

Washington State
Health Care Authority

Medicaid Monthly Meeting (M3)

January 28, 2014

**Karol Dixon & Mike Longnecker,
HCA Tribal Affairs Office**

Agenda

Tribal Affairs Update

- *SBIRT Training*
- *Tribal Billing Workgroup (TBWG)*
- *2014 Schedule Revised*
- *Legislative Update*
- *Weekly Digest & TA Web Pages*

Electronic Health Records

Tribal Health Homes

Foster Care

Medicaid SPAs

Enrollment Update & Healthplanfinder

A little about SBIRT...

- Effective 01/01/2014
- Encounter eligible service payable in Primary Care Setting
- Payable to ARNP, CD professionals (in primary care setting), LPN, RN, MH counselor, Marriage/family therapist, social worker, physician, PA, psychologist, dentist, dental hygienist

SBIRT Training

SBIRT Trainings were held at:

Jan. 10 - NATIVE Project in Spokane, 25 attendees

Native Project, Camas Health, Puyallup attended

Jan. 17 - Puyallup Tribal Health Authority, 27 attendees

Chehalis, Cowlitz, Muckleshoot, Nisqually, Puyallup, Quinault, Shoalwater, Skokomish, and Swinomish Tribes were represented

WASBIRT.com has more information on SBIRT & other training opportunities. The training page is here:

<http://wasbirt.com/content/training>

Claims and billing issues: contact Mike Longnecker:

Michael.longnecker@hca.wa.gov

Tribal Billing Workgroup (TBWG)

- **DATES:**
Billing Workgroup meets 2nd Tuesday at 9 am
- **ATTENDANCE:**
Has been great! 19 attended the last workgroup
- **PURPOSE:**
Billing Workgroup is best opportunity to get any claims and billing issues addressed. Any issues mentioned during the workgroup will either be discussed at that time, during next meeting, or Mike will contact you directly, make sure that your concerns are addressed

Medicaid Monthly Meetings (M3)

2014 Schedule *(Revised as of 01-28-2014)*

4th Tuesday, 1:00-3:00 PM, except where noted by *

January 28

July 22

February 26 *

August 26

March 25

September 23

April 29 *

October 28

May 27

November 18 *

June 16 * *(10 am – 12 pm)*

December 16 *

Legislative Update

- House Bill 2466
- Sponsors: Representatives Appleton, Sawyer, Tharinger, Cody, Santos
- AN ACT Relating to Indian Tribes and Dental Health Aide Therapy Services...
- <http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/House%20Bills/2466.pdf>
- Public Hearing 01/23/2014

Weekly Digest & TA Web Pages

Apple Health (Medicaid) Tribal Affairs Weekly Update - Message (HTML)

File Message Adobe PDF

Ignore X Reply Reply Forward More
Delete Delete All All More

Rhonda Stone 001 Year Retention
To Manager Team E-mail
Done Reply & Delete

Move OneNote
Actions

Mark Unread Categorize Follow Up
Tags

Translate Find
Related Select Zoom

You forwarded this message on 1/21/2014 9:05 AM.

From: Dixon, Karol (HCA) Sent: Fri 1/17/2014 11:14 AM

To:

Cc: Cawston, Colleen (DSHS); Lowe, Sheryl; Gardipee, Maria (DOH); Reed, David L. (DSHS/BHSIA/MH); Deb Sosa (Deborah.Sosa@cms.hhs.gov); Myers, Ann (HCA); Johnson, Nathan (HCA); Longnecker, Michael C. (HCA); Stone Rhonda S. (HCA)

Subject: Apple Health (Medicaid) Tribal Affairs Weekly Update

Message 14-0002_FMAP_Tribal_Letter12-19-13.pdf (264 KB) Annual review letter 1-2-14.pdf (98 KB) 2014 Medicaid Tribal Affairs Meeting Schedule.pdf (176 KB)

Please forward this message as appropriate.

This is the first of regular, weekly communications from the Medicaid Tribal Affairs office. These will be sent out weekly and will include a highlight of all the HCA (Medicaid) communications of the week. Additional information is always available on the Tribal Affairs website <http://www.hca.wa.gov/tribal/Pages/index.aspx>. Included in these emails will be recent SPA Tribal notices, meeting notices, Provider notices, etc.

Topics Covered Below:

1. Medicaid Tribal Affairs 2014 meeting schedule – update
2. FMAP SPA – comment period closes on 1/20/2014
3. Washington State Medicaid EHR Survey
4. ICD-10 Provider Readiness Assessment
5. Continuation of Coverage

Medicaid Tribal Affairs 2014 meeting schedule – update!

The 2014 schedule was scheduled on the wrong Tuesday and was in direct conflict with the Tribal Centric Behavioral Health meetings. To correct this, the Medicaid Tribal Affairs meetings are now scheduled to be on the 4th Tuesday of each month, from 1:00-3:00 PM. Please see attached schedule. You have the option of attending in person at our Olympia office (626 Eighth Avenue SE) or online via webinar. To attend by webinar, you'll need to register for each of the meeting dates at the links below. It takes less than a minute to register for each meeting. Once you are registered, the automated GoToWebinar system will send you meeting reminders and information on how to connect.

Please note: Our January 21 meeting has been moved to January 28. Those already registered for Monthly Meeting webinars do not need to re-register or take any other action.

January 28 - <https://www2.gotomeeting.com/register/510606618>
Agenda: Tribal Health Homes

The Weekly Digests will be archived on HCA's Tribal Affairs web pages

Weekly Digest & TA Web Pages

Three ways to access Tribal Affairs page



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 - ProviderOne Phase 2
 - Health Information Technology
 - Tribal Affairs**
 - Leapfrog
 - Surgical Care and Outcomes Assessment Program (SCOAP)

HEALTH CARE AUTHORITY

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Coordinated health care, with quality results, at the lowest cost

The Washington State Health Care Authority oversees the state's two top health care purchasers — Medicaid and the Public Employees Benefits Board (PEBB) Program, as well as other programs.

Medicaid Expansion

By January 2014, everyone is required to have health insurance. We can help with free coverage through Medicaid for those who qualify.

Are you eligible for Medicaid? Find out more.

Public Employees Benefits Board (PEBB)

The PEBB program provides insurance coverage for eligible employees of state agencies, higher education institutions, certain employer groups, and their families.

Are you a state employee or retiree? Find out more.

What can we help you with today?

- American Indian/Alaska Natives (AI/AN)
- Apple Health for Kids (free health care for children)
- Apple Health (Medicaid)
- Apple Health (Medicaid) benefit changes in 2014
- Budget information
- Medicaid Expansion/Health care reform
- Reduced-cost health care
- Prescription drug assistance
- Provider and client questions
- Public employees benefits
- Veterans benefits
- Washington Wellness



Don't be fooled by scams! See tips on safely applying for Apple Health.

- Overview
- American Indian/Alaska Natives**
- Medicaid Expansion 2014
- Provider Rates for ACA
- State Health Care Innovation Planning

State Health Care Innovation Plan

The five-year plan is a bold initiative to transform health and health care in Washington, delivering better health, better health care, and lower costs. Read the plan.

The SHCIP website includes resources, documents and other information from the planning process.

Basic Health and Washington Health programs ended December 31, 2013

If you are a member of either of these programs, please go to wahealthplanfinder.org to sign up for a new insurance plan. You may be eligible for Washington Apple Health (Medicaid) or to receive help with paying your monthly premiums.

Coverage is Here

Find out more about healthcare reform.



Find a health plan, apply for Apple Health (Medicaid).

Weekly Digest & TA Web Pages

The Weekly Digest will be located on the "Resources" page and linked to the "Meetings and Centennial Accord" page

Washington State Health Care Authority

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TRIBAL AFFAIRS

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Welcome to the Tribal Affairs website. The Office of Tribal Affairs is the primary point of contact for information on federal and state health program delivery and innovation for Tribes and tribal organizations residing within the boundaries of Washington State. The office:

- Serves as a liaison for the Tribes
- Provides technical assistance to HCA staff on government-to-government relations and cultural competency
- Meets and communicates regularly with Tribes and tribal-related organizations
- Responds to tribal-related questions and issues
- Facilitates meetings between HCA staff and Tribes
- Performs triage of individual tribal problems or issues of concern, and
- Facilitates HCA Tribal Consultations

The Tribal Affairs/Native Health Program Administrator is [Karol Dixon](#). Karol is committed to open channels of communication with individuals representing and/or inquiring about tribal matters. Your inquiries are welcome.

A few highlights related to HCA and its work with health and tribal nations:

- All but one of the 29 Tribes located in Washington currently contract with the HCA-managed Medicaid program to provide medical or behavioral health care to their members and others.
- Three Tribes have federally-operated Indian Health Service (IHS) clinics and 25 Tribes operate their own programs under P.L. 93-638 contract or compact.
- In addition to medical services, 22 of the clinics offer dental care, 12 offer pharmacy services, 19 offer mental health services and 15 provide chemical dependency treatment.
- Two IHS-funded urban Indian health programs – one in Seattle and Spokane – provide medical care, dental care and behavioral health services. They are paid for services provided to Medicaid enrollees as Federally Qualified Health Centers (FQHCs).
- HCA, DSHS and various Tribes are working collaboratively on a report to the Legislature on Tribal Centric Behavioral Health. The collaborative effort is an important government-to-government initiative.

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Centennial Accord

The HCA Centennial Accord Plan establishes the agency's policy and action plan to implement its state-tribal government-to-government relations. The plan includes an introduction to the agency, followed by descriptions of program and program support divisions, past accomplishments, and definitions. Contact Us for information on contacting an HCA program directly.

Meetings and Webinars – Register for upcoming events

Use the links below to register for each of the listed meetings via webinar. The automated GoToWebinar system will send you instructions and reminders. If you'd prefer to attend in person, please send an email to karl.dixon@hca.wa.gov for meeting location and other information.

Tribal Affairs Monthly Meeting

For Tribal leaders and health care providers. Send suggestions for meeting topics to karl.dixon@hca.wa.gov.

- January 28, 2014, 1 p.m.
- February 25, 2014, 1 p.m.
- March 25, 2014, 1 p.m.
- April 22, 2014, 1 p.m.

Tribal Affairs Billing Workgroup

For Tribal health care billing staff. Send suggestions for meeting topics to michael.logracker@hca.wa.gov.

- February 11, 2014, 9 a.m.
- March 11, 2014, 9 a.m.
- April 8, 2014, 9 a.m.
- May 12, 2014, 9 a.m.

Completed Meetings

Select the links below to retrieve information shared during past meetings.

- 2014
 - January 14, 2014 Billing Workgroup
- 2013
 - December 16, 2013 Billing Workgroup
 - December 16, 2013 Monthly Meeting
 - November 20, HCA Tribal Consultation
 - AIHC AI-AI Income Exemptions Letter
 - AIHC Request for Consultation
 - Letter From OHS (July)
 - Response to OHS (July)
 - Letter From OHS (September)
 - Response to OHS (October)
 - HCA-OHS Joint Stakeholder Letter
 - November 25, Monthly Meeting
 - SS Error Codes
 - HCA Area Representatives
 - HCA Medical Income and Resource Standards
 - HCPA Adding Washington to WAH
 - Health Reform Fact Sheet
 - Health Reform Fact Sheet (Long)
 - In-Person Assistants / HDG Network Partners
 - Milestones: WAH Top Program Teams
 - MSS 1: Final Steps Program
 - MSS 2: Measure L2W Low Birth Weight
 - MSS 2: Results WA Goal 4 (2012)
 - Tips for HealthPartner
 - Top Lawful Presence Requests
 - When to Call Your HCA Area Rep
 - October SHCP Presentation for Tribes
 - October 20, Medicaid Benefit Changes
 - October 7, SHCP Tribal Thought Leaders
 - October 7, Monthly Meeting
 - Draft Report: Tribal Clinic Behavioral Health
 - MAGI Income WAC Adjustment
 - August 27, Monthly Meeting
 - AIU MRP User Guide
 - SHS Business Relationships Requirements
 - SHS White Paper Number 1
 - HCA Medicaid SPA Groups
 - Meaningful Use Training Guide
 - Measuring Meaningful Use
 - Medicaid Expansion Info Sessions
 - Proposed Rule Meeting: CR-102
 - July 23, Monthly Meeting
 - July 2012 SHS Newsletter
 - Monthly Meeting Survey
 - June 25, Monthly Meeting
 - Draft Report: Data for Policy Analysis
 - MAGI Exemption Waiver Request
 - Medicaid CHIP SPAs for 2014
 - June 10, Tribal Consultation
 - 2012 HCA Consultation Policy
 - 2012 HCA-OHS Cooperative Agreement
 - 2012 HCA Centennial Accord Highlights
 - 2014 Medicaid CHIP SPAs
 - 2014 Medicaid Expansion Changes
 - HCA Org Chart
 - June SHS Overview
 - Tribal Consultation Policies Memo
 - May 29, Medicaid Expansion
 - Note: Name change to Tribal Affairs Monthly Meeting
 - April 23, Medicaid Expansion
 - March 26, Medicaid Expansion
 - March 5, Health Care Reform Transitions

Webinar registration links
 TBWG
 M3
 Consultations
 "Other"

Links to documents distributed at completed meetings

EHR (ELECTRONIC HEALTH RECORDS) UPDATES

Kelly McPherson – MU Business Manager

**Ginnie Eliason – Stakeholder Engagement
Manager**

NEW USER GUIDES AVAILABLE FOR YOU

- **MU Stage 2 User Guide**
 - **Updates to make several White Papers applicable to 2014**
 - **MU Stage 1 & 2 Supplemental Questionnaire**
- 

SYSTEM UPDATES

- MU Stage 1 Years 1 & 2
- MU Stage 2

UPCOMING WEBINAR – REGISTER NOW

TITLE: Navigating the WA ST EHR Attestation Application-eMIPP (MU Stage 1)

DATE: Wednesday February 12, 2014

TIME: 9:00 – 12:00 (Q & A session included)

REGISTER:

<https://www2.gotomeeting.com/register/653596074>



Eligible Hospitals(EH):

Total Hospitals Paid	146	\$93,377,110
EH Paid for Year 1	84	\$62,988,046
EH Paid for Year 2	50	\$26,138,498
EH Paid for Year 3	12	\$ 4,250,566

Eligible Providers (EP):

Total Providers Paid	5,399	\$97,322,195
EP Paid for Year 1	4,115	\$86,969,189
EP Paid for Year 2	1,224	\$10,353,006
Grand Total Paid:		\$189,849,305

Are you eligible for these dollars too? Please don't miss out, it is NOT too late. The Medicaid EHR Incentive Payment Program provides incentive payments to eligible medical and dental professionals, hospitals and CAHs as they adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology.

The initial payment is \$21,250 per provider with an additional \$8,500 per provider per year for meeting ongoing objectives for 5 additional years.

NEED HELP?

- **Need EHR help? Please contact our team at: HealthIT@hca.wa.gov**
- **Security or log in issues with ProviderOne? Please contact: ProviderOneSecurity@hca.wa.gov**
for assistance with your P1 password or when you have a change in staff resulting in a new System Administrator for your office.
- Please remember that if you do not have your own security credentials granting you access to the EHR domain in ProviderOne, our staff is not able to discuss any information with you.
- CMS EHR Help Desk: 1-888-734-6433 Option #1
- CMS Account Security and to update your accounts contact person: 1-866-484-8049 Option #3
- **Website for Health IT: HealthIT.wa.gov**

Tribal Health Homes

Marietta Bobba

Program Manager, DSHS ADS

Yolanda Lovato

Program Manager, DSHS HCS/SUA

Alice Lind

Section Manager, DSHS HCS/Grants and Program Development

Tribal Health Homes

Strategies for Integrating Care

- **Health Homes:**

Managed Fee-for-Service Model embeds robust delivery of Health Home services in all systems (currently implemented throughout WA). Not included in King/Snohomish counties.

- **HealthPath Washington:**

Fully Capitated Model for duals expands service delivery through capitated contracts with health plans (Scheduled implementation in October 2014) in King/Snohomish

Health Homes

- New set of services available to high risk/cost clients through Health Home
- Voluntary – enrollment begins with a Health Action Plan
- A Care Coordinator will provide the new services
- The coordinated services bridge the existing fee-for-service system

Health Homes

- **Financing**

- 2703 of the Affordable Care Act
 - Leverage enhanced 90/10 (tribal exception: 100% federally funded)
 - First 8 quarters
- Retrospective Performance Payment

- **Implementation**

- Fully implemented across WA state
(*see map*)

Health Homes Funding Structure

- Rates paid to lead entity - administering entity
- Lead entity pays contracted CCOs
- Payment only occurs in months where a qualified service is provided
- Only one payment is made per month
- Quality measures are tracked

Health Home Coverage Areas

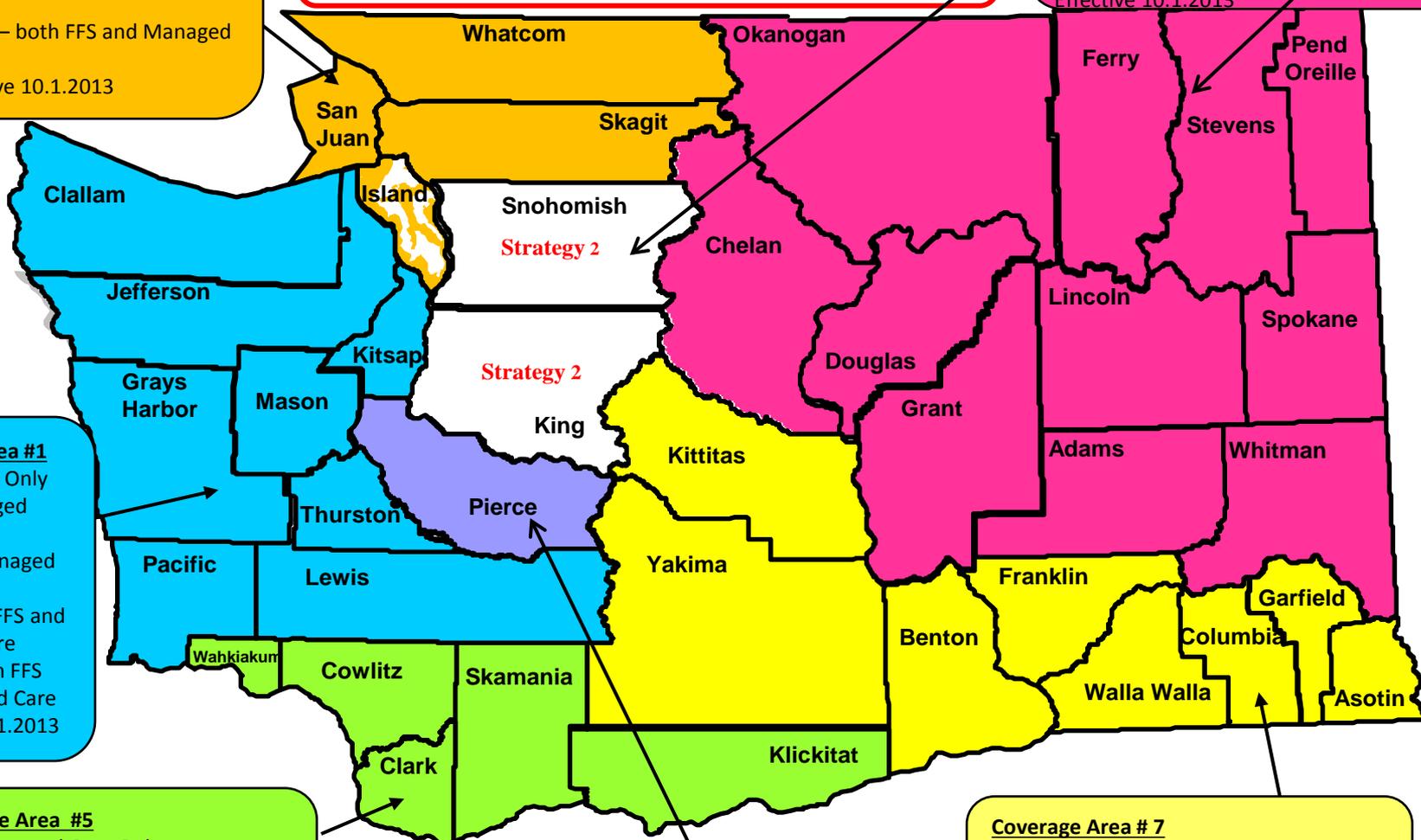
Coverage Area #2

NWRC – FFS Only
 CCC – Managed Care Only
 Molina – Managed Care Only
 UHC – both FFS and Managed Care
 CHPW – both FFS and Managed Care
 Effective 10.1.2013

Strategy 2 – Medicare/Medicaid Integration Project (Managed Care)
 Regence Blue Shield and UnitedHealthCare
 Voluntary Enrollment 10.1.2014 and Passive Enrollment 1.1.2015

Coverage Area #6

Community Choice – FFS only
 CCC – Managed Care Only
 Molina – Managed Care Only
 UHC – both FFS and Managed Care
 CHPW – both FFS and Managed Care
 Effective 10.1.2013



Coverage Area #1

Optum – FFS Only
 CCC – Managed Care Only
 Molina – Managed Care Only
 UHC – both FFS and Managed Care
 CHPW – both FFS and Managed Care
 Effective 10.1.2013

Coverage Area #5

CCC - Managed Care Only
 CHPW & UHC - both Managed Care and FFS
 OPTUM - FFS Only
 Effective 7.1.2013

Coverage Area #4

CCC & CHPW - Managed Care Only
 UHC - both Managed Care & FFS
 Optum - FFS Only
 Effective 7.1.2013

Coverage Area #7

CCC & CHPW - Managed Care Only
 UHC – Managed Care and FFS
 OPTUM & SE WA ALTC - FFS Only
 Effective 7.1.2013

Health Homes and Tribes

- Operate as a “Lead Entity”
(Health Home)
- Contract with Lead entities as a Care Coordination Organization

Consideration for Tribes

- Who is eligible and are there numbers for feasibility?
- What services do they already receive?
- Are tribal health services able to meet the provider eligibility criteria?
- If a tribe is a Care Coordination Organization, can they restrict services to tribal members only? **Yes**
- Can the PCCM continue to receive its monthly enhancement if they provide Health Home Care Coordination? **No**
- HealthPath Washington is voluntary: if a tribal member lives in a coverage area providing HealthPath Washington, they can continue to get services through their tribal health services in another county.

Tribal Health Homes

HealthPath WA Integration

For more information, please see our Medicare/Medicaid Integration Project website:

<http://www.aasa.dshs.wa.gov/duals/>

- Contact:
 - Marietta Bobba: bobbm@dshs.wa.gov
 - Yolanda Lovato: lovaty@dshs.wa.gov
 - Karen Fitzharris: fitzhkm@dshs.wa.gov
 - Becky McAninch-Dake becky.mcaninch-dake@hca.wa.gov



Foster Care

Kevin Cornell,

Eligibility Policy CHIP Representative

Sylvia Soto,

Foster Care, Adoption Support & JRA Medicaid Programs

HCA Eligibility Policy & Service Delivery Division



Foster Care

Medical Assistance for Children in Out of Home placement

- Foster Care (FC)
- Adoption Support (AS)
- Juvenile Rehabilitation (JRA)
- DDA Voluntary Placement (VP)
- Unaccompanied Refugee Minor (URM)

Foster Care

Expansion of coverage under the ACA

- The Patient Protection and Affordable Care Act expanded coverage to adults who were formerly in foster care.
- To qualify for the Former Foster Care (FFC) program the adult must –
 - *Be under the age of 26*
 - *Be a Washington resident*
 - *Have been In foster care in Washington on their 18th birthday.*
- As children “age out” of foster care in Washington they will automatically be transitioned to the FFC program.

Foster Care

Former Foster Care program

- The FCMT is working on opening 4,000 individuals who were formerly in foster care.
- Enrollees in the FFC (D26) program will be enrolled in an MCO. AI/AN enrollees will have their option of MCO/PCCM/or FFS.
- We need your help. We are unable to reach many former foster children . If you know someone who was formerly in foster care and is still under age 26, please have them call us at 1-800-562-3022 X 15480.

Foster Care Medical Team (FCMT)
1-800-562-3022 Ext# 15480

- New "out of home" placement
- Change in "out of home" placement
- Child returned home

Children in Tribal placements are eligible for Washington Apple Health. Tribal placements are not maintained in the DSHS FamLink system, so completion of this form is necessary to ensure medical coverage. If multiple children are placed with the same family only one form is needed. Please include a copy of the Tribal court placement paperwork.

DATE child(ren) placed: ____/____/____

Children's Information (Please print)

Name: _____
DOB: ____/____/____ Gender (circle): male female
SS #: _____
Tribal Affiliation: _____

Name: _____
DOB: ____/____/____ Gender (circle): male female
SS #: _____
Tribal Affiliation: _____

Name: _____
DOB: ____/____/____ Gender (circle): male female
SS #: _____
Tribal Affiliation: _____

Name: _____
DOB: ____/____/____ Gender (circle): male female
SS #: _____
Tribal Affiliation: _____

Placement Family Information (Please print)

Adult name(s): _____
Relationship(s) to Child: _____

Phone: _____
Address: _____
City, State, Zip: _____

Tribe Information (Please print)

Tribe: _____
Social Worker Name: _____

Phone: _____
Email: _____

Please submit the completed form to:

Email: fcmt@hca.wa.gov

Mail: HCA/FCMT
P.O. Box 45534
Olympia, WA 98504

Fax: (360) 725-1158

Submitted by: _____

Phone: _____

Date: _____

Medicaid Expansion SPAs

Stephen Kozak

Program Manager

Eligibility Policy and Service Delivery

State Plan Amendment (SPA) Summary

- The following 2 page document is available as a PDF on the Medicaid Tribal website:
- <http://www.hca.wa.gov/tribal/Pages/index.aspx>

ID #	State Plan Amendment (SPA) Summary	Status
CMS/ACA Assigned	<i>All "S" Numbers are SPAs associated with Medicaid provisions in the Affordable Care Act</i>	
N/A	MAGI PART ONE CONVERSION PLAN: State used its administrative data to receive CMS approval that results in greater federal match funding for its Parent and Caretaker Relative (family) medical program than would have been provided using SIPP data. Also establishes MAGI income conversion rate for eligibility standards used for the MAGI-based Children, Family, and Pregnancy Medicaid and CHIP programs.	Completed
N/A	MAGI PART TWO CONVERSION PLAN: Allows the state to claim enhanced federal Medicaid funding for the new adult eligibility group under the Medicaid Expansion. The State is pursuing a resource proxy to support the MAGI Part One Conversion Plan.	Provisional Approval
N/A	1115 MEDICAID TRANSITIONAL BRIDGE DEMONSTRATION WAIVER— Waive requirements of section 1902(a)(17) of the Act to the extent necessary for Washington to implement MAGI-based eligibility determination methods, October 1, 2013, through December 31, 2013, for all populations subject to MAGI-based rules effective January 1, 2014.	Completed
N/A	1115 MEDICAID TRANSITIONAL BRIDGE DEMONSTRATION WAIVER— Provides state with the authority under section 1902(e)(14) of the Act to delay acting on an increase in income, including a change in household composition that may affect household income, until April 1, 2014, or the individual's first regular review in 2014, whichever is later.	Completed
N/A	1115 MEDICAID TRANSITIONAL BRIDGE DEMONSTRATION WAIVER— Provides state with the authority under section 1902(e)(14) of the Act to accomplish the transition of current 1115 wavier recipients in Washington into the adult group, codified in 42 CFR §435.119, whose MAGI-based household income the state expects to be at or below 133% FPL. Authorizes use of modified Sneed methodology until programming changes made through at least December 31, 2014.	Completed
S10	MAGI-BASED INCOME METHODOLOGIES: The state will apply MAGI methodology for the determination of eligibility for the new adult group and those applying on the basis of being a child, a parent or caretaker relative, or a pregnant woman.	Completed
S14	MAGI OPTIONAL ELIGIBILITY GROUPS—AFDC INCOME STANDARDS: Memorializes the MAGI-equivalent AFDC Payment Standard in effect as of May 1, 1988 and the AFDC Payment Standard in effect as of July 16, 1996 to help identify the MAGI conversion rate and determine FMAP for the parent and caretaker relative (family) medical program.	Completed
S21	PRESUMPTIVE ELIGIBILITY BY HOSPITALS: Currently placed 'on hold' per CMS direction for all states.	On Hold
S25	(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR PARENTS AND OTHER CARETAKER RELATIVES: Defines child for whom a parent or caretaker relative meets non-financial requirements and identifies the MAGI income standard used in the conversion process used to determine FMAP.	Completed
S28	(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR PREGNANT WOMEN: Defines eligibility requirements for the program and identifies the MAGI income standard used in the conversion process used to determine FMAP.	Completed
S30	(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR INFANTS AND CHILDREN UNDER AGE 19: Defines eligibility requirements for the program and identifies the MAGI income standard used in the conversion process used to determine FMAP.	Completed
S32	(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR ADULT GROUP: Defines eligibility requirements for the program and identifies the MAGI income standard used in the conversion process used to determine FMAP.	Completed
S33	(MAGI) ELIGIBILITY GROUPS—MANDATORY COVERAGE FOR FORMER FOSTER CARE CHILDREN: Defines eligibility requirements for the program and identifies former foster children for whom the state will provide coverage up to the age of 26, i.e. those who turn 18 or otherwise age out.	Completed
S50	MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE FOR INDIVIDUALS ABOVE 133% FEDERAL POVERTY LEVEL (FPL): The state elects not to cover this group.	Completed
S51	MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE, [OPTIONAL COVERAGE] OF PARENTS AND OTHER CARETAKER RELATIVES: The state elects not to cover this group.	Completed
S52	MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE, REASONABLE CLASSIFICATION OF INDIVIDUALS UNDER 21: Identifies the age (19 years) under which all children are eligible for Medicaid and those groups of children for whom coverage is provided up to the age of 21 years, and identifies the income standard for the program.	Completed
S53	MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE FOR CHILDREN WITH NON IV-E ADOPTION ASSISTANCE: The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state or tribe, who were eligible for Medicaid or who had income at or below a standard established in accordance with 42 CFR 435.227.	Completed
S54	MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE, OPTIONAL TARGETED LOW INCOME CHILDREN: The state elects not to cover this group.	Completed
S55	MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE FOR INDIVIDUALS WITH TUBERCULOSIS: The state elects not to cover this group.	Completed
S57	MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE FOR INDEPENDENT FOSTER CARE ADOLESCENTS: The state elects to cover individuals under an age (21 years) specified by the state, less than age 21, who were in state-sponsored foster care on their 18 th birthday who meet the income standard established in accordance with 42 CFR 435.226.	Completed

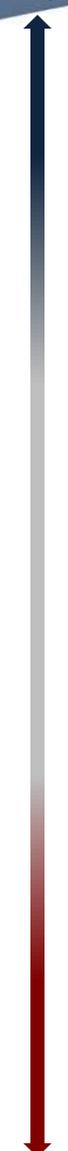
ID #	State Plan Amendment (SPA) Summary - CONTINUED	Status
S59	MAGI OPTIONAL ELIGIBILITY GROUPS—OPTIONS FOR COVERAGE FOR INDIVIDUALS ELIGIBLE FOR FAMILY PLANNING SERVICES: The state elects not to cover this group in its Medicaid State plan; it will provide these services under the current 1115 demonstration waiver known as 'Take Charge.'	Completed
S88	MAGI OPTIONAL ELIGIBILITY GROUPS—NON-FINANCIAL ELIGIBILITY / STATE RESIDENCY: The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.	Completed
S89	MAGI OPTIONAL ELIGIBILITY GROUPS—CITIZENSHIP AND NON-CITIZENSHIP ELIGIBILITY: The state attests to provide Medicaid to citizens and nationals of the United States and certain non-citizens consistent with requirements 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.	Completed
S94	GENERAL ELIGIBILITY REQUIREMENTS – ELIGIBILITY PROCESS: This describes how the state meets all requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.	Provisional Approval
State Assigned	The following Medicaid SPAs are assigned State numbers and are not associated with changes requested as part of the ACA; "13" & "14" refer to year of initiation.	
13-24	A1 – A3 later incorporated as part of the MAGI Eligibility and Benefits SPAs to update the organization of the Health Care Authority as the single state agency.	Completed
13-29	Adds pregnant teens as an optional reasonable classification of individuals and disregards all income for this group.	Completed
13-41	Reflects the termination of the state's tribal agreement with the Port Gamble S'Klallam Tribe to determine eligibility for family, children, and pregnancy Medicaid programs.	Completed
13-43	Eliminates Breast and Cervical Cancer Treatment Program (BCCTP) upon implementation of Medicaid expansion under the Affordable Care Act, which begins January 1, 2014. To maintain continuity of coverage, the agency will offer the option to stay in a fee-for-service program to individuals who are already enrolled in BCCTP and who will be transitioned into the new adult group under Medicaid expansion. The agency will continue to provide coverage to individuals already receiving BCCTP services at the time it is eliminated until treatment is completed.	Completed
14-0X	Eliminates asset test for the Medically Needy (MN) pregnancy program to accommodate new streamlined eligibility process requirements.	In Process
14-0Y	Rolls back estate recovery rules to those in effect in 2004 (those required under federal regulations). Recovery of costs limited to long term care services, and hospitalization and prescription drug costs associated with those LTC services, provided to those of age 55 or over.	In Process
CMS/ACA Assigned	All "CS" Numbers are SPAs associated with CHIP provisions in the Affordable Care Act	
CS7	SEPARATE CHILD HEALTH INSURANCE PROGRAM ELIGIBILITY – TARGETED LOW-INCOME CHILDREN: Identifies income standard for uninsured children who shall be provided CHIP coverage by the state.	In Process
CS9	SEPARATE CHILD HEALTH INSURANCE PROGRAM ELIGIBILITY – COVERAGE FROM CONCEPTION TO BIRTH: Identifies income standard for uninsured children who shall be provided CHIP coverage by the state from conception to birth when the mother is not eligible for Medicaid.	In Process
CS14	CHILD HEALTH INSURANCE PROGRAM ELIGIBILITY – CHILDREN INELIGIBLE FOR MEDICAID AS A RESULT OF THE ELIMINATION OF INCOME DISREGARDS: The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards for a period that may be extended to no later than April 1, 2016.	In Process
CS15	SEPARATE CHILD HEALTH INSURANCE PROGRAM ELIGIBILITY – MAGI-BASED INCOME METHODOLOGIES: The state will apply MAGI methodology for the determination of eligibility for all separate CHIP covered group as described herein.	In Process
CS17	SEPARATE CHILD HEALTH INSURANCE PROGRAM, NON-FINANCIAL ELIGIBILITY – RESIDENCY: The state provides CHIP to eligible residents of the state, including residents who are absent from the state under certain conditions.	In Process
CS18	SEPARATE CHILD HEALTH INSURANCE PROGRAM, NON-FINANCIAL ELIGIBILITY – CITIZENSHIP: The state provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens, including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, national status or satisfactory immigration status.	In Process
CS19	SEPARATE CHILD HEALTH INSURANCE PROGRAM, NON-FINANCIAL ELIGIBILITY – SOCIAL SECURITY NUMBER: As a condition of eligibility, the state must require individuals who have a social security number or are eligible for one as determined by SSA, to furnish their SSN, or numbers if they have more than one.	In Process
CS20	SEPARATE CHILD HEALTH INSURANCE PROGRAM, NON-FINANCIAL ELIGIBILITY – SUBSTITUTION OF COVERAGE: The state assures that it has methods and policies to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage.	In Process
CS21	SEPARATE CHILD HEALTH INSURANCE PROGRAM, NON-FINANCIAL ELIGIBILITY – NON-PAYMENT OF PREMIUMS: Describes premiums the state imposes for CHIP coverage.	In Process
CS24	SEPARATE CHILD HEALTH INSURANCE PROGRAM, GENERAL ELIGIBILITY – ELIGIBILITY PROCESSING: Defines state's use of a single, streamlined application process, its screen and enroll process, its redetermination process, and screening by other insurance affordability programs.	In Process
CS27	SEPARATE CHILD HEALTH INSURANCE PROGRAM, GENERAL ELIGIBILITY – CONTINUOUS ELIGIBILITY: The state elects to provide continuous eligibility period up to 12 months, or until the time the child reaches an age not to exceed age 19 under this program, regardless of change of circumstance.	In Process

Enrollment Update

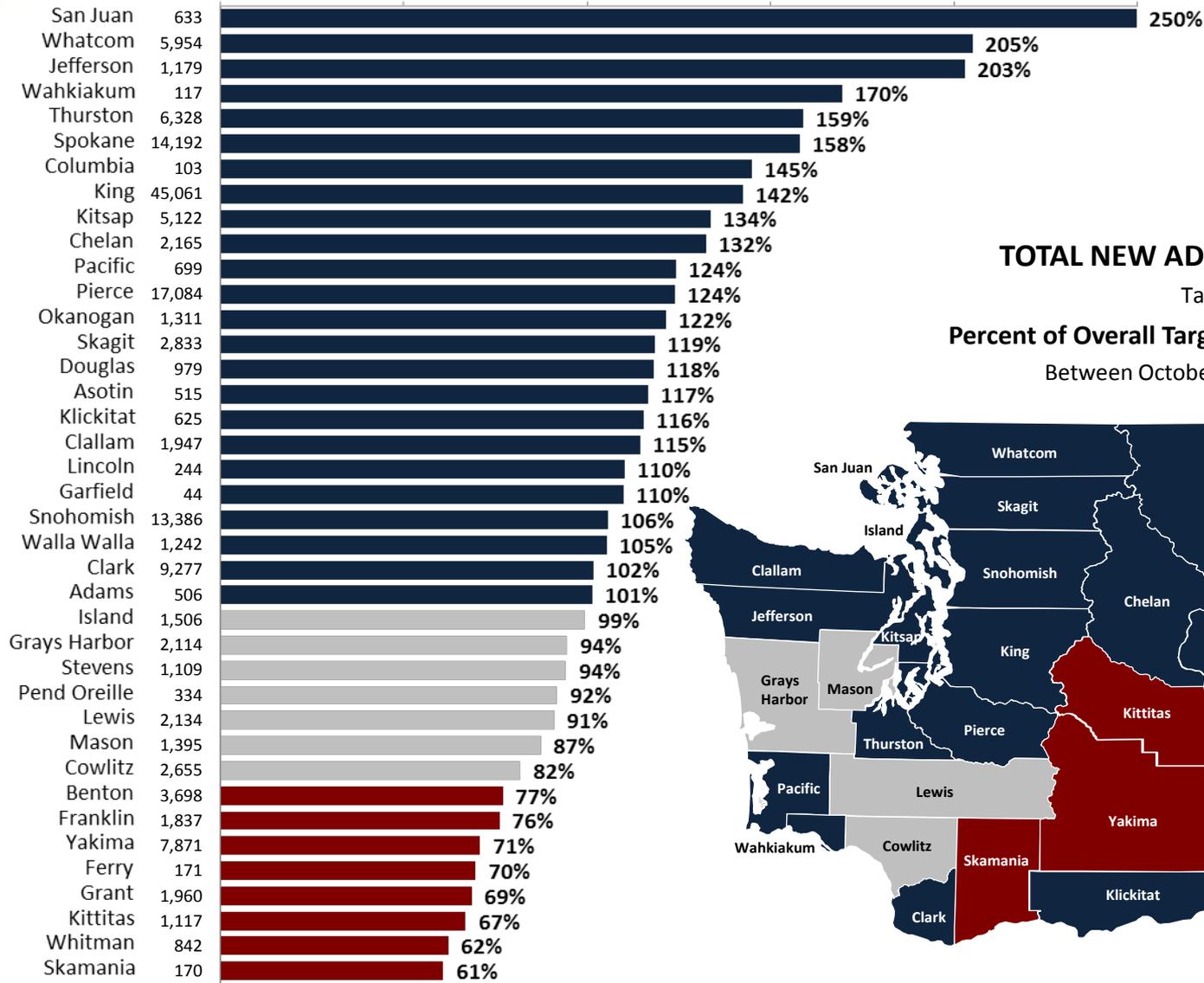
Karol Dixon

Tribal Affairs Administrator

ON TRACK



ADULT CLIENT COUNT



TOTAL NEW ADULT CLIENTS = 160,459*

Target for April 1, 2014 = 136,220

Percent of Overall Target Met Statewide = 118%

Between October 1, 2013 and January 23, 2014



100% or higher
Under 80%

OFF PACE

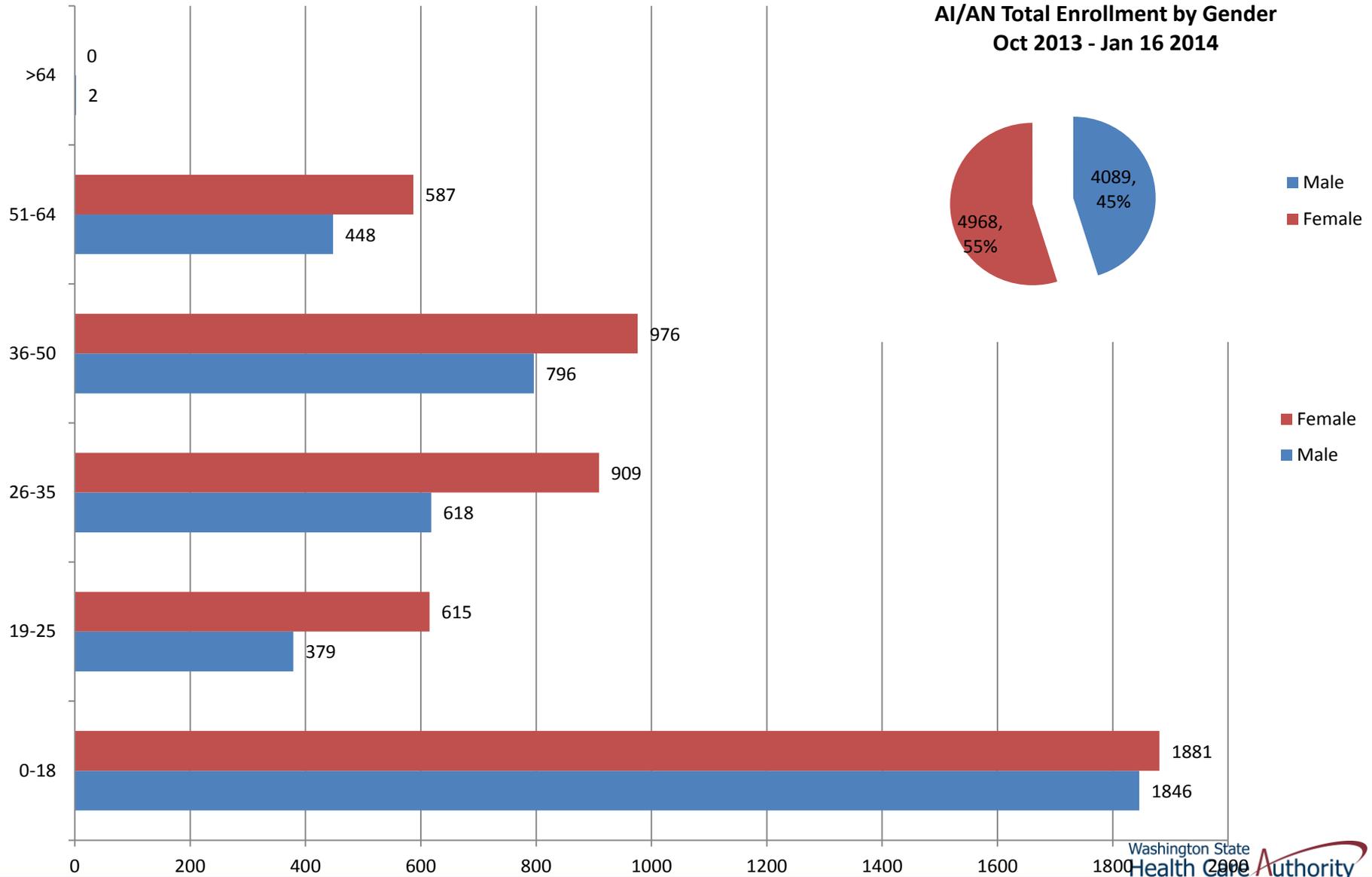
*128 additional clients do not map to Washington counties.

SOURCE: Washington State Health Care Authority, January 27, 2014.

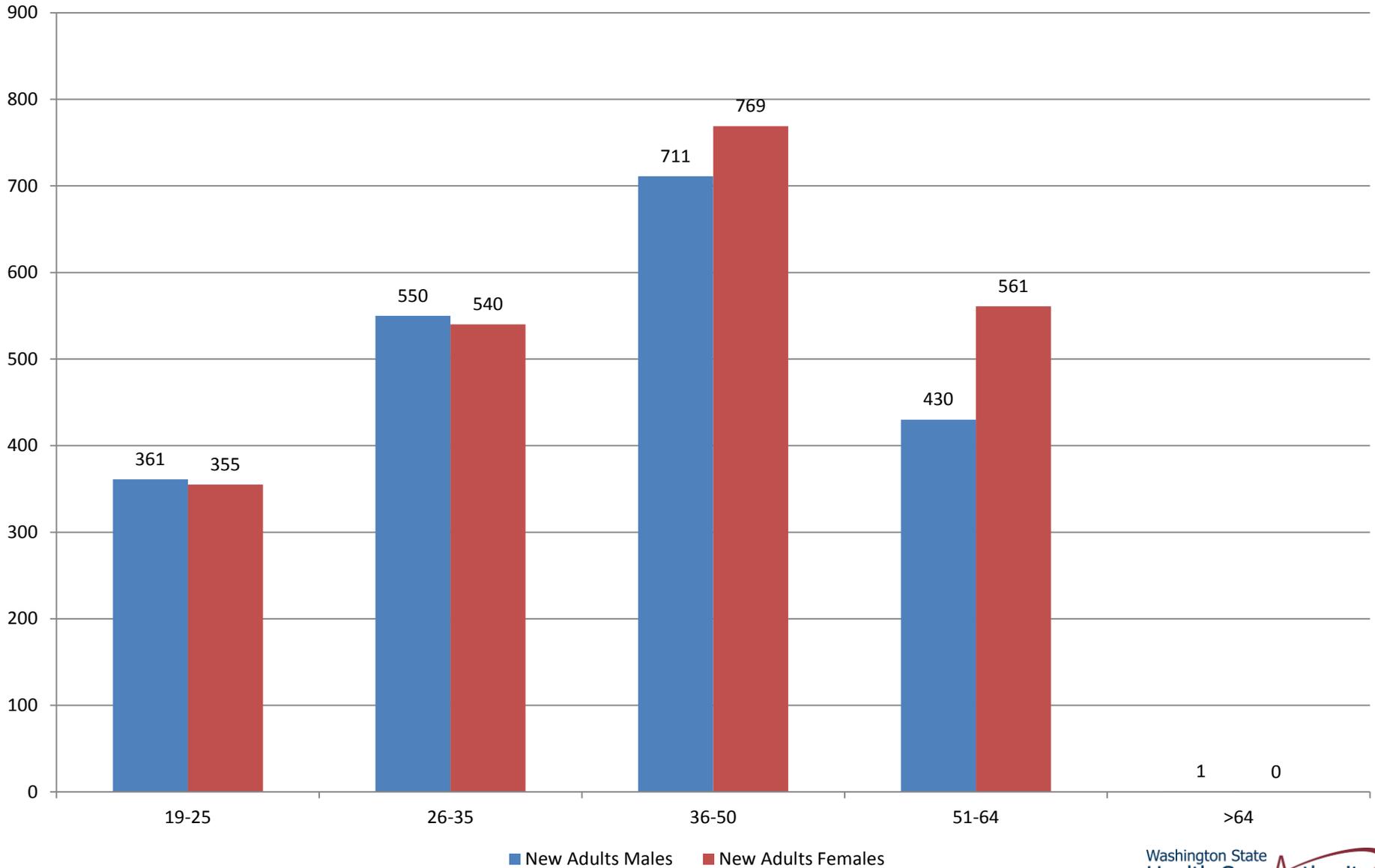


AI/AN Enrollments by Age Group & Gender

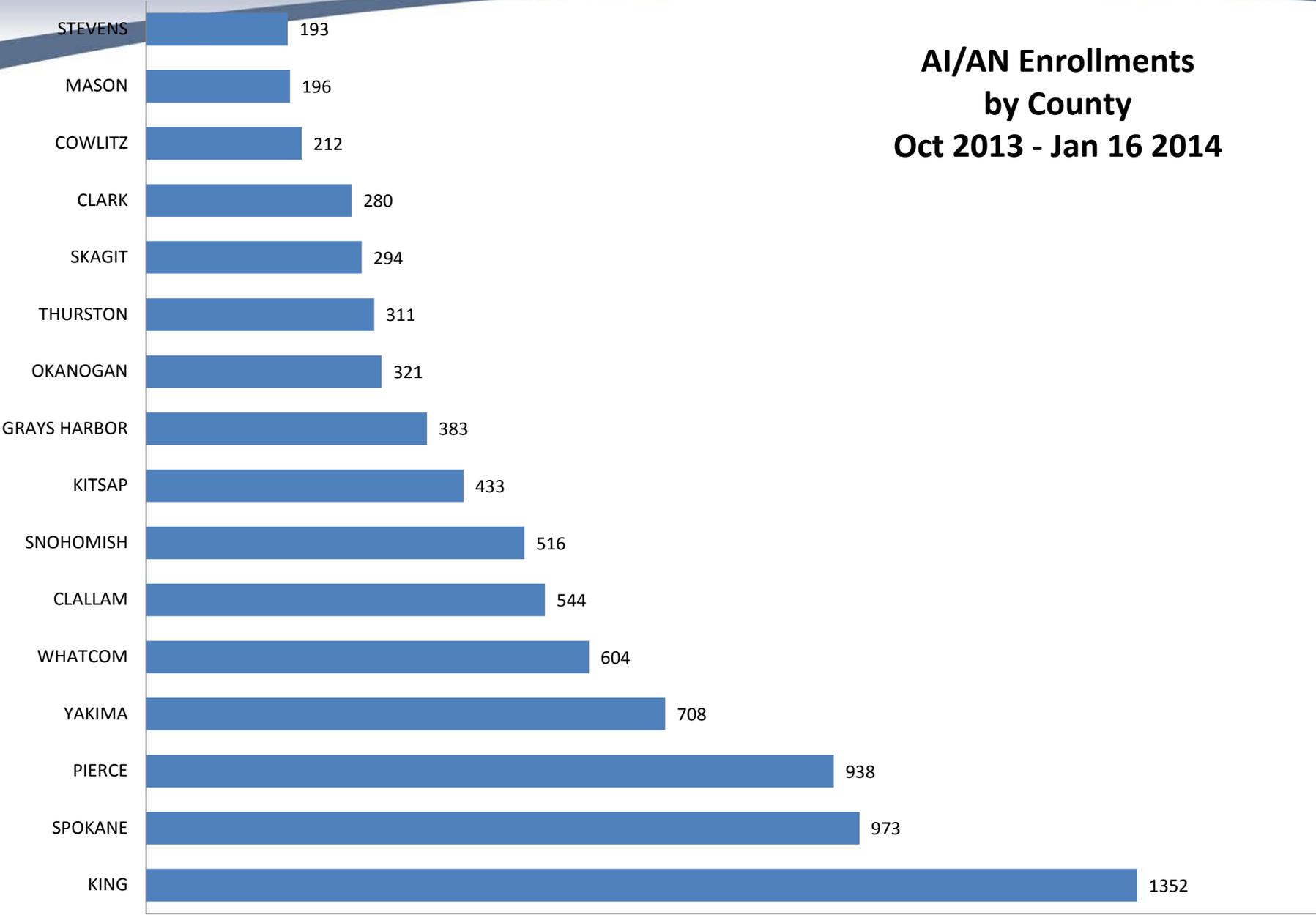
Oct 2013 - Jan 16 2014



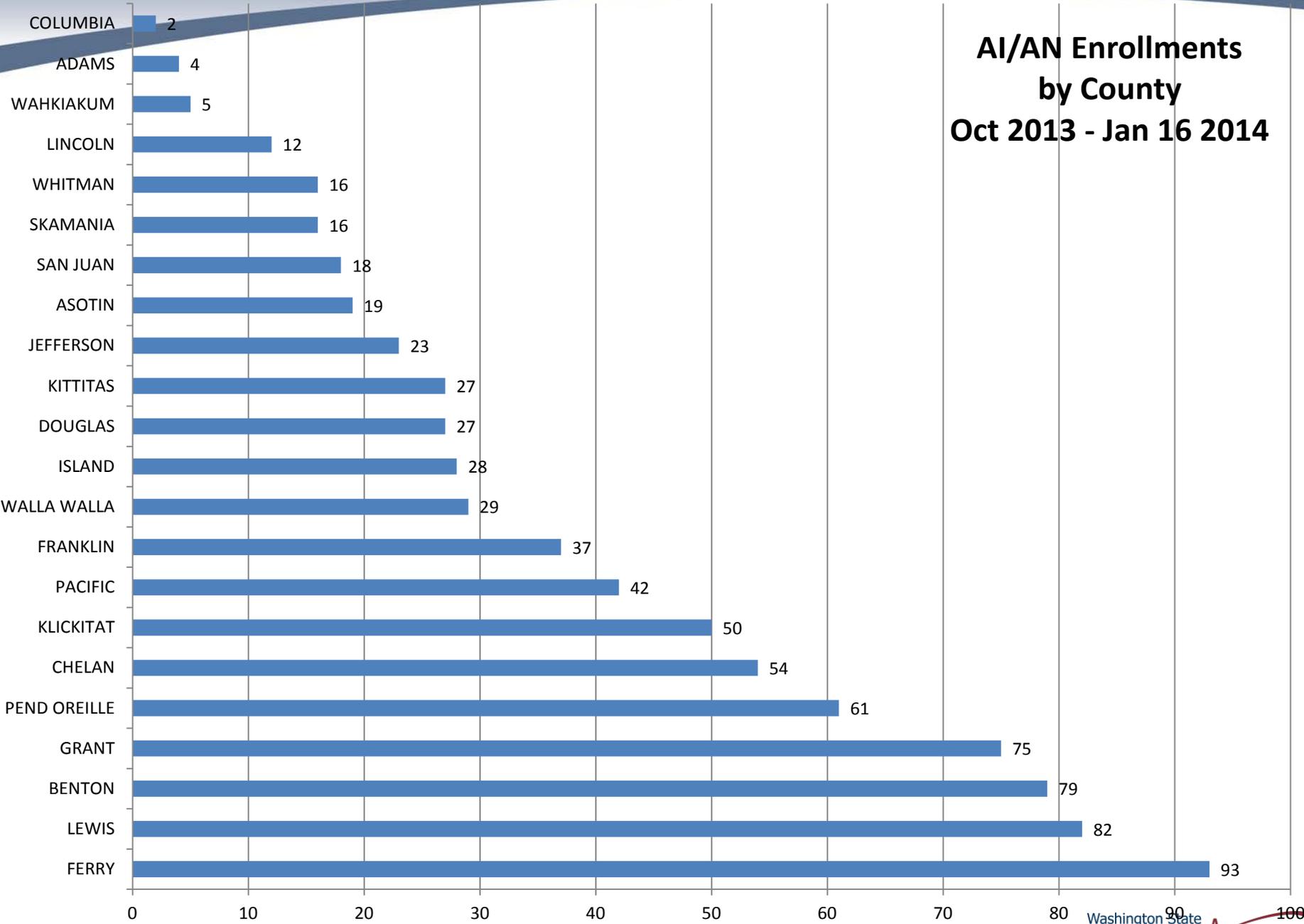
AI/AN New Adults by Gender Oct 2013 - Jan 16 2014



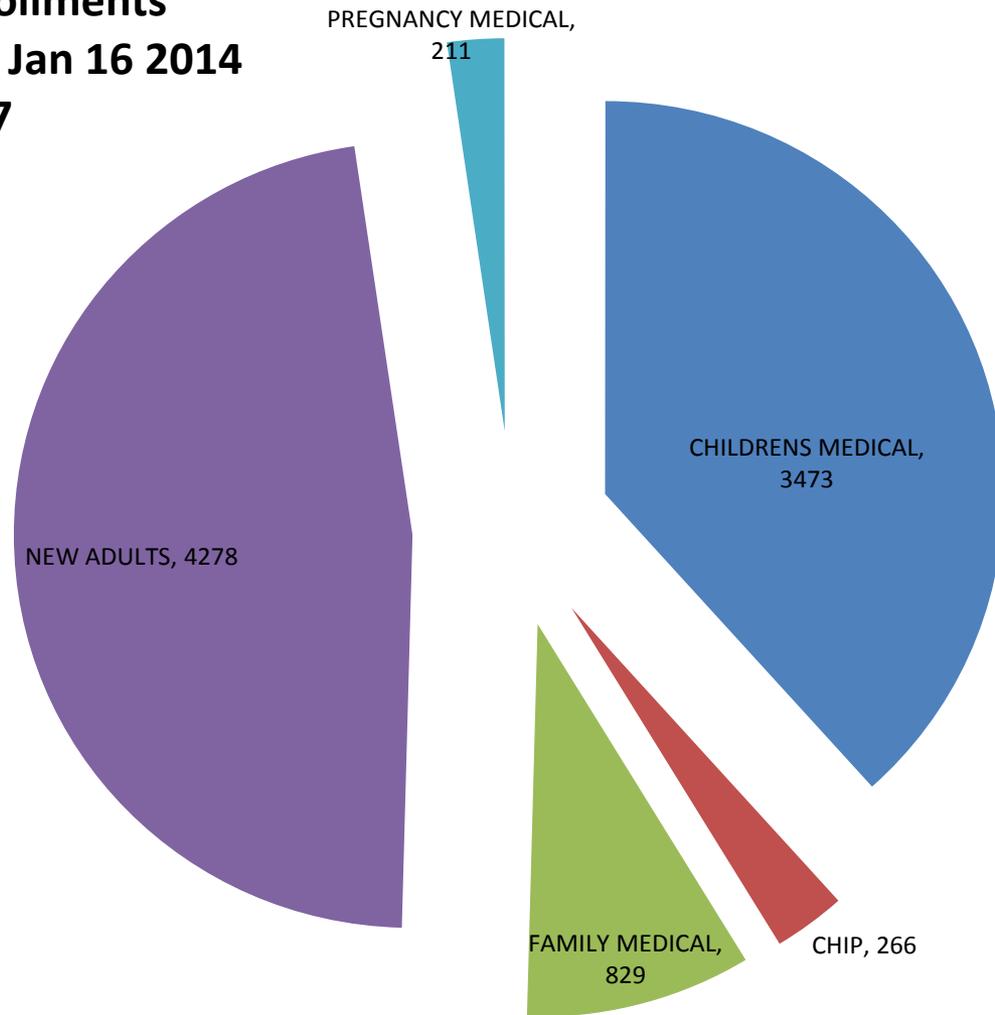
AI/AN Enrollments by County Oct 2013 - Jan 16 2014



AI/AN Enrollments by County Oct 2013 - Jan 16 2014



AI/AN Enrollments
Oct 2013 - Jan 16 2014
Total: 9057



For comments or questions, contact:

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360-725-1649