Washington State Health Care Authority

New Managed Care Enrollment Policy Training for Providers

Medicaid Program Operations and Integrity March 17, 2016

New Enrollment Policy

The Health Care Authority is implementing a change in enrollment policy beginning in April 2016

The intent is to enroll eligible clients into Apple Health (Medicaid) managed care plans as soon as possible

Several different names for this policy were used during development. These names all refer to the same policy:

| Earlier Enrollment | Same Day Enrollment |
|--------------------------|---|
| Current Month Enrollment | Retro-Enrollment |



Who does this policy apply to?

This new enrollment policy does <u>not</u> apply to individuals already enrolled in managed care or fee-for-service (ProviderOne)

The policy change does apply to those who:

- Are new to Apple Health (Medicaid) coverage,
- Have had a break-in service and is now coming back onto Apple Health; or
- Are renewing their Apple Health coverage and their situation has changed



Definitions of Terms

- Eligibility when a person is deemed eligible to receive Apple Health (Medicaid) coverage.
- Enrollment when a person is enrolled in a managed care plan.
- **Current Month** the month the transaction to enroll in a managed care plan is completed in ProviderOne.



Why the Change?

Filling the Fee-for-Service (FFS) Gap

- No interim FFS period between eligibility and enrollment
- No 'gaps' means less disruption of existing care coordination
- No interim FFS period between renewal and plan reconnection



What is Changing?

Enrollments will be backdated to the 1st day of current month for new Apple Health (Medicaid) clients and those that have had a break in coverage and are now returning to Apple Health coverage.



What is not Changing?

There are no changes to the following processes:

- Prospective assignments and enrollments
- Currently enrolled managed care clients
- PCCM enrollments
- American Indian/Alaska Native clients
- Clients with other insurance or Medicare



What is not Changing?

These processes will also have no changes:

- Currently enrolled FFS clients who are not eligible for Managed Care
- Guidelines for voluntary county enrollments
- Assignment and enrollment cut-off dates
- Visibility of Healthplanfinder enrollments in ProviderOne the following day
- ProviderOne eligibility information for provider view



Who Will be Affected?

External Customers

- Managed Care Organizations (MCO)
- Fee-for-service providers
- Hospitals/facilities
- Clients



How Will it Work?

Once a prospective transaction is finalized under current processes, the current-month transaction will then be initiated and completed.



Client Letter Examples P.O. Box 42719 Olympia. WA 98504-2719



February 18, 2016

Re: Client # ACES HOH

Welcome! You are approved for Washington Apple Health medical coverage and have been assigned to a managed care health plan. See your "{Program booklet name}" booklet {placeholder for URL} for additional information.

The managed care health plan we assigned you to is Amerigroup starting 2/1/2016.

Show this letter to your doctor or pharmacist until you get your new plan membership ID card in the mail. You may begin using your plan's network of providers and pharmacies for all of your health care services.

How do I change health plans?

Why would I want to change my plan?

Your current doctor or health care provider may not accept the health plan we assigned you. Check with your current health care provider to see what plans they accept.

What are my plan choices?

{Plan 1 Name} {Plan 2 Name} {Plan 3 Name} {Plan 4 Name} {Plan 5 Name} {Plan 1 Phone Number} {Plan 2 Phone Number} {Plan 3 Phone Number} {Plan 4 Phone Number} {Plan 5 Phone Number}

If you have questions, call 1-800-562-3022 or 1-800-848-5429 TTY/TDD or 711 (for people with hearing or speech equipment). The call is free.



Earlier Enrollment for Auto-Assignments

Welcome! You are approved for Washington Apple Health medical coverage and have been assigned to a managed care health plan. See your "{Program booklet name}" booklet {placeholder for URL} for additional information.

The managed care health plan we assigned you to is Amerigroup starting 2/1/2016.

Show this letter to your doctor or pharmacist until you get your new plan membership ID card in the mail. You may begin using your plan's network of providers and pharmacies for all of your health care services.



Earlier Enrollment by Plan Selection

Here's Your New Health Plan!

Beginning 2/1/16, the family members listed below will be enrolled in the following health plan: Amerigroup - 1-800-456-7890. We will enroll you with your selected plan effective the first of the month in which you are eligible. See your "{Program booklet name}" booklet {placeholder for URL} for additional information.



Scenario 1: A new client or client with a break in eligibility is approved for coverage in Healthplanfinder and has selected a plan. ProviderOne applies the Earlier Enrollment criteria and the client is eligible for Earlier Enrollment.

Example: Client applies on 4/15/2016 and selects a plan. ProviderOne enrolls the client in the plan overnight. The next day the client is eligible for Medicaid and enrolled into a plan effective back to 4/1/2016. The plan will know the client is enrolled the next day and they are responsible for any health care costs back to 4/1/2016.



Scenario 2: A new client or client with a break in eligibility is approved for coverage in Healthplanfinder **after** the assignment cut-off for the current month. P1 applies the Earlier Enrollment criteria and the client is eligible for EE.

Example: Assignment cut-off is 4/28/16. On 4/29/16, P1 assigns the client to a plan with a prospective enrollment date of 6/1/16. The client qualifies for EE and enrollment is back-dated to the 1st of the current month (4/1/16) with continued coverage through May. The plan selected is responsible for any health care costs from 4/1/2016 forward.



Scenario 3: A Washington citizen has a traumatic car accident on 4/2/2016. The person is hospitalized. On April 4th, hospital staff identify that applying for Medicaid is indicated. The application is submitted through the Healthplanfinder. Client/family select, or are assigned, a plan for the prospective month and enrollment is updated in ProviderOne. Now P1 can apply the Earlier Enrollment (EE) criteria and determine if the client is eligible for EE.

Example: The client's coverage with the plan starts 4/1/2016. The plan will be responsible for the entire admission and payment of claims.



Scenario 4: A currently enrolled managed care client contacts the agency and requests a transfer from their current MCO to another MCO. Since the client is already enrolled, requested plan changes will take effect prospectively.

Example: On 4/10/16, a client requests to change from their current plan to a different plan. The client's enrollment with the new MCO will begin 5/1/16. Calendar cut-off dates **still apply** in this scenario. If the client requests a plan change after 4/28/2016, the client would not be enrolled into the new plan until 6/1/2016.



Payment Prior to Enrollment

If the service requires prior authorization:

• Plans will have provider-friendly retrospective authorization policies and procedures in place

If you are not a plan enrolled provider:

- Options include plan enrollment, single case agreement or non-participating provider designation
- If you need assistance from HCA to resolve challenges with plans, contact: <u>hcamcprograms@hca.wa.gov</u>



Suggestions

- Ask to see letter from HCA if client is newly enrolled and card is not available.
- Check ProviderOne often and always **before** you bill.
- If preparing for services to be rendered next month, call the HCA Medical Assistance CSC at 1-800-562-3022 for assistance with determining coverage plans that month.



Suggestions

- If client is established with you and you are enrolled with plan, call plan and request to be recognized as assigned PCP.
- If client is established with you and you are not enrolled with plan, call plan and ask:
 - to enroll;
 - have a single case agreement;
 - be paid as a non-participating provider; or
 - suggest client find a plan enrolled provider



Provider Alert #1

Washington State Health Care Authority Apple Health (Medicaid)

PROVIDER ALERT

Washington Apple Health New Enrollment Policy

This is the first of three Provider Alerts on the Health Care Authority's (the agency's) future Washington Apple Health managed care enrollment policy.

Beginning in April 2016, eligible clients will be enrolled into managed care organizations (MCOs) as soon as possible after application for benefits or eligibility renewal. This includes backdating a client's enrollment to the first day of the current month.

This change requires providers to know when a client is successfully enrolled and which MCO the client is enrolled in. MCOs will have retroactive authorization and notification policies in place.

A webinar is scheduled for March 17, 2016, and all interested stakeholders are invited to attend. A recorded version of the webinar will be available a few days after the live version. Instructions on how to participate in the webinar will be shared in a future notice.

The agency welcomes stakeholder questions. These questions will be used in the webinar and in a preimplementation Q&A document.

Please send questions to hcamcprograms@hca.wa.gov.

Additional notices will be sent to stakeholders on March 1st and March 15th.

Please do not reply directly to this message. If you have feedback or questions, please visit the <u>HCA website</u> for contact information.





- Washington Apple Health (Medicaid): http://www.hca.wa.gov/medicaid/Pages.aspx
- HCA Training & Education: <u>http://www.hca.wa.gov/hcr/me/Pages/Webinars,-Video,-and-</u> <u>Presentations.aspx</u>
- Sign up for Apple Health Provider Alerts: https://public.govdelivery.com/accounts/WAHCA/subscriber/new
- HCA Contact: <u>hcamcprograms@hca.wa.gov</u>
- Provider Website: <u>http://www.hca.wa.gov/medicaid/Provider/Pages/index.aspx</u>