

Apple Health Expansion Program

Legislative Briefing

July 18, 2023

Washington State
Health Care Authority

Apple Health Expansion Program Overview

- ▶ Overview of Benefits, Eligibility, and Privacy
- ▶ Implementation Timeline
- ▶ Eligibility Policy
- ▶ Engagement with Advocates and Cross-Agency Coordination
- ▶ Financial Overview
- ▶ Next Steps

Apple Health Expansion Program

Overview of Benefits, Eligibility, and Privacy

Program Background

- ▶ HCA was directed by the 2022 Operating Budget to model and begin expansion of Apple Health (AH) to immigrants who lack access to federal or state coverage programs.
 - ▶ **Builds on years of coverage expansions and financial investments to reduce the state's uninsured rate.**
 - ▶ HCA modelling projected as many as 73,000 individuals could pursue enrollment in the program.
- ▶ The 2023 Operating Budget provided funding for program administration and operational costs, directing enrollment to begin July 1, 2024.
 - ▶ Based on funding levels, HCA expects annual program enrollment to be capped.

Overview of Benefits & Eligibility

▶ **Eligibility requirements:**

- ▶ Adults over 19 with countable income up to 138% FPL.
- ▶ Not eligible for other federally funded medical assistance programs or federal advanced premium tax credits through the individual market.
- ▶ Mirror Federal programs to the extent possible. *However, HCA will need to make some decisions when federal components are not applicable (example: pharmacy benefit and drug rebates).*

▶ HCA will develop rules for eligibility, enrollment processes, appeals procedures, and coverage for the programs prior to implementation.

▶ **Covered Services:**

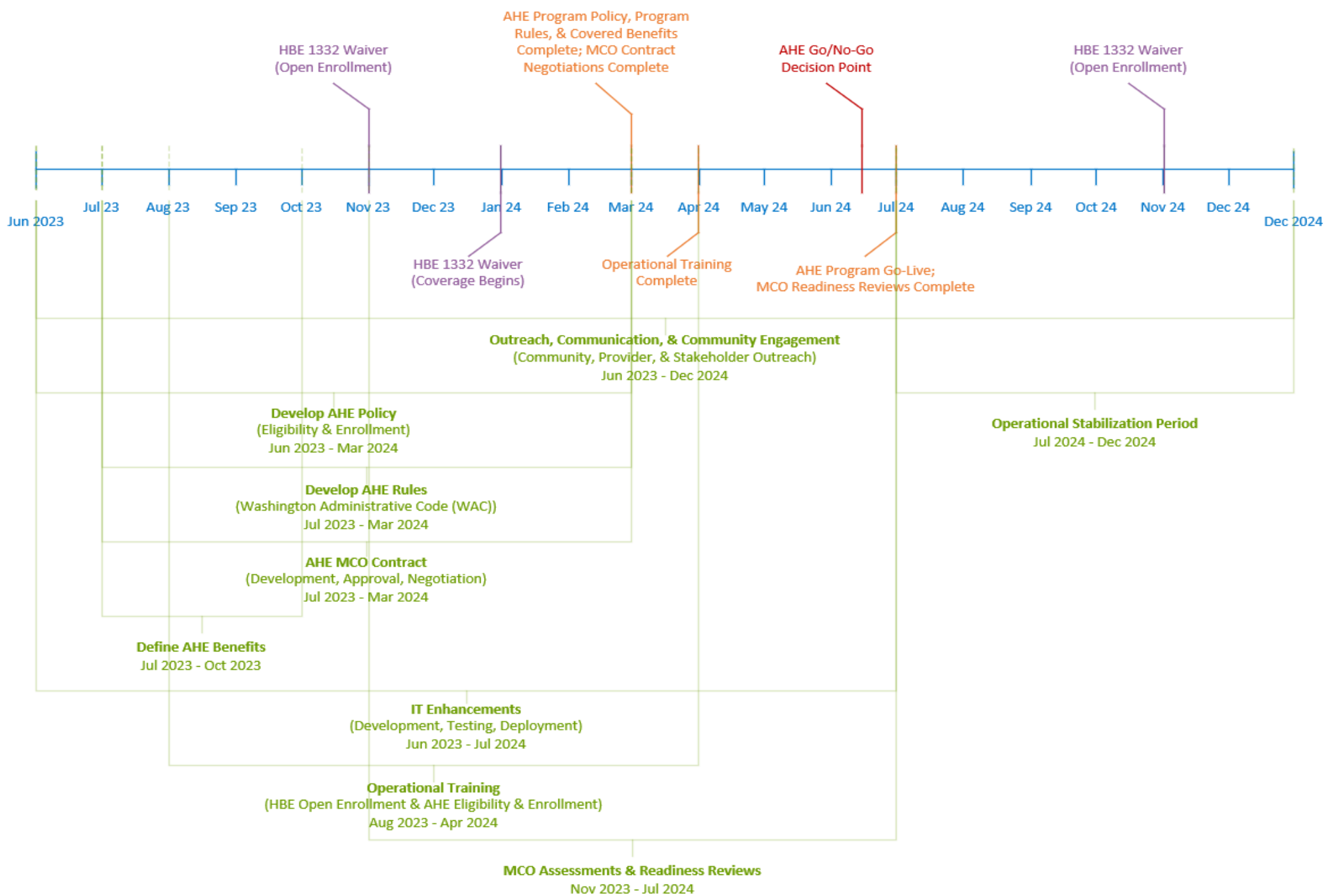
- ▶ Medical, Behavioral Health, Dental, Transportation, Interpreter Services.
- ▶ *Does not include Long-Term Care.*

Privacy

- ▶ **HCA, HBE, and DSHS will** manage the same data privacy and protection standards utilized by existing Apple Health programs to **ensure clients' identity and information remain confidential**.
 - ▶ HCA is required under federal and state law, including under HIPAA, to maintain the privacy of its client's information.
 - ▶ For example, some data is subject to the Keep Washington Working Act.
 - ▶ Once eligibility for an AH program is established, a client's immigration status is not shared on our external facing portals, to the client and their providers it looks like any other AH coverage.
 - ▶ Individuals who do not have an immigration status do not have any of their information shared with the federal hub or SAVE.

Apple Health Expansion Program

Implementation Timeline



Apple Health Expansion Program

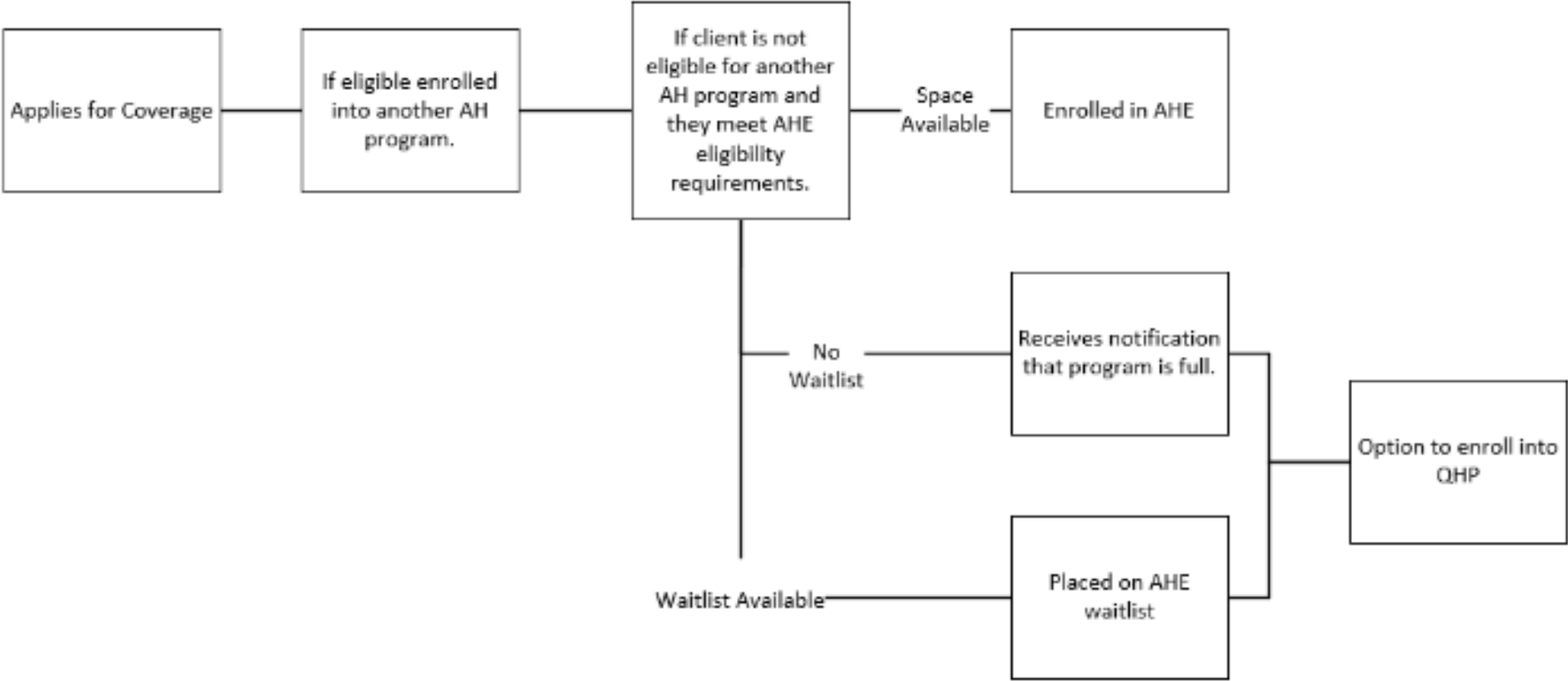
Eligibility Policy

<i>Policy Decision</i>	<i>Agency Decision</i>	<i>Legal & Community Advocates</i>	<i>Key Considerations</i>
Enrollment Pathways	Mirror AH	Mirror AH	These pathways are known to the community. Approximately 74,000 individuals who may be eligible for AH Expansion are known to the state.
Rate Build Methodology	Use Medicaid Rates as proxy	Informed	Agency has opted to mirror Fully Integrated Managed Care (FIMC) rates to the extent possible as the experience with this population is limited. MCOs have been informed.
Wait List Options	Implement by 7/1/24, waitlist to follow.	Support for waitlist	To maintain a 7/1/24 implementation date HCA will build the program as 1 st Come/1 st Serve while also pursuing a waitlist. The HCA managed waitlist will require funding, additional policy decisions, and may/may not be ready for initial year.
CHP Population	Not included in year 1	*Will discuss with advocates at the next meeting.	Include in agency decision package. Access to similar networks; costs key considerations.
Risk Corridor	Complete	Informed	Tight asymmetrical corridor with limited MCO gains or losses. No withhold in the initial year with additional contract language signaling that in subsequent years HCA plans to align the risk corridor and withhold with the FIMC.

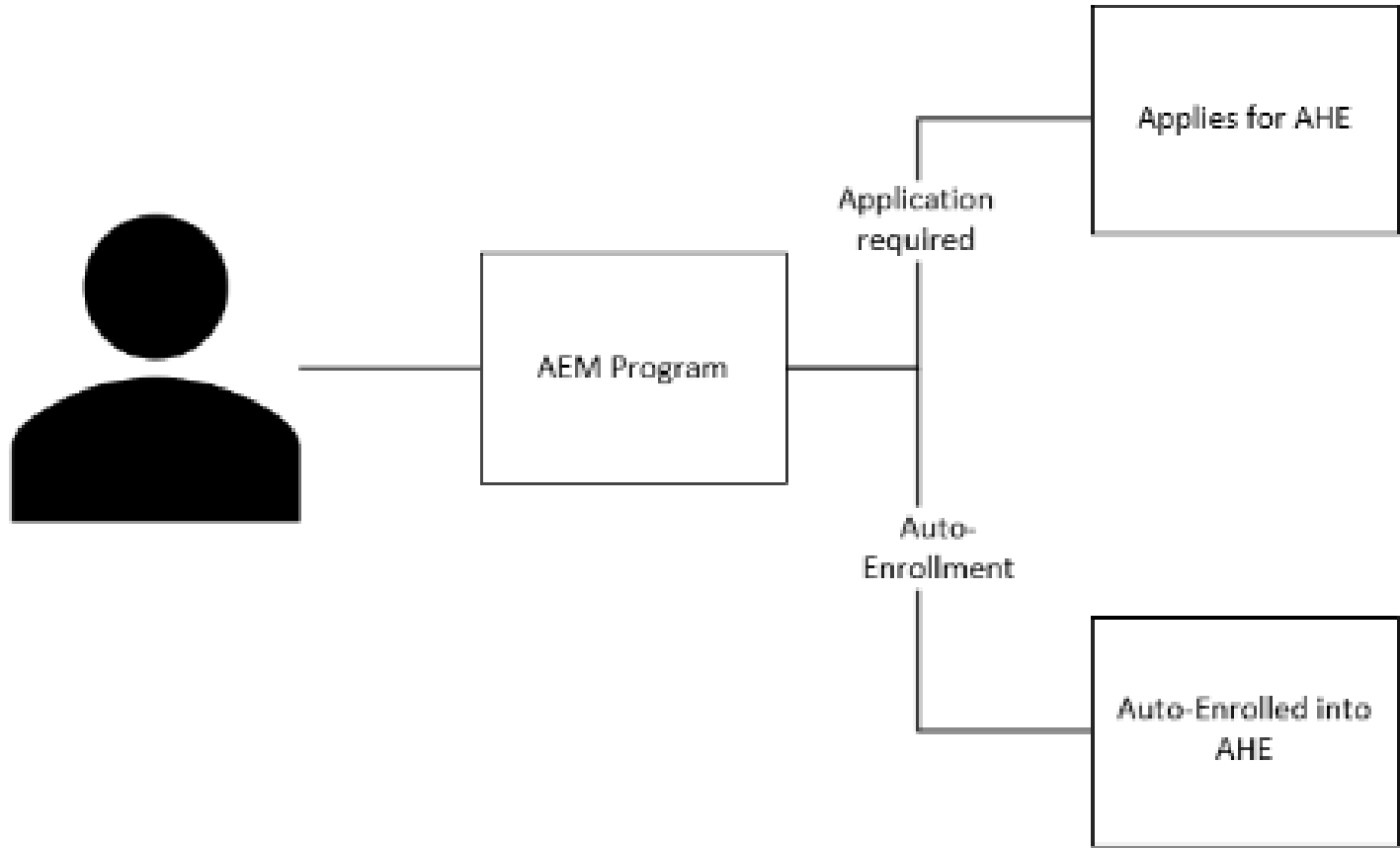
Enrollment Scenarios

- ▶ The following enrollment scenarios outline how HCA could manage enrollment for known and new populations.
- ▶ Major considerations:
 - ▶ Minimizing client burden
 - ▶ Managing complexity of capped program
 - ▶ Managing transitions from other AH programs or a QHP
 - ▶ Wait list
 - ▶ Community feedback
 - ▶ Protecting the privacy of individuals participating in AH programs

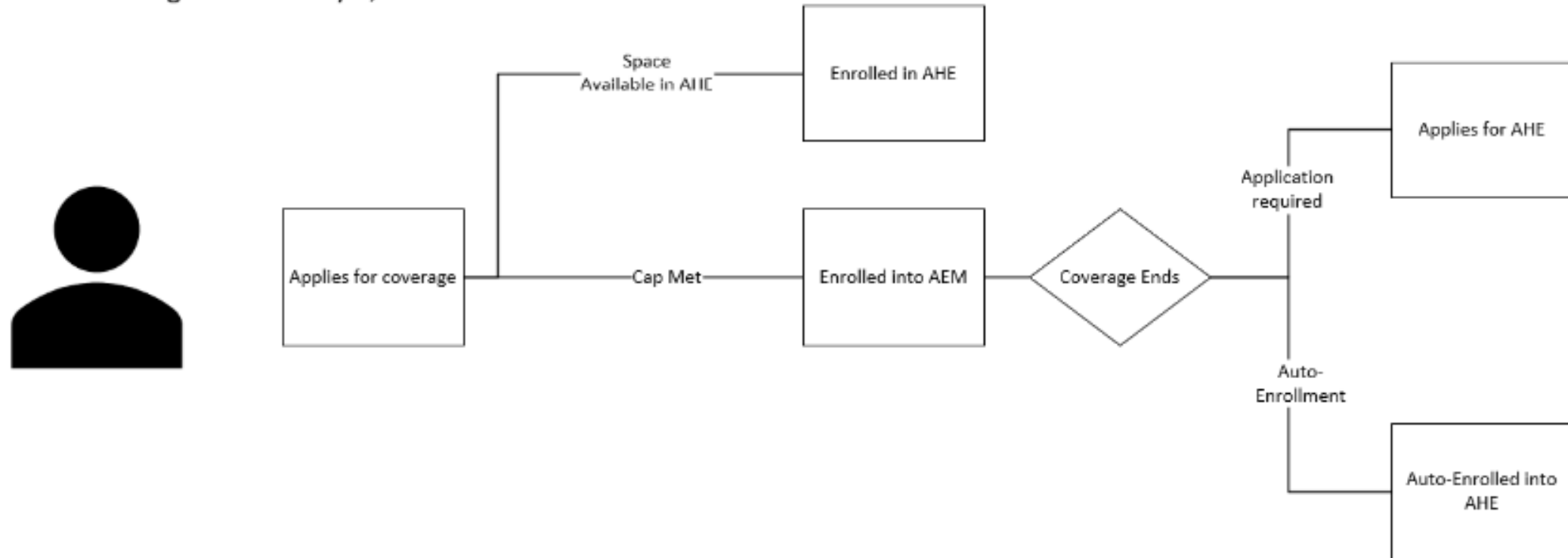
New Enrollee July 1, 2024



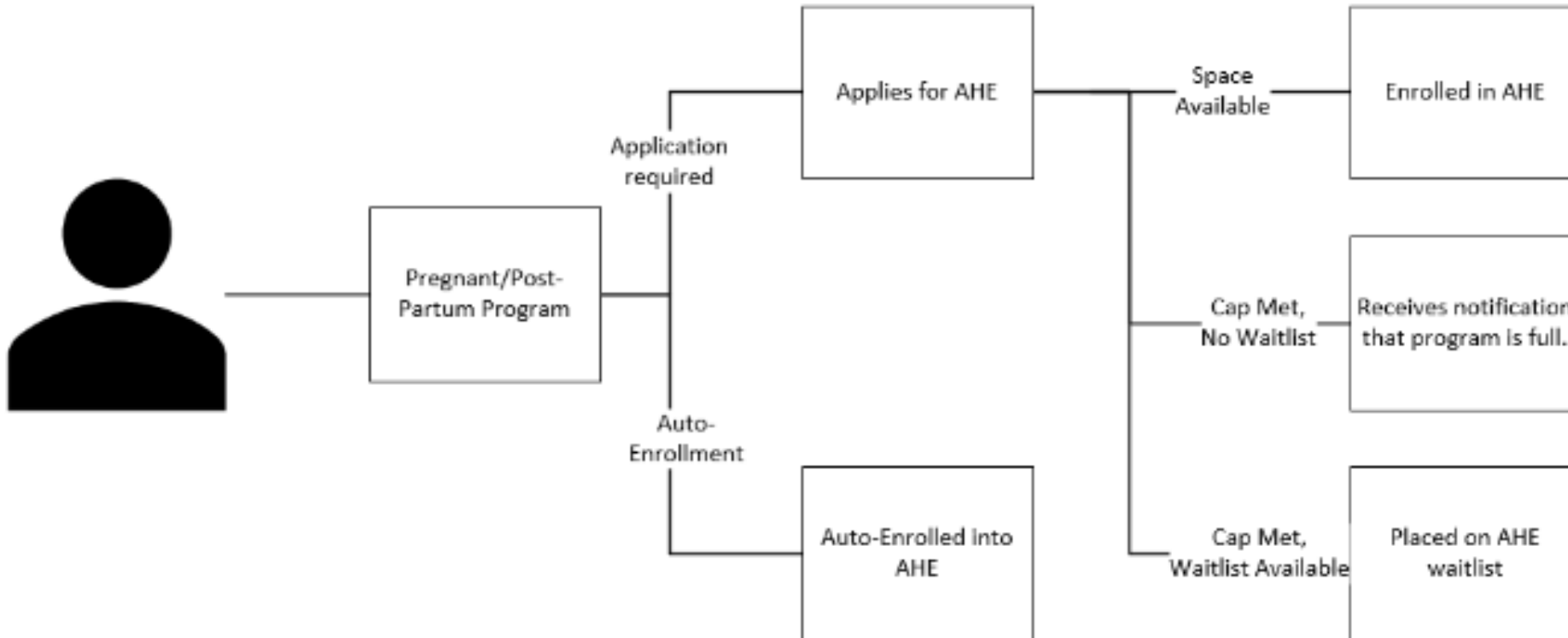
AEM Eligible on June 30th



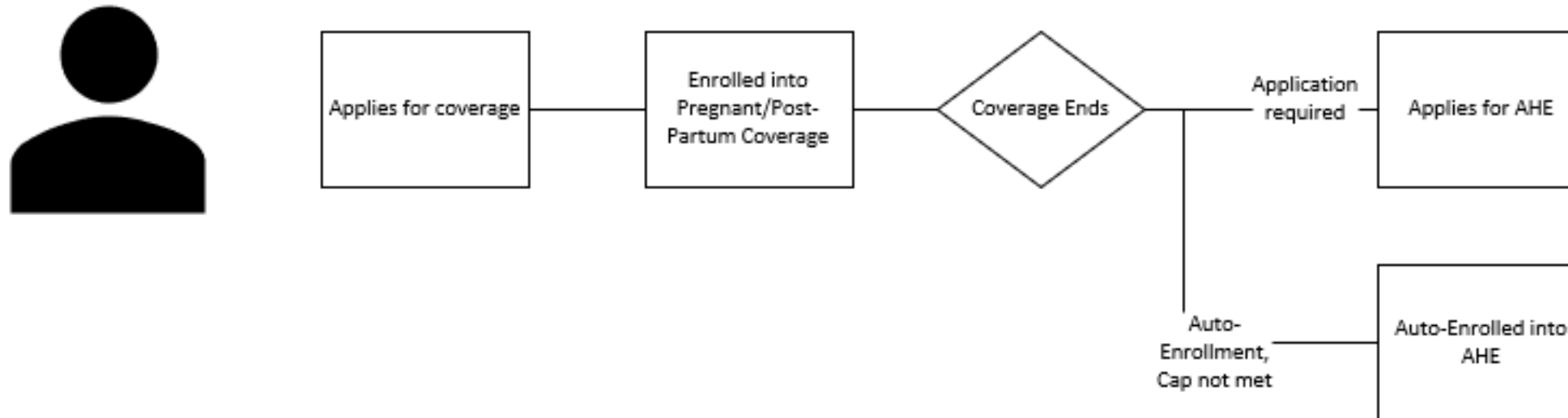
AEM Eligible After July 1, 2024



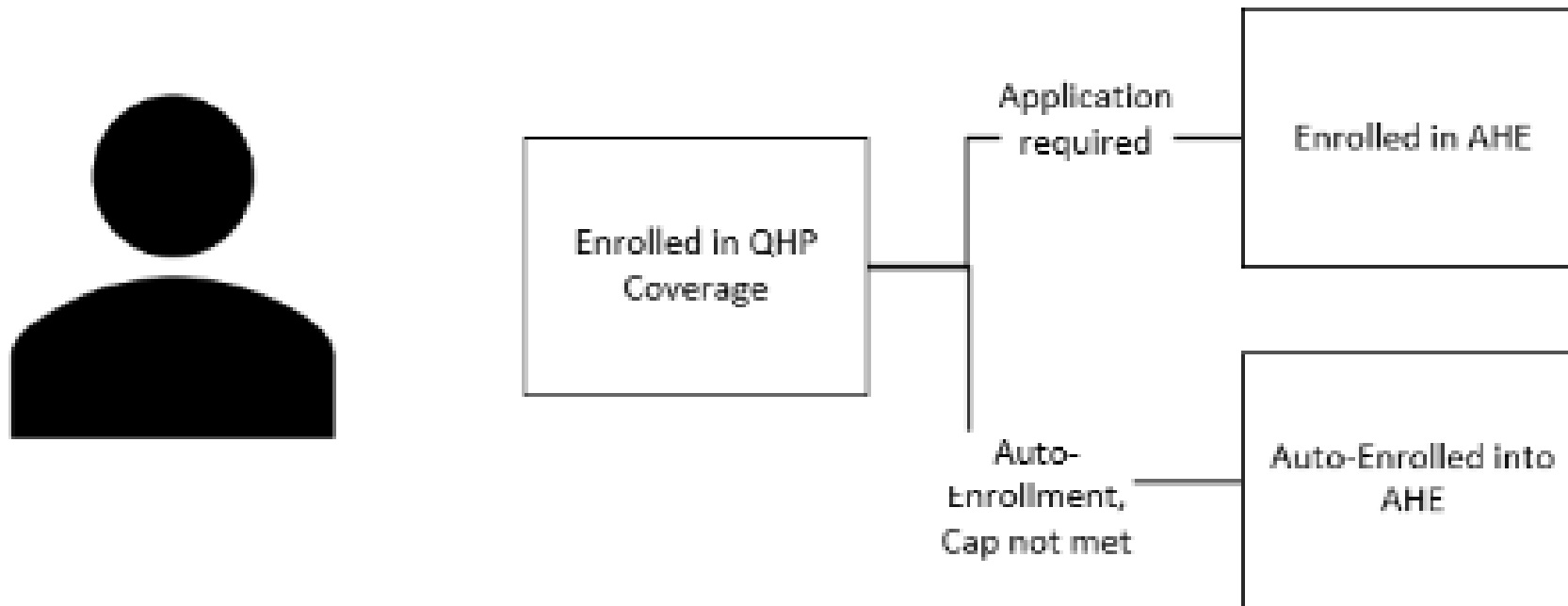
Pregnant/Post-Partum Coverage
Enrolled June 30, 2023



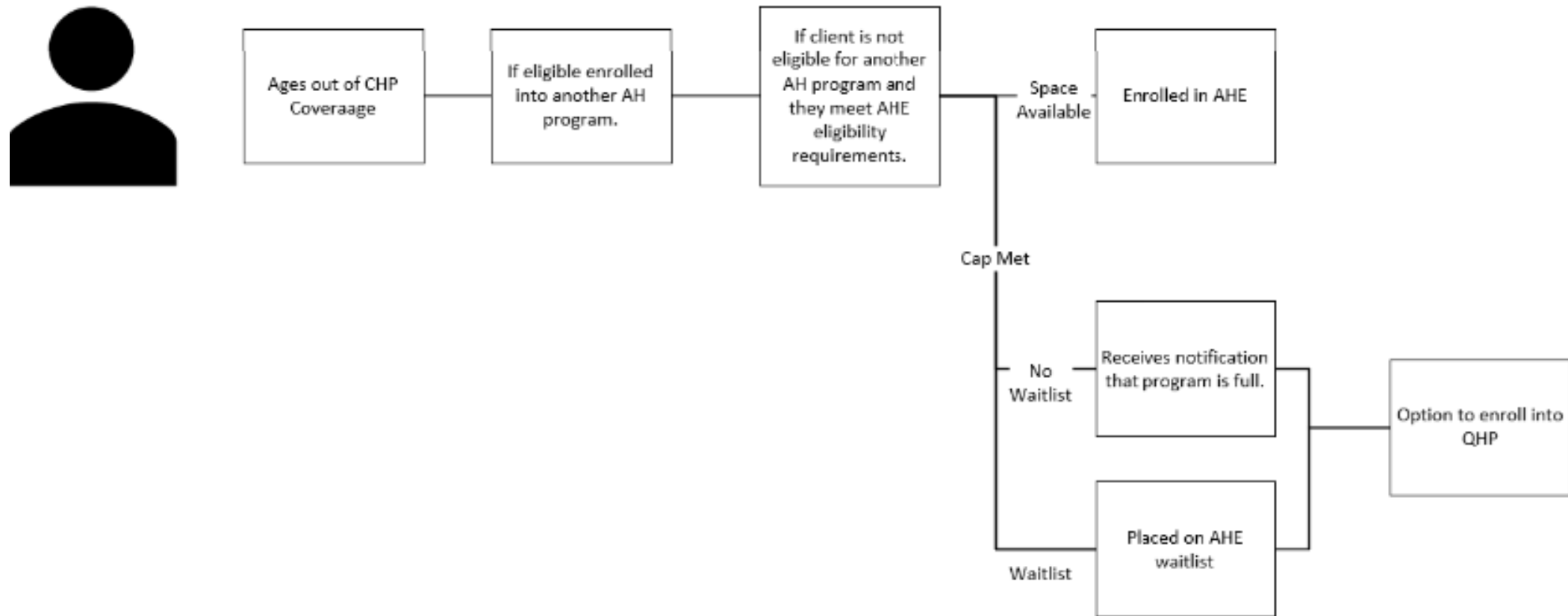
Pregnant/Post-Partum Eligible after
July 1, 2024



1332/QHP Expansion Coverage June 30th



CHP Enrollee who ages out after July 1, 2024



Apple Health Expansion Program

Coordination across agencies
& Community Engagement

Cross-Agency Collaboration

▶ Community Outreach

- ▶ Apple Health Expansion- Bi-Weekly Advocate Meetings
 - Leaders, subject matter experts from across the agencies to discuss/address agenda topics.
- ▶ HBE's landscape scan activities
 - HCA & HBE leveraging data from HBE's contractor, The Vida Agency, to help inform communication and outreach activities.

▶ Operations

- ▶ Cross-agency Monthly Check-In
 - Leaders from across agencies to discuss implementation progress, and risks or issues that have a cross-agency impact.
- ▶ Operational Meetings (weekly)
 - Subject matter experts to ensure eligibility/enrollment IT builds are progressing

Advocate & Community Engagement

- ▶ Bi-weekly AH Expansion Advocate Meetings
 - ▶ Discuss 1332 and AH Expansion Implementation
 - ▶ Seek feedback/input to the process
 - ▶ Transitioning to a temporary Community Engagement Advisory Committee
 - Expanding meeting to include Community Based Organizations and other organizations who are working directly with impacted communities.
 - Provide structure for feedback on key policy areas prior to implementation of both programs. For example, the state will identify the type of feedback needed (consult, involve, collaborate, empower).
 - Temporary community engagement steering committee would help set up the Apple Health Community Engagement Committee. Draft committee makeup: 10 CBOs, 2-3 legal advocates, and 1-2 representatives from each agency.

Community Engagement Committee

- ▶ The Community Engagement Committee is designed to provide the agency with feedback and input on the AH Expansion program, with a special emphasis on outreach and education activities.
 - ▶ Draft framework of committee:
 - Five (5) individuals representing members/clients of the new AH Expansion program;
 - Five (5) community-based organizations that are led by and serve the target population;
 - Three (3) advocates familiar with the medical needs of low-income population groups and with the resources available and required for their care;
 - Five (5) health care providers or health systems experts who have experience working with the target population;
 - Representatives from each managed care organizations who hold contracts with HCA to serve the target population; and
 - Representatives from HBE and DSHS

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Financial

MCO Financial Package

▶ Rate Approach:

- ▶ General - Mirror Fully Integrated Managed Care (FIMC) rates to the extent possible with some technical differences
- ▶ Pharmacy – ArrayRX to set PDL (similar to the Uniform Medical Plan PDL) will also include over the counter drugs included in the FIMC pharmacy benefit.

▶ Risk Corridor:

- ▶ Goals -
 - Reflect general uncertainty about cost and utilization in initial years of the program
 - Mitigate risk for both the state and MCOs
- ▶ Plan - Tight in initial years with long-term goal of aligning with FIMC

▶ Withhold:

- ▶ Plan- include withhold structure similar to FIMC in contract with zero weighted measures in initial year. Long-term goal of aligning with FIMC

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Next Steps

Next Steps

- ▶ Coordinated outreach efforts ahead of HBE's open enrollment.
- ▶ Continued collaboration across agencies to ensure 7/1/24 implementation date.
- ▶ Submission of agency decision packages (HCA, HBE, and DSHS):
 - ▶ Community Outreach & Education
 - ▶ FTE requests
 - ▶ Waitlist dollars and other systems changes
 - ▶ EQRO contract
 - ▶ CHP transition funding
 - ▶ Case manager for non-MAGI case load (enrollment pathways issue paper)
 - ▶ Array RX dollars



Questions

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