




Understanding Managed Care

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Washington Apple Health

- Washington Apple Health is the name of Washington's Medicaid program.
- There are four primary payment methods for Medical services paid by the Health Care Authority (HCA):
 - Fee for Service (FFS)
 - Primary Care Case Management (PCCM)
 - **Apple Health Managed Care (AH)**
 - Apple Health Foster Care (4.1.16)
 - **Fully Integrated Managed Care (FIMC)** – includes mental health and substance use disorder treatment.

Managed Care

- A health care system designed to provide:
 - The right care
 - At the right time
 - In a cost effective way
- Apple Health provides care to the following:
 - Families, moms and kids
 - SSI Categorically Needy Blind and Disabled, including COPES eligible clients
 - Foster Children – currently voluntary
 - Medicaid Expansion Childless Adults



Managed Care vs FFS

Managed Care

- Full Scope Medicaid Benefits
- Guaranteed Access to Primary Care
- Broad Networks of Specialty providers
- Care Coordination/Health Homes
- Value Added Benefits/ Incentives
- Grievance and Appeals Process

Fee for Service

- Full Scope Medicaid Benefits
- Can be seen by any provider who will accept Medicaid Services Card.
- Health Homes
- Hearings Process



Required Elements of Managed Care

- Network adequacy – sufficient number of contracted providers to meet enrollee need
- Acceptance of all enrollees regardless of health condition, gender, ethnicity
- Quality Review – Ensures quality services and performance improvement
- Grievance/Appeals – Provides ability for enrollees to request review of a denial of services (also called “action”)
- Coordination of Health Care Services

Payment for Services

- Apple Health Managed Care (AHMC) provides a wide array of benefits to enrolled beneficiaries for a single premium paid per member per month to the health plan or Managed Care Organizations (MCOs) .
 - Called “comprehensive risk” contracts because
 - PM/PM is full payment for all covered services
- MCOs provide covered services through contracts with health care providers.

Apple Health Benefits

- Coverage includes:
 - Outpatient care such as: Wellness exams, immunizations, maternity care, surgical services
 - Pharmacy, including OTC and prescription medications
 - Laboratory services
 - Inpatient Hospital/Emergency Room
 - Nursing facility for rehab or skilled nursing services
 - Outpatient Mental Health



Care Coordination

- For high risk enrollees with chronic conditions (some may qualify for Health Homes):
 - Care Management, including assessment, care planning and assistance with coordinating services and referrals
 - Health education services to help enrollee understand condition and learn self management skills
 - Coordinate services between systems



Referrals and Authorizations

- Some services may require a referral from the enrollee's PCP, for example – a referral to a cardiologist, podiatrist or specialty testing such as an MRI;
- These services may require a *prior authorization* (PA) from the MCO so that the service can be paid for. PA's are used to track utilization of services, especially higher cost services. If there is no PA, the provider may not be paid.

Prior Authorization

- MCOs may require prior authorization for certain medications and supplies. There are also timing restrictions on some medications (example – some opioids cannot be filled any more often than every 30 days).
- HCA has requested the MCOs to remove prior auth requirements for supplies that are approved more than 90% of the time.

Transitioning to Managed Care

- All Apple Health Managed Care programs provide for a 90-day transition period for new enrollees, including those who transition from another MCO.
 - Can remain with existing provider until new plan assesses enrollee and assists in transition.
 - MCO may contract with existing provider or pay “Non-participating provider” rates, or transition enrollee.
 - Enrollee keeps all prescriptions and care plans until assessment by new plan.



Managed Care Enrollment Process

- **Classic clients receive:**
 - Notice of enrollment in a health plan and instructions on how to change plans
 - Enrollment Handbook with information about Apple Health and managed care
 - Enrollment form
- **MAGI and ABP:** With the implementation of Medicaid Plan selection, clients can select their plan at the time of application in the Healthplanfinder.
- **Earlier Enrollment** - Effective April 1, 2016 newly eligible clients are enrolled in managed care effective the first of the current month.



Ending Enrollment in Managed Care

- Managed care is mandatory except in a few circumstances
 - Client is dual eligible (Medicare & Medicaid)
- Requests for exemption are granted according to WAC [182-538-130](#):
 - American Indian or Alaskan Native
 - Voluntary County: Client's county has 0-2 MCOs available
 - Existing treatment plan for medically necessary care by a provider who is not available in *any* MCO and disruption of treatment could jeopardize life/health/functional level



Network Adequacy

- Networks must have enough providers to ensure access for all enrollees – MCOs must keep online directory; updated quarterly
- Must meet timely access and distance standards (no wait lists)
- Provide all medically necessary services
 - If a contracted provider is not available, MCO must arrange for a “non-participating” provider to see the enrollee

Network Adequacy (2)

- Networks are evaluated on a quarterly basis
- Five “essential” provider types for Apple Health Managed Care
 - Primary Care Providers
 - Hospitals
 - Pharmacy
 - OB/GYN
 - Pediatricians
 - Mental Health Providers - Community Mental Health Agencies are the core of the network, but MCOs may also contract with private mental health providers



Working with MCOs

- Advice from the MCOs – If all necessary authorization requests and billing forms are accurate and complete, payment for services will be timely
- Include all required documentation so payment is not delayed.



Changing Plans

- Apple Health enrollees may change plans every month – changes are effective the following month
 - Via telephone at 1-800-562-3022 – caller may either wait for a customer services representative OR use Individual Voice Recognition – IVR
 - Online at waproviderone.org/client (Classic or MAGI)
 - Via paper enrollment form mailed to HCA
 - Online at www.wahealthplanfinder.org (MAGI)

Questions?

More Information:

<http://www.hca.wa.gov/>

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