



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

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STATE OF WASHINGTON
FILED

DATE: May 17, 2019

TIME: 9:08 AM

WSR 19-11-080

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other (specify) (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes No If Yes, explain:

Purpose: 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 only (BHSO) 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.

Citation of rules affected by this order:

New:
Repealed:
Amended: 182-538A-060, 182-538A-130
Suspended:

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

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 19-07-051 on March 15, 2019 (date).
Describe any changes other than editing from proposed to adopted version:

Proposed/Adopted	WAC Subsection	Reason
182-538A-060		
Proposed	(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:	To clarify the language surrounding the exemption to mandatory enrollment in BHSO in 182-538A-130
Adopted	(1) The medicaid agency requires a client to enroll in a fully integrated managed care (FIMC) managed care organization (MCO) when that client:”	
Proposed	(ii) Enrollment with a primary care case management (PCCM) provider through a tribal clinic or urban Indian center available in their area, which includes enrollment into a behavioral health services only (BHSO) MCO; or	To clarify the language surrounding the exemption to mandatory enrollment in BHSO in 182-538A-130
Adopted	(2)(a)(ii) Enrollment with a primary care case management (PCCM) provider through a tribal clinic or urban Indian center available in their area; or	

182-538A-130		
Proposed	(1) Fully integrated managed care (FIMC) and behavioral health services only (BHSO) are mandatory for individuals residing in FIMC regional service areas.	To clarify the language surrounding the exemption to mandatory enrollment in BHSO in 182-538A-130
Adopted	(1) Fully integrated managed care (FIMC) is mandatory for individuals residing in FIMC regional service areas.	
Proposed	(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.	To clarify the language surrounding the exemption to mandatory enrollment in BHSO in 182-538A-130
Adopted	(2) The medicaid agency enrolls a client residing in an FIMC regional service area in FIMC in accordance with WAC 182-538A-060.	
Proposed	(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.	To correct the WAC citation
Adopted	(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 this section.	
Proposed	(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.	To clarify the language surrounding the exemption to mandatory enrollment in BHSO in 182-538A-130
Adopted	(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, the enrollee is enrolled in an MCO for behavioral health services only (BHSO) unless exempt.	

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

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

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___

The number of sections adopted at the request of a nongovernmental entity:

New ____ Amended ____ Repealed ____

The number of sections adopted on the agency's own initiative:

New ____ Amended ____ Repealed ____

The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New ____ Amended 2 Repealed ____

The number of sections adopted using:

Negotiated rule making:	New ____	Amended ____	Repealed ____
Pilot rule making:	New ____	Amended ____	Repealed ____
Other alternative rule making:	New ____	Amended <u>2</u>	Repealed ____

Date Adopted: May 17, 2019	Signature: 
Name: Wendy Barcus	
Title: HCA Rules Coordinator	

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))~~) is 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,))~~) FIMC 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))~~) this section.

(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))~~) enrolled in an MCO for behavioral health services only (BHSO) unless exempt.

(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.