



PROPOSED RULE MAKING

CR-102 (December 2017) (Implements RCW 34.05.320)

Do NOT use for expedited rule making

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STATE OF WASHINGTON
FILED

DATE: March 15, 2019

TIME: 10:34 AM

WSR 19-07-051

Agency: Health Care Authority

Original Notice

Supplemental Notice to WSR _____

Continuance of WSR _____

Preproposal Statement of Inquiry was filed as WSR 19-03-088 ; 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); or

Proposal is exempt under RCW _____.

Title of rule and other identifying information: (describe subject)

WAC 182-538A-060, Fully integrated managed care and choice

WAC 182-538A-130, Exemptions and ending enrollment in fully integrated managed care (FIMC)

Hearing location(s):

Date:	Time:	Location: (be specific)	Comment:
April 23, 2019	10:00 AM	Health Care Authority Cherry Street Plaza Pear Conference Room 107 626 8 th Ave, Olympia WA 98504	Metered public parking is available street side around building. A map is available at: https://www.hca.wa.gov/assets/program/Driving-parking-checkin-instructions.pdf or directions can be obtained by calling: (360) 725-1000

Date of intended adoption: Not sooner than April 24, 2019 (Note: This is **NOT** the effective date)

Submit written comments to:

Name: HCA Rules Coordinator

Address: PO Box 42716, Olympia WA 98504-2716

Email: arc@hca.wa.gov

Fax: (360) 586-9727

Other:

By (date) April 19, 2019

Assistance for persons with disabilities:

Contact Amber Lougheed

Phone: (360) 725-1349

Fax: (360) 586-9727

TTY: Telecommunication Relay Services (TRS): 711

Email: amber.lougheed@hca.wa.gov

Other:

By (date) April 19, 2019

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The agency is amending WAC 182-538A-060, Fully integrated managed care and choice and WAC 182-538A-130, Exemptions and ending enrollment in fully integrated managed care (FIMC) to remove language indicating that enrollment in a behavioral health services (BHSS) managed care organization (MCO) is mandatory for American Indian and Alaska Native (AI/AN) clients and their descendants or add language to stipulate there is no mandatory enrollment, whichever is appropriate.

Reasons supporting proposal: See purpose.

Statutory authority for adoption: RCW 41.05.021, 41.05.160, and RCW 74.09.873

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:

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

Name of proponent: (person or organization) Health Care Authority Private
 Public
 Governmental

Name of agency personnel responsible for:

	Name	Office Location	Phone
Drafting:	Jason Crabbe	PO Box 42716, Olympia WA 98504-2716	360-725-9563
Implementation:	Greg Sandoz	PO Box 45502, Olympia WA 98504-5502	360-725-1624
Enforcement:	Greg Sandoz	PO Box 45502, Olympia WA 98504-5502	360-725-1624

Is a school district fiscal impact statement required under RCW 28A.305.135? Yes No

If yes, insert statement here:

The public may obtain a copy of the school district fiscal impact statement by contacting:

Name:
Address:
Phone:
Fax:
TTY:
Email:
Other:

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:
TTY:
Email:
Other:

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.

Regulatory Fairness Act Cost Considerations for a Small Business Economic Impact Statement:

This rule proposal, or portions of the proposal, **may be exempt** from requirements of the Regulatory Fairness Act (see chapter 19.85 RCW). Please check the box for any applicable exemption(s):

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.061 because this rule making is being adopted solely to conform and/or comply with federal statute or regulations. Please cite the specific federal statute or regulation this rule is being adopted to conform or comply with, and describe the consequences to the state if the rule is not adopted.

Citation and description:

This rule proposal, or portions of the proposal, is exempt because the agency has completed the pilot rule process defined by RCW 34.05.313 before filing the notice of this proposed rule.

This rule proposal, or portions of the proposal, is exempt under the provisions of RCW 15.65.570(2) because it was adopted by a referendum.

This rule proposal, or portions of the proposal, is exempt under RCW 19.85.025(3). Check all that apply:

- RCW 34.05.310 (4)(b) (Internal government operations)
- RCW 34.05.310 (4)(c) (Incorporation by reference)
- RCW 34.05.310 (4)(d) (Correct or clarify language)
- RCW 34.05.310 (4)(e) (Dictated by statute)
- RCW 34.05.310 (4)(f) (Set or adjust fees)
- RCW 34.05.310 (4)(g) ((i) Relating to agency hearings; or (ii) process requirements for applying to an agency for a license or permit)

This rule proposal, or portions of the proposal, is exempt under RCW ____.

Explanation of exemptions, if necessary:

COMPLETE THIS SECTION ONLY IF NO EXEMPTION APPLIES

If the proposed rule is **not exempt**, does it impose more-than-minor costs (as defined by RCW 19.85.020(2)) on businesses?

No Briefly summarize the agency's analysis showing how costs were calculated. The changes to the proposed rules apply to clients so they do not impose any costs on businesses.

Yes Calculations show the rule proposal likely imposes more-than-minor cost to businesses, and a small business economic impact statement is required. Insert statement here:

The public may obtain a copy of the small business economic impact statement or the detailed cost calculations by contacting:

- Name:
- Address:
- Phone:
- Fax:
- TTY:
- Email:
- Other:

Date: March 15, 2019

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:



WAC 182-538A-060 Fully integrated managed care and choice. (1)

Except as provided in subsection (2) of this section, the medicaid agency requires a client to enroll in a fully integrated managed care (FIMC) managed care organization (MCO) when that client:

- (a) Is eligible;
- (b) Resides in a mandatory enrollment FIMC regional service area;

and

- (c) Is not exempt from FIMC enrollment under WAC 182-538A-130.

(2) (a) American Indian and Alaska native (AI/AN) clients and their descendants may choose one of the following:

(i) Enrollment with an FIMC MCO available in their regional service area;

(ii) Enrollment with a primary care case management (PCCM) provider through a tribal clinic or urban Indian center available in their area, which includes ~~((mandatory))~~ enrollment into a behavioral health services only (BHSO) MCO; or

(iii) The agency's fee-for-service system ~~((, which includes mandatory enrollment into a BHSO MCO))~~.

(b) To enroll with an FIMC MCO or PCCM provider, an AI/AN client may:

- (i) Call the agency's toll-free enrollment line at 800-562-3022;

~~(ii) ((Mail or fax the following to the agency's unit responsible for FIMC enrollment:~~

~~(A) Form HCA 13-664; or~~

~~(B) Form HCA 13-862 found online at <https://www.heca.wa.gov/medicaid/forms/pages/index.aspx>.~~

~~(iii))~~ Enroll online through the Washington Healthplanfinder at <https://www.wahealthplanfinder.org>; or

~~((iv))~~ (iii) Go to the ProviderOne client portal at <https://www.waproviderone.org/client> and follow the prompts.

(3) A client must enroll with an FIMC MCO available in the regional service area where the client resides.

(4) The agency enrolls all family members with the same FIMC MCO, if available.

(5) If a family member is enrolled in the patient review and coordination (PRC) program, that family member must follow the rules in WAC 182-501-0135.

(6) When a client requests enrollment with an FIMC MCO or PCCM provider, the agency enrolls a client effective the first day of the current month a client becomes eligible.

(7) To enroll with an FIMC MCO, a client may:

- (a) Call the agency's toll-free enrollment line at 800-562-3022;

~~(b) ((Mail or fax the following to the agency's unit responsible for FIMC enrollment:~~

~~(i) Form HCA 13-664; or~~

~~(ii) Form HCA 13-862 found online at <https://www.heca.wa.gov/medicaid/forms/pages/index.aspx>.~~

~~(e))~~ Enroll online through the Washington Healthplanfinder at <https://www.wahealthplanfinder.org>; or

~~((d))~~ (c) Go to the ProviderOne client portal at <https://www.waproviderone.org/client> and follow the prompts.

(8) The agency assigns a client who does not choose an FIMC MCO or PCCM provider as follows:

- (a) If the client has a family member or members enrolled with an FIMC MCO, the client is enrolled with that FIMC MCO;
 - (b) If the client has a family member or members enrolled with a PCCM provider, the client is enrolled with that PCCM provider;
 - (c) The client is reenrolled within the previous six months with their prior MCO plan if:
 - (i) The agency identifies the prior MCO and the program is available; and
 - (ii) The client does not have a family member enrolled with an agency-contracted MCO or PCCM provider.
 - (d) If the client has a break in eligibility of less than two months, the client will be automatically reenrolled with his or her previous MCO or PCCM provider and no notice will be sent; or
 - (e) If the client cannot be assigned according to (a), (b), (c), or (d) of this subsection, the agency assigns the client according to agency policy.
- (9) An FIMC enrollee's selection of a primary care provider (PCP) or assignment to a PCP occurs as follows:
- (a) An FIMC enrollee may choose:
 - (i) A PCP or clinic that is in the enrollee's FIMC MCO's provider network and accepting new enrollees; or
 - (ii) A different PCP or clinic participating with the enrollee's FIMC MCO's provider network for different family members.
 - (b) The FIMC MCO assigns a PCP or clinic that meets the access standards described in the relevant managed care contract if the enrollee does not choose a PCP or clinic.
 - (c) An FIMC enrollee may change PCPs or clinics for any reason, provided the PCP or clinic is within the enrollee's FIMC MCO's provider network and accepting new enrollees.
 - (d) An FIMC enrollee may file a grievance with the FIMC MCO if the FIMC does not approve an enrollee's request to change PCPs or clinics.
 - (e) Enrollees required to participate in the agency's PRC program may be limited in their right to change PCPs (see WAC 182-501-0135).

AMENDATORY SECTION (Amending WSR 17-07-087, filed 3/20/17, effective 4/20/17)

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 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.

(3) The agency may end enrollment of an enrollee in FIMC or authorize an exemption of a client from enrollment in FIMC according to the rules in WAC 182-538-130.

(4) If the agency authorizes a request to end enrollment of an enrollee in FIMC or authorizes exemption of a client from enrollment in FIMC based on WAC 182-538-130, the enrollee is required to enroll in BHSO if eligible.

(5) American Indian and Alaska native (AI/AN) clients and their descendants are exempt from mandatory enrollment in FIMC. See WAC 182-538A-060(2) for coverage options for AI/AN clients.