

# Washington State Health Care Authority

## Encounter Rate Reimbursement Consultation

4/24/2025

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# Opening

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- Welcome
- Acknowledgement
- Blessing
- Introductions

# Encounter Rate Work Objective

- ▶ Identify a standard process for AIR determination in cooperation with tribes
  - ▶ Develop standard internal process for new services/providers
  - ▶ Define health care professional as it pertains to the WA State Medicaid Plan
  - ▶ Solicit Tribal Input
  - ▶ Incorporate Tribal Input

# Encounter Rate Reimbursement, RT, Consultation

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## Dear Tribal Leader Letter

January 15, 2025

March 19, 2025



## Meetings Details

**Roundtable #1:** January 24, 2025, from 2pm to 3:30 pm (Complete)

**Roundtable #2:** February 14, 2025 2pm to 3:30 pm (Complete)

**Consultation:** April 24, 2025, from 10:30-12:30 p.m.



**All meetings will be held virtually over zoom at the following link.**

# Summery of feedback from Roundtables

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1. What is the PMPM paid to MCOs
2. Break down of how claims are paid for AIAN and Non-AIAN for SUD to Tribal and Non-Tribal providers
3. What is the amount of savings the State realizes by having Tribal facilities provide 100% FMAP services to the AIAN population.
4. HCA decision tree/process for AIR Determination
5. Tribes will provide proposed WAC language to HCA
6. Work Sessions are needed to develop WAC language

# 1. PMPM Premium Paid to MCO's

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- MCOs are paid a global capitation rate or premium calculated to cover all services required by the MCO contract. There are some exclusions for services that are not included in the global capitation rate such as specific case rate payments for New Journeys, WISe and delivery case rates. However, covered SUD services are included in the global rate and are not paid separately. The rates in the table below are the composite PMPM rates by eligibility category excluding the case rates or separate payment terms. For encounter eligible tribal claims, the service component of the claim is included in the global MCO PMPM; however, the all-inclusive-rate (AIR) differential is not included—see questions 2 and 4 for additional information on the AIR differential (AIHC Response). The rates shown below are presented gross of the premium withhold (calculated as 2 percent of the projected benefit cost), risk margin, and corresponding taxes and fees by rate cell.

**1. PMPM  
Premium  
Paid to  
MCO's  
continued**

| <b>CY2025 Medicaid Composite Statewide<br/>Capitation Rates by Category of Aid</b> |                    |
|--|--------------------|
| <b>Aid Category</b>  | <b>Total</b>       |
| SCHIP  | \$ <b>181.89</b>   |
| Family Child   | \$ <b>212.18</b>   |
| Family Adult   | \$ <b>452.63</b>   |
| AHAC   | \$ <b>574.59</b>   |
| AHBD   | \$ <b>1,277.41</b> |
| COPES  | \$ <b>2,081.05</b> |
| DDA  | \$ <b>995.43</b>   |
| BHSO   | \$ <b>119.67</b>   |
| Composite  | \$ <b>430.41</b>   |

## 2. Claims Payment Breakdown

Based on Analysis of 2023 claims Data

| Provider Type               | AI/AN Client Examples     |            |               |                    |                    |
|-----------------------------|---------------------------|------------|---------------|--------------------|--------------------|
|                             | CPT Description           | Total Paid | Federal Share | State Share (GF-S) | Tribal Local Match |
| Non-Tribal/FQHC Provider    | SUD Assessment            | \$ 161.59  | \$ 80.80      | \$ 80.80           | \$0.00             |
| FQHC Rate= \$408.83         | SUD Assessment            | \$ 408.83  | \$ 204.42     | \$ 204.42          | \$0.00             |
| Tribal Provider Rate= \$801 | SUD Assessment            | \$ 801.00  | \$ 801.00     | \$ -               | \$0.00             |
| Provider Type               | Non-AI/AN Client Examples |            |               |                    |                    |
|                             | CPT Description           | Total Paid | Federal Share | State Share (GF-S) | Tribal Local Match |
| Non-Tribal/FQHC Provider    | SUD Assessment            | \$ 161.59  | \$ 80.80      | \$ 80.80           | \$0.00             |
| FQHC Rate= \$408.83         | SUD Assessment            | \$ 408.83  | \$ 204.42     | \$ 204.42          | \$0.00             |
| Tribal Provider Rate= \$801 | SUD Assessment            | \$ 801.00  | \$ 400.50     | \$ -               | \$400.50           |



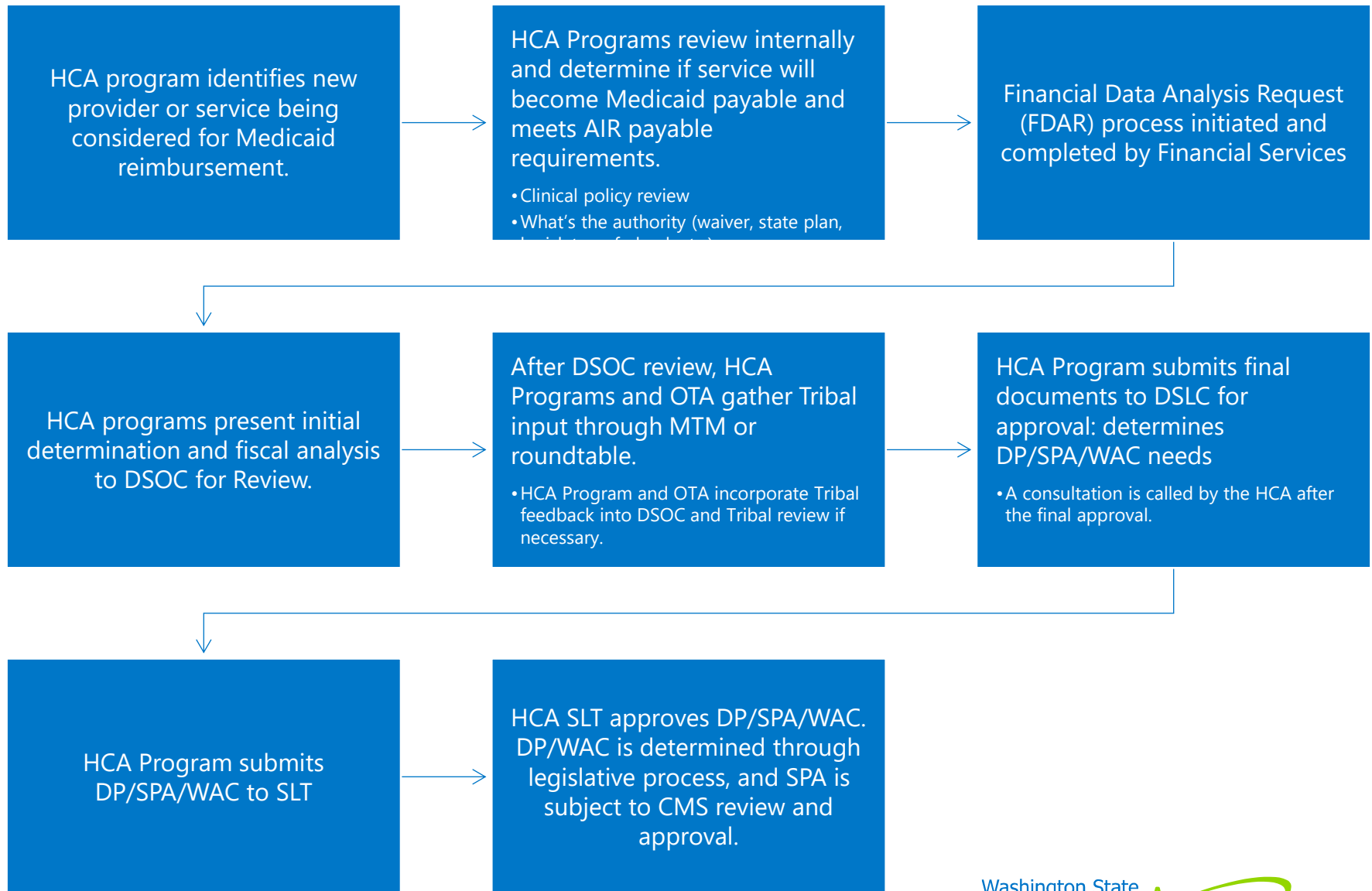
### 3. FMAP Savings to State from Tribal provided services for AI/AN

## Based on Analysis of 2023 claims Data:

- \$8 million \*when AI/AN receive services at:
  - \*100% Non-FQHC/RHC provider
- \$15 million \*when AI/AN receive services at:
  - \*50% Non-FQHC/RHC provider
  - \*50% FQHC/RHC providers

\*Federal Savings if AI/AN received services as described above \$206 and \$189 million respectively

# 4. HCA Internal AIR Process



## 5. Why is it important to develop WAC:

Both HCA and Tribes desire to have a consistent and transparent AIR determination process

HCA Policy must comply with CMS regulations and guidance

Simplify process to avoid State Plan amendments

# Current WAC Definition of Health Care Professional


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**"Health care professional"** means a provider of health care services licensed or certified by the state in which they practice



WAC 182-500-0045



# Proposed Tribal Language for WAC



- ▶ **"Health care professional"** means a provider of health care services licensed or certified by the state in which they practice or exempt from such license pursuant to Title 25 U.S.C. Sec. 1621t of the Indian Health Care Improvement Act.

# Proposed State Language



FIRST DRAFT COMPLETE



WILL PRESENT TO TRIBES THROUGH  
SCHEDULED WORK SESSIONS

## 6. Schedule WAC Work Session with Tribes

- ▶ What Dates Work for Tribes?
- ▶ Who do the Tribes want to include in the work sessions?
  - ▶ Tribal Leaders
  - ▶ Technical Staff
  - ▶ AIHC
  - ▶ ?

# Next Steps

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**Send out DTLL to announce scheduled Work Session with tribes to develop proposed WAC language**



**Incorporate Tribal Feedback into language**



**Submit WAC for legislative approval**



# Thank you!

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