



HealthPath Washington

HealthPath WA Integration

What is It?

It is a fully capitated delivery of services through care provided through health plans.

- Integration of services will be achieved by financially collapsing the delivery silos.
- Services include medical, pharmacy, mental health, chemical dependency and long term services and supports.
- 3-way contract with the State, CMS and the health plan
- A health plan will:
 - Be accountable for the delivery of all services under both Medicare and Medicaid
 - Coordinate and authorize care
 - Be at full financial risk
 - Receive a capitated per member/per month payment

Who is eligible?

Eligible populations for Integrated Managed Care services are:

- Anyone who is Medicare/Medicaid full dual eligible for services in King and Snohomish Counties; and
- American Indians/Alaskan Natives who are not enrolled in a primary care case management (PCCM) or managed care. Tribal Members will need to enroll in managed care with United or Regence

Enrollment is voluntary. Eligible enrollees will be passively enrolled with an opt-out (meaning they can disenroll at any time within HCA's disenrollment rules). Existing service delivery models will continue to serve individuals who opt out of this model. Eligible American Indian/Alaska Natives will be offered the opportunity to enroll, but must actively take action to be enrolled.

- All fully eligible duals will be given the opportunity to enroll in this model where it is available.
- Beneficiaries have the option of choosing this model or other available service delivery systems such as fee for service Medicaid, Medicare or Medicare Advantage Plans



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How will integration work?

A key strategy of the integration model is the care coordination staffing model. Services will be coordinated by a Care Coordinator and/or an Interdisciplinary Care Team (CCT). Teams may be composed of clinical staff, social workers, the member, providers and family, tailored to meet the needs of the member. The CCT model provides each member with a primary contact person who assists the enrollee in accessing services and information. The care coordinator prioritizes and directs critical resources to members with multiple conditions and behavioral health issues, based on ongoing need assessments. Appropriate care management with a focus on member input and choice is key.

Care management is built on three tiers.

Tier One: Targeted to the lower risk members who are already self-managing their health conditions.

Tier Two: Targeted to members that experience episodic health problems.

Tier Three: Targeted to members with special health care needs or unmanaged chronic conditions and would benefit from intensive care management.

When will we Implement?

Medicare-Medicaid individuals who meet the eligibility criteria will be able to voluntarily opt-in beginning July 1, 2014. On September 1, 2014 passive (auto-enrollment) will begin, unless the individual elects to opt out of the project.

For more information, please see our Medicare/Medicaid Integration Project website:
<http://www.aasa.dshs.wa.gov/duals/>