,599	7,328 (6,850 are POS)	57%

Data was for claims processed during February, 2014

# I/T Payment Summary

I/T	2013-\$	2013-#	2013-clients	2014-\$	2014-#	2014-clients
Total	\$50,838,720	161,603	21,316	\$18,520,156	64,811	14,815
Medical	\$15,312,638	51,151	14,825	\$5,075,611	16,525	8,190
Dental	\$5,630,161	17,261	8,752	\$2,253,572	6,952	4,627
Mental	\$11,978,079	24,863	3,000	\$4,118,933	9,293	2,105
CD	\$16,690,161	23,605	1,776	\$6,411,460	8,881	1,379
POS	\$1,134,179	44,718	4,574	\$660,579	23,100	3,420

Data pulled May, 2014. Data is expected to change as more claims are billed

# Urban Payment Summary

<b>U</b>	<b>2013-\$</b>	<b>2013-#</b>	<b>2013- clients</b>	<b>2014-\$</b>	<b>2014-#</b>	<b>2014- clients</b>
Total	\$1,556,302	14,240	2,634	\$718,570	6,657	1,752
Medical & Mental	\$1,219,433	6,946	2,175	\$575,137	3,100	1,393
Dental	\$100,752	560	323	\$28,045	145	119
CD	\$127,886	870	129	\$38,852	234	66
POS	\$108,229	5,864	943	\$76,535	3,178	670

Data pulled May, 2014. Data is expected to change as more claims are billed

# March, 2014 Claims Data (I/T/U)

	March, 2014 dollars	March, 2014 claim count	March, 2014 clients
Medical	\$1,533,538	5,443	3860
Dental	\$573,457	1,790	1512
Mental Health	\$1,252,886	2,713	1365
Chemical Dep	\$1,855,878	2,382	1011
Nursing Facility	\$53,653	14	13
POS	\$337,965	11,181	3370
<b>totals</b>	<b>\$5,607,377</b>	<b>23,480</b>	<b>8666*</b>

Note: U claims are not easily sorted into Medical vs Mental health. At this time U claims for non-CD, non-Dental are added to the medical category

\* Client count will not be the sum from the categories due to 'overlap' (clients can be in more than 1 category)

# I/T/U visits

- Custom reports created for visits
- Work 1:1 with business office staff

# *Thank You*

For comments or questions, contact:

**Karol Dixon**

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360-725-1649