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State/Territory Name: Washington

State Plan Amendment (SPA) #: 16-0016

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Pages

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

August 15, 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 16-0016 (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 16-0016. This SPA amends State Plan Attachment 3.1-F, part 2 to transition another county from voluntary enrollment to mandatory enrollment, to add Substance Use Disorder providers to the list of Critical Providers, to allow clients living in nursing facilities to enroll in Apple Health managed care, to amend enrollment process language and to make technical corrections.

This SPA is approved effective May 19, 2016.

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,

Digitally signed by David L. Meacham -S

[redacted]

Date: 2016.08.15 13:19:22 -07'00'

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: **16-0016**

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
May 19, 2016

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:
1902(a) and 1932(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 $.00
b. FFY 2017 $.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
~~Att. 3.1-F pages 4, 5, 6, 7, 8, 15~~ (P&I)
Att. 3.1-F Part 2, pages 4, 5, 6, 7, 8, 15 (P&I)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
~~Att. 3.1-F pages 4, 5, 6, 7, 8, 15~~ (P&I)
Att. 3.1-F Part 2, pages 4, 5, 6, 7, 8, 15 (P&I)

10. SUBJECT OF AMENDMENT:

Managed Care – Amending mandatory counties, eligibility criteria, and providers in the Fully Integrated Managed Care program

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:
[redacted]

13. TYPED NAME:
MaryAnne Lindeblad

14. TITLE:
Director

15. DATE SUBMITTED:
6-30-16

16. RETURN TO:
Ann Myers
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:
6/30/16

18. DATE APPROVED:
8/15/16

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
5/19/16

20. SIGNATURE OF REGIONAL OFFICIAL:
[redacted]

21. TYPED NAME:
David L. Meacham

22. TITLE:
Associate Regional Administrator

23. REMARKS:
7/26/16 - State authorized P&I change to box 8 and 9

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, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, WallaWalla, Whatcom, Whitman, Yakima	X	Clallam County	
Section 1931 Adults & Related Populations1905(a)(ii)	X	See above list	X	Clallam County	
Low-Income Adult Group	X	See above list	X	Clallam County	
Former Foster Care Children under age 21					X
Former Foster Care Children age 21-25					X
Section 1925 Transitional Medicaid age 21 and older	X	See above list	X	Clallam County	
SSI and SSI related Blind Adults, age 18 or older* - 1905(a)(iv)					X

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	Clallam County	
SSI and SSI related Blind Children, generally under age 18 – 1905(a)(iv)					X
SSI and SSI related Disabled children under age 18					X
SSI and SSI related Disabled adults age 18 and older – 1905(a)(v)					X
SSI and SSI Related Aged Populations age 65 or older- 1905(a)(iii)			X	Statewide	
SSI Related Groups Exempt from Mandatory Managed Care under 1932(a)(2)(B)			X	Statewide	
Recipients Eligible for Medicare					X
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	Clallam County	

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).

Note: The State intends to enroll clients who are residing in a Nursing Facility into Apple Health Managed Care. The State will not enroll those residing in Intermediate Care Facilities for the Mentally Retarded.

☒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):

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 and are enrolled the first of the month in which eligibility is determined.

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 do 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).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

APPLE HEALTH MANAGED CARE

Citation | Condition or Requirement

In regions of the state in which a Fully Integrated Managed Care program has been implemented, default assignment is based on network adequacy and performance under 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

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)(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.* *In regions of the state in which a Fully Integrated Managed Care program has been implemented, the list of critical provider types includes Substance Use Disorder (SUD) providers and facilities.*
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:* ▪ *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*