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State/Territory Name: Washington

State Plan Amendment (SPA) #: 15-0039

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Seattle Regional Office
701 Fifth Avenue, Suite 1600, MS/RX-200
Seattle, WA 98104

Division of Medicaid & Children's Health Operations

January 21, 2016

Dorothy Frost Teeter, Director
MaryAnne Lindeblad, Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5010

RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0039 (Apple Health Managed Care)

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of the enclosed State Plan Amendment (SPA), Transmittal Number 15-0039. This SPA amends State Plan Attachment 3.1F, part 2 to allow the state to add new managed care contractors when needed, to allow for "integrated" healthcare delivery in select areas of the state, and to update the pre-print to its most recent version.

This SPA is approved effective November 1, 2015.

If there are additional questions please feel free to contact me, or your staff may contact Rick Dawson at Rick.Dawson@cms.hhs.gov or 206-615-2387.

Sincerely,

[redacted]

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS, ou=CMS, ou=People, 0.9.2342.19200300.100.1.1=2000041858, cn=David L. Meacham -S
Date: 2016.01.21 06:36:46 -08'00'

David L. Meacham
Associate Regional Administrator

Enclosure

cc:
Ann Myers, HCA
Alison Robbins, HCA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **15-0039**

2. STATE: Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
November 1, 2015

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
Sections 1902, 1932(a), 1903(m), 1905(t) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 $0
b. FFY 2017 $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 3.1-G~~ Part 2 pages 1 – 14, 15 (new), 16 (new)
Attachment 3.1-F (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*

~~Attachment 3.1-G~~ Part 2 pages 1 - 14
Attachment 3.1-F (P&I)

10. SUBJECT OF AMENDMENT

Managed Care Updates (Apple Health Managed Care)

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
MARYANNE LINDEBLAD

14. TITLE:
MEDICAID DIRECTOR

15. DATE SUBMITTED:
12-2-15

16. RETURN TO:
Ann Myers
Office of Rules and Publications
Division of Legal Services
Health Care Authority
626 8th Ave SE MS: 42716
Olympia, WA 98504-2716

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/02/15

18. DATE APPROVED: 01/21/16

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
11/01/15

20. S[redacted]

OFFICIAL

Digitally signed by David L. Meacham -S
DN: c=US, o=U.S. Government, ou=HHS, ou=CMS, ou=People, 0.9.2342.19200300.100.1.1=2000041858, cn=David L. Meacham -S
Date: 2016.01.21 06:38:56 -08'00'

21. TYPED NAME: David L. Meacham

22. TITLE: Associate Regional Administrator

23. REMARKS:
12/21/15 - P&I change authorized for boxes 8 and on 12/17/15.

FORM HCFA-179 (07-92)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement

1932(a)(1)(A) **A. Section 1932(a)(1)(A) of the Social Security Act**

The State of Washington enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and/or primary care case managers (PCCMs)) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on statewideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230).

This authority may ***not*** be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries described in 42 CFR 438.50(d).

Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 438 et seq., the state will place a check mark to affirm such compliance.

1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)
42 CFR 438.50(b)(1)-(2) **B. Managed Care Delivery System**

The State will contract with the entity(ies) below and reimburse them as noted under each entity type.

1. ☒MCO
   a. ☒Capitation

2. ☐PCCM (individual practitioners)
   a. ☐ Case management fee
   b. ☐ Bonus/incentive payments
   c. ☐ Other (please explain below)

3. ☐PCCM (entity based)
   a. ☐ Case management fee
   b. ☐ Bonus/incentive payments
   c. ☐ Other (please explain below)

For states that elect to pay a PCCM a bonus/incentive payment as indicated in B.2.b. or B.3.b, place a check mark to affirm the state has met ***all*** of the following conditions (which are representative of the risk incentive rules for managed care contracts published in 42 CFR 438.6(c)(5)(iv)).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement

☐a. Incentive payments to the PCCM will not exceed 5% of the total FFS payments for those services provided or authorized by the PCCM for the period covered.

☐b. Incentives will be based upon a fixed period of time.

☐c. Incentives will not be renewed automatically.

☐d. Incentives will be made available to both public and private PCCMs.

☐e. Incentives will not be conditioned on intergovernmental transfer agreements.

☐f. Incentives will be based upon specific activities and targets.

CFR 438.50(b)(4) **C. Public Process**

Describe the public process including tribal consultation, if applicable, utilized for both the design of the program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan program has been implemented. *(Example: public meeting, advisory groups.)*

The state utilizes the following processes, meetings and correspondence to invite stakeholder input to managed care activities:

- *Statewide Title XIX committee meetings*
- *Monthly open public meetings focusing on the MCOs that provide Apple Health managed care programs but open to anyone*
- *Public website providing information about Apple Health managed care updates and program changes*
- *Regular consultation with American Indian/Alaska Native tribal organizations and clinics on all program changes*
- *Notification of a comprehensive list of stakeholders about changes in the Apple Health managed care program*
- *Notification of enrollees about all proposed substantive changes to the program regarding benefits, administration of benefits (i.e. grievance and appeals, authorizations and denials), service area, or enrollment.*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement
	D. State Assurances and Compliance with the Statute and Regulations If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.
1932(a)(1)(A)(i)(I) 1903(m) 42 CFR 438.50(c)(1)	1. ☒The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.
1932(a)(1)(A)(i)(I) 1905(t) 42 CFR 438.50(c)(2) 1902(a)(23)(A)	2. ☐The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.
1932(a)(1)(A) CFR 438.50(c)(3)	3. ☒The state assures that all the applicable requirements of section 42 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring Beneficiaries to receive their benefits through managed care entities will be met.
1932(a)(1)(A) 42 CFR 431.51 1905(a)(4)(C)	4. ☒The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.
1932(a)(1)(A)	5. ☒The state assures that it appropriately identifies individuals in the mandatory exempt groups identified in 1932(a)(1)(A)(i).
1932(a)(1)(A) 42 CFR 438 1903(m)	6. ☒The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.
1932(a)(1)(A) 42 CFR 438.6(c) 42 CFR 438.50(c)(6)	7. ☒The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.
1932(a)(1)(A) 42 CFR 447.362 42 CFR 438.50(c)(6)	8. ☐The state assures that all applicable requirements of 42 CFR 447.362 for payments under any non-risk contracts will be met.
45 CFR 92.36	9. ☒The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation | Condition or Requirement

1932(a)(1)(A)
1932(a)(2)

E. Populations and Geographic Area

1. *Included Populations.* Please check which eligibility populations are included, if they are enrolled on a mandatory (M) or voluntary (V) basis, and the geographic scope of enrollment. Under the geography column, please indicate whether the nature of the population's enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions.

NOTE: *Former Foster Care Children under age 21, Former Foster Care Children age 21-25, Children under 19 in foster care or other in-home placement will be eligible for voluntary enrollment in Apple Health Managed Care until March 30, 2016. Effective April 1, 2016, these groups will be eligible for Apple Health Foster Care, a new program for children in foster and for young adults who have aged out of foster care.*

Population	M	Geographic Area	V	Geographic Area	Excluded
Section 1931 Children & Related Populations – 1905(a)(i)	X	Adams, Asotin, Benton, Chelan, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla,Whatcom, Whitman, Yakima	X	Klickitat, Skamania, Clallam Counties	
Section 1931 Adults & Related Populations1905(a)(ii)	X	See above list	X	Klickitat, Skamania, Clallam Counties	
Low-Income Adult Group	X	See above list	X	Klickitat, Skamania, Clallam Counties	
Former Foster Care Children under age 21			X	Statewide	
Former Foster Care Children age 21-25			X	Statewide	
Section 1925 Transitional Medicaid age 21 and older	X	See above list	X	Klickitat, Skamania, Clallam Counties	
SSI and SSI related Blind Adults, age 18 or older* - 1905(a)(iv)			X	Statewide	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation Condition or Requirement

Population	M	Geographic Area	V	Geographic Area	Excluded
Poverty Level Pregnant Women – 1905(a)(viii)	X	See above list	X	Klickitat, Skamania, Clallam Counties	
SSI and SSI related Blind Children, generally under age 18 – 1905(a)(iv)			X	Statewide	
SSI and SSI related Disabled children under age 18			X	Statewide	
SSI and SSI related Disabled adults age 18 and older – 1905(a)(v)			X	Statewide	
SSI and SSI Related Aged Populations age 65 or older- 1905(a)(iii)					X
SSI Related Groups Exempt from Mandatory Managed Care under 1932(a)(2)(B)					X
Recipients Eligible for Medicare			X	Statewide	
American Indian/Alaskan Natives			X	Statewide	
Children under 19 who are eligible for SSI			X	Statewide	
Children under 19 who are eligible under Section 1902(e)(3)			X	Statewide	
Children under 19 in foster care or other in-home placement			X	Statewide	
Children under 19 receiving services funded under section 501(a)(1)(D) of title V and in accordance with 42 CFR 438.50(d)(v)			X	Statewide	
Other Families or individuals eligible for an Alternative Benefit Plan (ABP) as the result of the federal Affordable Care Act Children enrolled under the Children's Health Insurance Program (CHIP)	X	See above list	X	Klickitat, Skamania, Clallam Counties	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement

2. *Excluded Groups.* Within the populations identified above as Mandatory or Voluntary, there may be certain groups of individuals who are excluded from the managed care program. Please indicate if any of the following groups are excluded from participating in the program:

☒Other Insurance--Medicaid beneficiaries who have other health insurance.

☒Reside in Nursing Facility or ICF/MR--Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities for the Mentally Retarded (ICF/MR).

☒Enrolled in Another Managed Care Program--Medicaid beneficiaries who are enrolled in another Medicaid managed care program

☒Eligibility Less Than 3 Months--Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program.

☐Participate in HCBS Waiver--Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).

☒ Retroactive Eligibility–Medicaid beneficiaries for the period of retroactive eligibility.

☒ Other (Please define): American Indian/Alaska Natives.

1932(a)(4) **F. Enrollment Process.**

1. Definitions

   a. Auto Assignment- assignment of a beneficiary to a health plan when the beneficiary has not had an opportunity to select their health plan.

   b. Default Assignment- assignment of a beneficiary to a health plan when the beneficiary has had an opportunity to select their health plan.

2. Please describe how the state effectuates the enrollment process. Select an enrollment methodology from the following options and describe the elements listed beneath it:

   a. ☐ The applicant is permitted to select a health plan at the time of application.

      i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation | Condition or Requirement

Newly eligible beneficiaries are able to select a plan at the time they become eligible for Medicaid. The beneficiary has the ability to search the state's "HealthPlanFinder" (HPF) for a specific clinic or provider and then determine with which plans that clinic or provider contracts. HPF also provides information about each of the MCOs available in the potential enrollee's service area by way of providing HEDIS information for each plan, as well as client survey information for each plan. Because most beneficiaries select a plan based on whether their primary care provider (PCP) is contracted, this additional information can help support that decision, or can provide direction for those beneficiaries who do not already have a PCP.

ii. What action the state takes if the applicant does not indicate a plan selection on the application.

If the beneficiary does not select a plan during the eligibility process, the state assigns the beneficiary to a plan and sends the beneficiary notice of the assignment, along with the "Welcome to Apple Health" beneficiary handbook and directions on how to change plans if the beneficiary wishes to choose a different plan.

Beneficiaries receive two handbooks - The "Welcome to Apple Health Handbook" that the state sends out and an MCO managed care handbook (based on an HCA-supplied template), which is sent to new enrollees as part of their welcome packet. Beneficiaries do not receive duplicate Welcome to Apple Health Handbooks each time they change MCOs, they would receive the MCO handbook for the new MCO each time they change MCOs.

iii. If action includes making a default assignment, describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).

The state default assignment process is based on the state's assignment algorithm, which is based on network adequacy, performance under two HEDIS Clinical Performance measures (Childhood Immunization Combo 2 Status, and Comprehensive diabetes care: retinal eye exam) and one Administrative Measure (Initial Health Screen).

iv. The state's process for notifying the beneficiary of the default assignment. (Example: *state-generated correspondence*.)

The state generates a letter to the beneficiary, notifying him or her of the plan assignment and directions on how to change plans if the beneficiary wishes to choose a different plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement

b. ☒ The beneficiary has an active choice period following the eligibility determination.

i. How the beneficiary is notified of their initial choice period, including its duration.

ii. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).

iii. Describe the algorithm used for default assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).

iv. The state's process for notifying the beneficiary of the default assignment.

c. ☐ The beneficiary is auto-assigned to a health plan immediately upon being determined eligible.

i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).

ii. The state's process for notifying the beneficiary of the auto-assignment. (*Example: state-generated correspondence*.)

iii. Describe the algorithm used for auto-assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement
1932(a)(4) 42 CFR 438.50	3. State assurances on the enrollment process Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment. a. ☒The state assures it has an enrollment system that allows beneficiaries who are already enrolled to be given priority to continue that enrollment if the MCO or PCCM does not have capacity to accept all who are seeking enrollment under the program. b. ☒The state assures that, per the choice requirements in 42 CFR 438.52, Medicaid beneficiaries enrolled in either an MCO or PCCM model will have a choice of at least two entities unless the area is considered rural as defined in 42 CFR 438.52(b)(3). c. ☐ The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs and PCCMs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties: ☒This provision is not applicable to this 1932 State Plan Amendment. d. ☒ The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less. ☐This provision is not applicable to this 1932 State Plan Amendment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation	Condition or Requirement

1932(a)(4)
42 CFR 438.56

G. Disenrollment

1. The state will ☐/will not☒ limit disenrollment for managed care.

2. The disenrollment limitation will apply for months (up to 12 months).

3. ☒The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).

4. Describe the state's process for notifying the Medicaid Beneficiaries of their right to disenroll without cause during the first 90 days of their enrollment. *(Examples: state-generated correspondence, HMO enrollment packets, etc.)*

   Beneficiaries are notified of this ability in the Welcome to Apple Health booklet they receive from the state upon eligibility determination. (Note: Beneficiaries also receive a booklet from their MCO, describing in more detail the information that is provided in the Welcome to Apple Health booklet).

5. Describe any additional circumstances of "cause" for disenrollment (if any).

   Medicaid beneficiaries may disenroll – i.e., change plans, prospectively each month, without cause.

H. Information Requirements for Beneficiaries

1932(a)(5)(c)
42 CFR 438.50
42 CFR 438.10

☒The state assures that its state plan program is in compliance with 42 CFR 438.10(e)for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.

1932(a)(5)(D)(b)
1903(m)

1905(t)(3)

I. List all benefits for which the MCO is responsible

Fully Integrated Managed Care: *The State intends to implement Fully Integrated Managed Care (Medical, Mental Health and Substance Use Disorder Services) on a phased in basis, beginning with Clark and Skamania Counties and expanding until 2020, when Fully Integrated Managed Care, provided by Apple Health MCOs will be provided statewide.*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation Condition or Requirement

- *Ambulance transportation - ground ambulance transportation for emergency medical conditions; non-emergency ambulance transportation is provided to transport an enrollee between facilities and to transport an enrollee to receive a covered service when the enrollee must be transported on a stretcher and may need medical addition en route.*
- *Ambulatory Surgery Center*
- *Applied Behavioral Analysis, including initial clinical evaluation*
- *Bilateral cochlear Implants, including implants, including parts, accessories, batteries, chargers, and repairs for enrollees age 20 and younger*
- *Blood, blood components and human blood products: Administration of whole blood and blood components as well as human blood products. In areas where there is a charge for blood and/or blood products, the Contractor will cover the cost of the blood or blood products.*
- *Bone-Anchored Hearing Aids (BAHA)*
- *Comprehensive medication therapy management services*
- *Contraceptives - all Food and Drug Administration (FDA)-approved contraceptive drugs, devices, and supplies, including emergency contraception, all long-acting reversible contraceptives, all over-the-counter (OTC) contraceptives and contraceptive methods which require administration or insertion by a health care professional in a medical setting. Enteral and parenteral nutritional supplements and supplies, including prescribed infant formulas.*
- *Durable medical equipment (DME) and supplies*
- *Early and Periodic Screening, Diagnostic and Treatment (EPSDT) (42 U.S.C. §§ 1396a(a)(43), 1396d(a)(4)(b), 1396d(r))*
- *Early, elective inductions (before 39 weeks)*
- *Habilitative services: limited to enrollees in the Medicaid expansion population that are eligible for the Alternative Benefit Plan (ABP). Devices for adults and children provided for this purpose are covered under the DME benefit.*
- *Hemophiliac blood product: blood factors VII, VIII, and IX and the anti-inhibitor provided to enrollees with a diagnosis of hemophilia or von Willebrand disease when the enrollee is receiving services in an inpatient setting*
- *Home health services: home health services through state-licensed agencies*
- *Hospice services: includes services for adults and children and provided in skilled nursing facilities/nursing facilities, hospitals, hospice care centers and the enrollee's home*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation Condition or Requirement

- *Laboratory, radiology, and other medical imaging services: screening and diagnostic services and radiation therapy*
- *Monaural and binaural hearing aids, including fitting, follow-up care, batteries, and repair for enrollees age 20 and younger*
- *Neurodevelopmental services: the Contractor may refer children to a Department of Health (DOH)-recognized neurodevelopmental center for the services as long as appointment wait time standards and access to care standards of this Contract are met*
- *Newborn screenings: the Contractor will cover all newborn screenings required by the Department of Health*
- *Occupational therapy, speech therapy, and physical therapy*
- *Outpatient mental health services, including mental health medications and medication management*
- *Pediatric concurrent care*
- *Pediatric palliative care*
- *Pharmaceutical products: prescription and over-the-counter drug products according to the Health Care Authority-approved formulary*
- *Renal failure treatment. Hemodialysis, or other appropriate procedures to treat renal failure, including equipment needed in the course of treatment*
- *Respiratory care: equipment, services and supplies*
- *Screening, Brief Intervention and Referral to Treatment (SBIRT) services for adolescents and adults*
- *Second opinion for children prescribed mental health medications*
- *Services to inmates of city and county jail facilities: the Contractor will provide inpatient hospital services to enrollees who are inmates of a city or county jail facility when an inpatient admission occurs during the first month of the incarceration period and HCA has paid a premium for that month to the Contractor*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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APPLE HEALTH MANAGED CARE

Citation Condition or Requirement

- *Services provided in an inpatient or outpatient (e.g., office, clinic, emergency room, pharmacy or home) setting by licensed professionals including, but not limited to, physicians, physician assistants, advanced registered nurse practitioners, naturopaths, pharmacists, midwives, podiatrists, audiologists, registered nurses, and certified dietitians. Provider services include, but are not limited to:*
  - *Administering pharmaceutical products*
  - *Anesthesia*
  - *Bio-feedback training when determined medically necessary*
  - *Enrollee health education*
  - *Family planning services provided or referred by a participating provider or practitioner*
  - *Fitting prosthetic and orthotic devices*
  - *Genetic services, other than prenatal diagnosis and genetic counseling including: testing, counseling and laboratory services, when medically necessary for diagnosis of a medical condition*
  - *Immunizations, including the varicella zoster (shingles) vaccine for enrollees age sixty (60) and over. For enrollees under age sixty (60), the Contractor may require prior authorization.*
  - *Medical examinations, including wellness exams for adults and EPSDT for children*
  - *Nutritional counseling by a certified registered dietician for specific conditions such as failure to thrive, feeding problems, cystic fibrosis, diabetes, high blood pressure, and anemia*
  - *Performing and/or reading diagnostic tests*
  - *Pregnant and postpartum clients receive coverage for TDAP vaccine given in any setting (pharmacy, obstetrical provider, etc.) whether or not ordered by PCP*
  - *Private duty nursing for children age seventeen (17) and younger*
  - *Rehabilitation services. Services to correct defects from birth, illness, or trauma, and mastectomy reconstruction*
  - *Surgical services*
  - *Telemedicine*
- *Smoking cessation services without primary care provider referral or Contractor prior authorization*
- *Surgical procedures for weight loss or reduction*
- *Tissue and organ transplants: heart, kidney, liver, bone marrow, lung, heart-lung, pancreas, kidney-pancreas, cornea, small bowel, and peripheral blood stem cell*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation | Condition or Requirement

- *Vision care: eye examinations for visual acuity and refraction once every twenty-four (24) months for adults and once every twelve (12) months for children under age twenty-one (21)*

In regions of the state in which a Fully Integrated Managed Care program has been implemented, the MCO will be responsible for the following services in addition to those provided above:

- *Inpatient and outpatient Mental Health Services including:*
  - *Brief Intervention*
  - *Day Support*
  - *Family Treatment*
  - *Group Treatment Services*
  - *High Intensity Treatment*
  - *Individual Treatment Services*
  - *Inpatient Hospital Services*
  - *Intake evaluation, including Special Population evaluation, if appropriate*
  - *Medication Management*
  - *Medication Monitoring*
  - *Peer Support*
  - *Psychological Assessment*
  - *Rehabilitation Case Management*
  - *Residential Treatment, including Freestanding Evaluation and Treatment services*
  - *Therapeutic Psychoeducation*

- *Substance Use Disorder Treatment provided in accordance with the American Society of Addiction Medicine (ASAM) Patient Placement Criteria 2-Revised (ASAM PPC2-R), including screening and assessment and referral to services. Services include:*

  - *Acute and sub-acute alcohol/drug detoxification services*

  - *Outpatient treatment services including Medication Assisted Therapy*

  - *Residential Treatment services in a 24/hour a day supervised facility*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation		Condition or Requirement
1932(a)(5)(D)(b)(4) 42 CFR 438.228	**J.**	☒The state assures that each managed care organization has established an internal grievance procedure for enrollees.
1932(a)(5)(D)(b)(5) 42 CFR 438.206 42 CFR 438.207	**K.**	Describe how the state has assured adequate capacity and services. *The state's contracted plans submit quarterly network submissions which are evaluated for compliance with distance standards for six critical provider types: hospital, pharmacy, primary care providers, pediatricians, OB/GYN and mental health. Assignments are based, in part, on this network evaluation.*
1932(a)(5)(D)(c)(1)(A) CFR 438.240	**L**.	☒The state assures that a quality assessment and improvement strategy 42 has been developed and implemented.
1932(a)(5)(D)(c)(2)(A) 42 CFR 438.350	**M.**	☒The state assures that an external independent review conducted by a qualified independent entity will be performed yearly.
1932 (a)(1)(A)(ii)	**N**.	Selective Contracting Under a 1932 State Plan Option To respond to items #1 and #2, place a check mark. The third item requires a brief narrative. 1. The state will☒/will not☐ intentionally limit the number of entities it contracts under a 1932 state plan option. 2. ☒The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services. 3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. *(Example: a limited number of providers and/or enrollees.)* *The state's process for adding new Managed Care Organizations (MCOs) for the Apple Health Managed Care program is as follows:* • *The MCO that wishes to participate in Apple Health Managed Care may submit a letter of interest to the state along with all of the following documentation:* o *Certificate of registration from the Washington Office of the Insurance Commissioner (OIC) that allows the MCO to provide health care services under a risk-based contract*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

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- o *Acceptance of the terms and conditions of the Apple Health Managed Care contract*
- o *Proof of network adequacy in the service areas in which the MCO wishes to participate*
- o *Attestation that the MCO meets the quality standards for Apple Health Managed Care that have been established by the state for the currently participating Apple Health Managed Care MCOs.*

If the state determines that there is a need for an additional MCO in the proposed service areas, the state conducts and onsite readiness review of the applicant's operations, including:

- *Customer service*
- *Grievance and appeal processes*
- *Subcontracting*
- *Quality and Performance Improvement (QAPI)*
- *Care coordination*

Network adequacy is validated in a separate process, as is financial viability to provide these services.

If the applicant meets the contract standards reviewed at the readiness review, the state issues an Apple Health Managed Care contract.

4. ☒The selective contracting provision in not applicable to this state plan.

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