Washington State Health Care Authority

Maintenance Level
M2-AT Eligibility Suspension Requirement

Agency Recommendation Summary Text

The Health Care Authority (HCA) requests 4.0 FTEs and $1,030,000 ($216,000 GF-State) in the 2017-2019 biennium to support the work mandated by Substitute Senate Bill 6430, which requires the HCA to suspend, rather than terminate, Medicaid coverage for justice-involved individuals.

Fiscal Summary

Operating Expenditures	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-1 GF-State	$129,000	$87,000	$87,000	$87,000
Fund 001-C GF-Medicaid	$567,000	$247,000	$247,000	$247,000
Total Cost	**$696,000**	**$334,000**	**$334,000**	**$334,000**

Staffing	FY 2018	FY 2019	FY 2020	FY 2021
FTEs	4.0	4.0	4.0	4.0

Revenue	FY 2018	FY 2019	FY 2020	FY 2021
Fund 001-C GF-Medicaid	$567,000	$247,000	$247,000	$247,000
Total Revenue	**$567,000**	**$247,000**	**$247,000**	**$247,000**

Object of Expenditure	FY 2018	FY 2019	FY 2020	FY 2021
Obj. A – Salaries	$183,000	$183,000	$183,000	$183,000
Obj. B – Benefits	$79,000	$79,000	$79,000	$79,000
Obj. E – Goods & Services	$432,000	$70,000	$70,000	$70,000
Obj. G – Travel	$2,000	$2,000	$2,000	$2,000

Package Description

SSB 6430 requires the HCA to suspend, rather than terminate, justice-involved individuals receiving Medicaid. While some of the required functions can be automated by the effective date of July 1, 2017, there are other functions that will require manual staff intervention.

On average, the HCA manually works 100 cases per month through a similar process within the Department of Corrections (DOC) billing process. These cases involve incarcerated individuals whom are part of a Medicaid family assistance unit and the remaining family members cannot make updates to their own case. This scenario requires a worker to take manual steps to process the change for the family. The current workload requires 0.5 FTE at the

Medical Assistant Specialist (MAS) 3 level. As part of the implementation of SSB 6430, individual cases from city/county jails will be incorporated into the process and will result in a workload that is about three times the DOC workload. Additionally, a more frequent churn rate is associated with this population as they move in and out of city/county jails more frequently than their DOC counterparts. The agency will need 1.5 FTEs to process these cases.

In addition, the suspension process requires the HCA to accept files from roughly 50 facilities containing jail booking and release data. Preliminary research shows that the data are not always consistently available and may result in cases which cannot be suspended through the received files. In this case, a manual report will need to be pulled and processed by the HCA eligibility staff. It is estimated that this work will require 1.0 MAS 3 staff.

Another source of manual effort is required to process data from the multi-jurisdictional database, the Jail Booking and Reporting System (JBRS). The purpose of the JBRS is to collect inmate demographic data and pass it through to ProviderOne (P1), the HCA's medical claims payment system. In the current DOC model, DOC retains the verified P1 demographic data and uses it to maintain data integrity for future claims adjudication and data exchange processes. Appriss, the vendor of the JBRS has confirmed that they will be unable to consume the P1 data and therefore HCA staff must perform this demographic data cleansing. Due to this, there will be a greater need for manual data reconciliation at the HCA. This is also complicated by the nature of this population to use alias information. A data sample of 2,518 individual data from JBRS resulted in 1,934 accurate identification matches (77 percent accuracy). The remaining 584 individuals would need manual intervention, which is the basis for estimating three times the DOC workload or 1.5 FTEs.

In total, the HCA is requesting 4.0 FTEs (MAS 3) to conduct manual data matching in ProviderOne for data which cannot be matched automatically. The HCA also requests $325,000 ($33,000 GF-State) to develop an interface to connect to the multi-jurisdictional database, Jail Booking and Reporting System (JBRS).

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Decision Package Justification and Impacts

Performance Measure Detail:

Activity Inventory

H001 HCA Administration

What specific performance outcomes does the agency expect?

The HCA expects the requested resources to increase payment accuracy, improve customer service for a vulnerable population, and ultimately, improve the health outcomes for a population that traditionally has more acute health needs than the general population. These outcomes will also reduce the overall cost of these individuals for local city/county jails in the long term.

What alternatives were explored by the agency and why was this option chosen?

The HCA explored the possibility of an entirely integrated process by which P1 receives data directly from a source system and suspends Medicaid coverage upon delivery of the data. At this time, complete automation is not possible. While the HCA and its DOC, city/county and state partners are engaged in further development of

complete automation, this will not be possible by July 1, 2017. Even when fully automated, it is expected that the automated process will still require manual functions as is conducted today during the DOC process.

What are the consequences of not funding this request?

Without the requested resources, the HCA will not be able to comply with the mandates in SSB 6430, without extracting resources away from other state health care priorities.

How has or can the agency address the issue or need in its current appropriation level?

Some options include using existing resources to manually process these described functions; however, this will result in workload deficiencies in other business areas.

Provide references to any supporting literature or materials:

SSB 6430

Base Budget

If the proposal is an expansion or alteration of a current program or service, provide information on the resources now devoted to the program or service.

While the HCA currently engages in a DOC process similar to that mandated by SSB 6430, the workload as a result of this bill is entirely new. The HCA does not have the appropriated resources to support this new work.

Expenditure, FTE and Revenue Assumptions, Calculations and Details:

The current DOC workload requires 0.5 FTE at the MAS 3 level. Using this base, it is expected therefore that the workload to support SSB 6430 will be three times more than the current DOC workload, thus requiring an additional 1.5 FTE. In addition, the volume of manual work associated with the new report that will need to be developed is estimated to require 2.5 FTE; 1.5 for entities using the JRBS and 1.0 for the entities not using the JRBS.

This proposal also requests $325,000 ($33,000 GF-State) to develop a JBRS interface. This is based on a quote from the vendor. The HCA will seek an enhanced match of 90 percent. These costs are one-time costs to develop the interface.

The HCA anticipates that this work will qualify for enhanced federal match.

Impacts to Communities and Other Agencies

Fully describe and quantify expected impacts on state residents and specific populations served.

It is expected that suspension of Medicaid will improve overall health outcomes as this vulnerable population has increased access to care and increased opportunities to engage in their health care plans upon release.

Additionally, it is expected that the use of suspensions versus terminations will provide city/county jails with the same fiscal opportunities as the DOC.

What are other important connections or impacts related to this proposal?

Does this request have:

Regional/county impacts?	Yes ☒	No ☐
Other local government impacts?	Yes ☒	No ☐
Tribal government impacts?	Yes ☒	No ☐
Other state agency impacts?	Yes ☒	No ☐

Does this request:

Have any connection to Puget Sound recovery?	Yes ☐	No ☒
Respond to specific task force, report, mandate or executive order?	Yes ☒	No ☐
Contain a compensation change?	Yes ☒	No ☐
Require a change to a collective bargaining agreement?	Yes ☐	No ☒
Create facility/workplace needs or impacts?	Yes ☒	No ☐
Contain capital budget impacts?	Yes ☐	No ☐
Require changes to existing statutes, rules or contracts?	Yes ☐	No ☒
Have any relationship to or result from litigation?	Yes ☐	No ☒

If "Yes" to any of the above, please provide a detailed discussion of connections/impacts.

The passage of SB 6430 requires the development of the capacity to suspend rather than terminate medical assistance for inmates upon incarceration. It also requires the HCA to partner with the Department of Social and Health Services (DSHS) and report out and provide training on clinical best practices. Completion of both of these items requires extensive work and stakeholder engagement with city/county jails, the DOC, the DSHS, tribal jails, association of counties, the Special Commitment Center, legal advocates, and managed care plans.

Information Technology (IT)

Does this request include funding for any IT-related costs, including hardware, software, services (including cloud-based services), contracts or IT staff?

☐ No   **STOP**

☒ Yes   Continue to IT Addendum below and follow the directions on the bottom of the addendum to meet requirements for OCIO review.)

2017-2019 Biennium Information Technology Addendum

Part 1: Itemized IT Costs

Please itemize any IT-related costs, including hardware, software, services (including cloud-based services), contracts (including professional services, quality assurance, and independent verification and validation), or IT staff. Be as specific as you can (See chapter 12.1 of the operating budget instructions for guidance on what counts as "IT-related costs").

Information Technology Items in this DP	FY 2018	FY 2019	FY 2020	FY 2021
JBRS Interface	$325,000	$0	$0	$0
Total Cost	**$325,000**	**$0**	**$0**	**$0**

Part 2: Identifying IT Projects

If the investment proposed in the decision package is the development or acquisition of an IT project/system, or is an enhancement to or modification of an existing IT project/system, it will also be reviewed and ranked by the OCIO as required by RCW 43.88.092. The answers to the three questions below will help OFM and the OCIO determine whether this decision package is, or enhances/modifies, an IT project:

Does this decision package fund the development or acquisition of a new or enhanced software or hardware system or service?	Yes No
Does this decision package fund the acquisition or enhancements of any agency data centers? (See OCIO Policy 184 for definition.)	Yes ☐ No ☒
Does this decision package fund the continuation of a project that is, or will be, under OCIO oversight? (See OCIO Policy 121.)	Yes ☐ No

If "Yes" to any of these questions, complete a concept review with the OCIO before submitting this budget request. Refer to chapter 12.2 of the operating budget instructions for more information.