October 12, 2021

Susan Birch, Director
Dr. Charissa Fotinos, Acting Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) 21-0018

Dear Director Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) completed review of Washington’s State Plan Amendment (SPA) Transmittal Number 21-0018 submitted on August 9, 2021. The purpose of this SPA is to update managed care enrollment processes.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Washington Medicaid SPA Transmittal Number 21-0018 is approved effective July 1, 2021.

If you have any questions regarding this amendment, please contact Rick Dawson at (206) 615-2387 or via email at Rick.Dawson@cms.hhs.gov.

Sincerely,

Shantrina Roberts -S
Deputy Director
Division of Managed Care Operations

cc: Ann Myers
Lynn DelVecchio
Tonya Dobbins
## TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

### 1. TRANSMITTAL NUMBER: 21-0018

### 2. STATE Washington

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

### 4. PROPOSED EFFECTIVE DATE

July 1, 2021

### 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)
- 1932(a) of the Social Security Act

### 7. FEDERAL BUDGET IMPACT:

- a. FFY 2021 $0
- b. FFY 2022 $0

### 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-F Part 2 pages 16, 17

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 3.1-F Part 2 pages 16, 17

### 10. SUBJECT OF AMENDMENT:

Managed Care Enrollment Process Update

### 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:

Charissa Fotinos, MD, Interim Medicaid Director

### 13. TYPED NAME:

Charissa Fotinos, MD

### 14. TITLE:

Interim Medicaid Director

### 15. DATE SUBMITTED:

August 9, 2021

### FOR REGIONAL OFFICE USE ONLY

### 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

### 17. DATE RECEIVED:

August 9, 2021

### 18. DATE APPROVED:

October, 12, 2021

### 19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2021

### 20. SIGNATURE OF REGIONAL OFFICIAL:

Trina Roberts, Director, Division of Managed Care Operations

### 21. TYPED NAME:

Bill Brooks

### 22. TITLE:

Director, Division of Managed Care Operations

### 23. REMARKS:

Pen and ink changes to box 6 approved 10/01/21.
APPLE HEALTH MANAGED CARE

<table>
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<tr>
<th>Citation</th>
<th>Condition or Requirement</th>
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SSI beneficiaries are assigned using the same methodology as all other beneficiaries and receive the same enrollee materials.

Newly eligible beneficiaries receive a notice from HCA that contains a link to the online “Welcome to Apple Health” booklet, which contains basic information about Medicaid, how to enroll in Apple Health Managed Care, and other information. This booklet can be requested in paper form from HCA if the beneficiary prefers it in hard copy.

Beneficiaries also receive a handbook from the MCO produced from an HCA-developed template for Apple Health Managed Care as part of the welcome packet.

a. ___ If applicable, please check here to indicate that the state provides an enrollment choice period, as described in 42 CFR 438.54(d)(2)(i), during which individuals who are subject to mandatory enrollment may make an active choice to select a managed care plan, or will otherwise be enrolled in a plan selected by the state’s default enrollment process.

   i. Please indicate the length of the enrollment choice period:

b. X If applicable, please check here to indicate that the state uses a default enrollment process, as described in 42 CFR 438.54(d)(5), for individuals who are subject to mandatory enrollment.

   i. If so, please describe the algorithm used for default enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (5), (7), and (8).

   The state default assignment algorithm is based on network adequacy, and performance under two HEDIS Clinical Performance measures and one Administrative measure (Initial Health Screen).

   In addition, in an effort to ensure a robust network of viable MCOs that, in turn, offer adequate networks of providers within each region, the state may limit default assignments to an MCO once it reaches a level of market share that could adversely affect the ability of other MCOs to meet network adequacy requirements. This cap does not affect:
   (i) Voluntary plan choices by clients;
   (ii) The Family Connect policy; or
   (iii) The Plan Reconnect policy.

   In addition, as noted below, clients retain the opportunity to change plans, regardless of the cap.
APPLE HEALTH MANAGED CARE

Note: managed care enrollment is continuously open; enrollees may change MCOs monthly without cause.

The Family Connect policy is enrolling a family member into the same Apple Health - Integrated Managed Care plan that other family members are enrolled in. Family Connect policy was implemented in order to keep all family members in the same health plan; having family members with different health plans goes against industry standards and results in increased system issues and care coordination concerns.

“Plan Reconnect” means an individual who has regained eligibility for Apple Health - Integrated Managed Care and who was enrolled in an Apple Health contractor (Apple Health Managed Care or Apple Health - Integrated Managed Care) within the six (6) months immediately preceding reenrollment. The Reconnect policy ensures clients are connected with the same health care providers and eliminates confusion being assigned to a different plan. Many clients may lose eligibility, but then are reinstated within 6 months and this allows for a smooth transition.

c. ___ If applicable, please check here to indicate that the state uses a passive enrollment process, as described in 42 CFR 438.54(d)(2), for individuals who are subject to mandatory enrollment.

i. If so, please describe the algorithm used for passive enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (6), (7), and (8).