Washington State Health Care Authority

Monthly Medicaid Meeting

May 27, 2015

Jessie Dean
Office of Tribal Affairs

Agenda

1. Electronic Health Records (EHR) & Meaningful Use: Upcoming Developments
2. Planning for Joint-Agency Summit on State Health Reform
3. Waiver of Timeliness for RSN Modalities
4. Global 1115 Waiver
5. Fully Integrated Managed Care Model for Southwest Washington RSA
6. Medicaid Mental Health Technical Assistance Review Program
7. Apple Health Managed Care Monitoring Data
8. Medicaid Administrative Claiming (MAC) for Tribes
9. Miscellaneous

Washington State Health Care Authority

Electronic Health Records & Meaningful Use: Upcoming Developments

Washington State Health Care Authority

Electronic Health Records

Christine Chumley, Health Record Technology (HIT) Program Manager

CMS UPDATE:

Three proposed rules out for review

- Program changes for 2015-2017 (includes 90 day reporting period for 2015)
- 2015 Certification criteria updates for CEHRT (Certified Electronic Health Record Technology)
- Stage 3 to be optional in 2017 and mandatory by 2018

Washington is currently accepting attestations for program year 2015 under the existing rules. This applies if you are attesting for AIU (Adopt/Implement/Upgrade) or Stage 1 Year One.

Electronic Health Records

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

5

Planning of Joint-Agency Summit on State Health Reform

6

Washington State Health Care Authority

Planning for Joint-Agency Summit on State Health Reform

- At the DSHS Tribal Summit on April 7 – 8
  - Requests for more agency coordination
- HCA, DSHS, and DOH are beginning the planning for a joint-agency summit on state health reform
- We are looking to create a workgroup to develop the agenda for the summit

Washington State Health Care Authority

Planning for Joint-Agency Summit on State Health Reform

Please let me know if you are interested in participating in this agenda planning workgroup…

Washington State Health Care Authority

Tribal Billing, RSN Modalities, & Waiver of Timeliness Requirements

Washington State Health Care Authority

Tribal Billing & RSN Modalities

On October 1, 2012

HCA stopped paying IHS and Tribal 638 Facilities for the following RSN modality services billed through ProviderOne:

- Medication Monitoring (RSN Code H0033, H0034)
- Crisis Services (RSN Code H0030, H2011)
- Day Support (RSN Code H2012)
- Peer Support (RSN Code H0038)
- Stabilization Cervices (RSN Code S9484)
- Therapeutic Psycho-Education (RSN Code H0025, H2027)

Washington Apple Health

Washington State Health Care Authority

Waiver of Timeliness Requirements

Waiver of Timeliness Requirements for those RSN Modalities

Timeliness Requirements

- Initial claim submission – 1 year from date of service (WAC 182-502-0150(3)
- Claim resubmission – 2 years from date of service (WAC 182-502-0150(8).

Waived for IHS and Tribal 638 Facilities Only

- From April 1, 2015 through September 30, 2015
  - HCA will accept claims for the specific RSN modalities listed on the previous slide for dates of service from October 1, 2012 through September 30, 2014.
- After September 30, 2015
  - This waiver of the timeliness requirements will expire.

Washington Apple Health

Washington State Health Care Authority

Waiver of Timeliness Requirements

Please let Mike Longnecker or me know if you have claims that require this waiver in order to process payment…

Washington Apple Health

Washington State Health Care Authority

Global 1115 Waiver Update

Washington State Health Care Authority

Vision for Transforming Medicaid

Washington State Medicaid will actively engage and support individuals, providers and communities in achieving improved health, better care and lower costs through:

- Fully integrated managed care systems for **physical and behavioral health services** that more effectively provide whole person care
- Clinical-community linkages address **social and community-based service** needs that are critical to meaningfully engaging Medicaid clients in improving their health across the life course
- Cost-effective systems of care & supports that enable individuals to delay or avoid the need for Medicaid-financed services, including **long-term services and supports**
- **Sustainable funding streams** for a transformed health system through value-based purchasing, with 80% of payments to providers on the value-based continuum by 2019

A *waiver* enables Medicaid sustainability by guaranteeing a reduced growth rate in health costs.

Health Care Authority

Global 1115 Waiver Characteristics

Gives flexibility to use past and anticipated future federal savings for strategic, targeted investments

- Further transformation of LTSS systems in preparation for growing aging population
- Opportunity to achieve administrative simplification and standardized performance measurement across systems
- Flexibility to fund non-traditional Medicaid services for targeted populations
- Flexibility to phase-in innovations with demonstrated ROI.

Washington State Health Care Authority

1115 Waiver Proposal Limitations

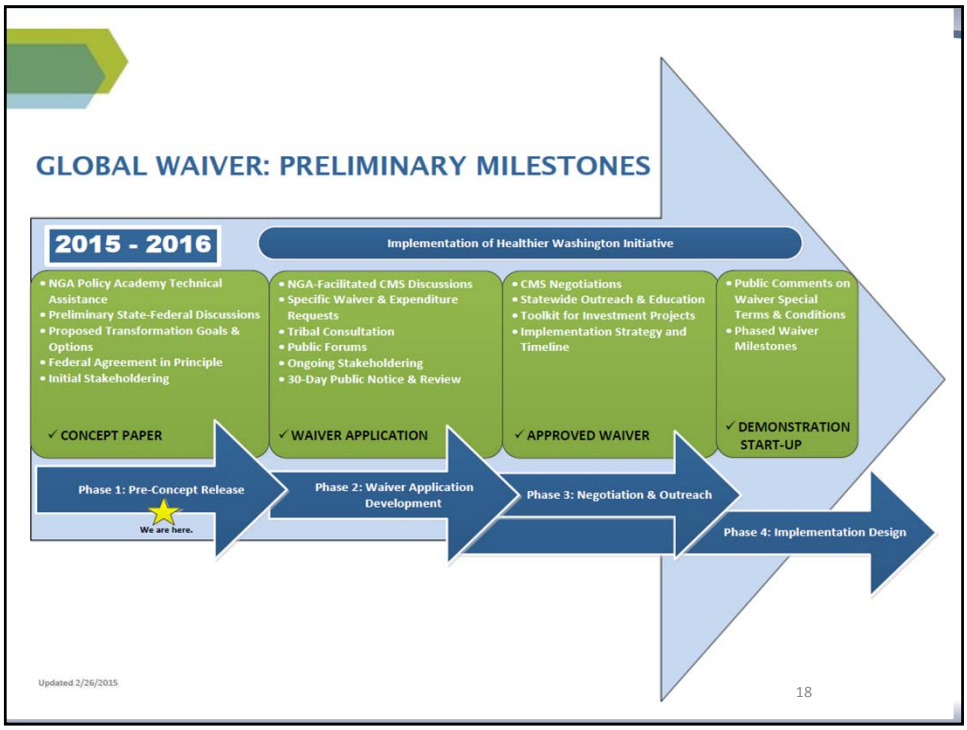
- **Investments cannot fund business as usual.**
  To demonstrate and evaluate new policy approaches:
  - *Changes in Medicaid eligibility, benefits, cost sharing, and provider payments*
  - *Providing services not typically covered by Medicaid*
  - *Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.*
- **Not a grant.**
  Investments must result in sustainable savings.
- **Waiver is not guaranteed.**
  We will need to make a strong case to obtain federal approval to reinvest federal savings.

Washington State Health Care Authority

1115 Waiver Requirements

- **Budget neutrality**
  - Must result in federal expenditures for the five-year demonstration period that are no more than what would have been spent in the absence of the waiver.
- **Five-year demonstration**
  - Expected savings and performance outcome milestones must be achieved within 5 years.
  - Transformation expected to be sustainable after period ends.
- **Rigorous evaluation**
  - Comprehensive evaluation is required to confirm or test the degree to which the program achieves the intended benefits.

Washington State Health Care Authority



Tentative Upcoming Dates

- **Late May/early June**
  Dear Tribal Leader Letter issued
  - *Global 1115 waiver concept paper*
  - *Tribal consultation request for mid-August*
- **Mid-June**
  Webinar on Global 1115 waiver concept paper
- **Late July/early August**
  Draft waiver application released
- **Mid-August**
  Feedback on draft waiver application received
  - Tribal consultation
  - Two public input sessions
- **Mid-September**
  Waiver application submitted to CMS

Tribal Workgroup

Washington State Health Care Authority

Global 1115 Tribal Workgroup

- First meeting to be scheduled for mid-June
- Plan to hold weekly one-hour meetings
  - Workgroup may revise schedule
- Target to present Tribal plan for Global 1115 waiver application at Tribal Consultation in mid-August

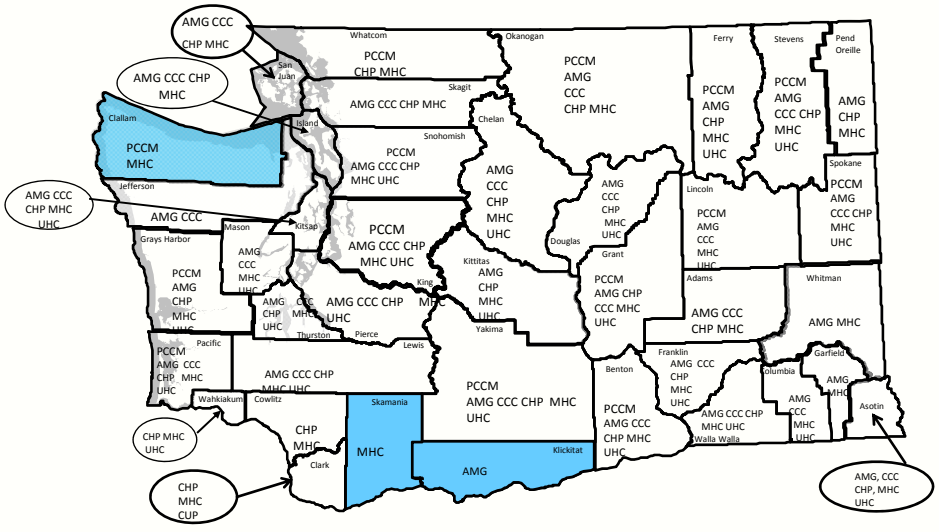
Please let me know if you are interested in participating in this workgroup…

Washington State Health Care Authority

Fully Integrated Managed Care in Southwest Washington RSA

Washington State Health Care Authority

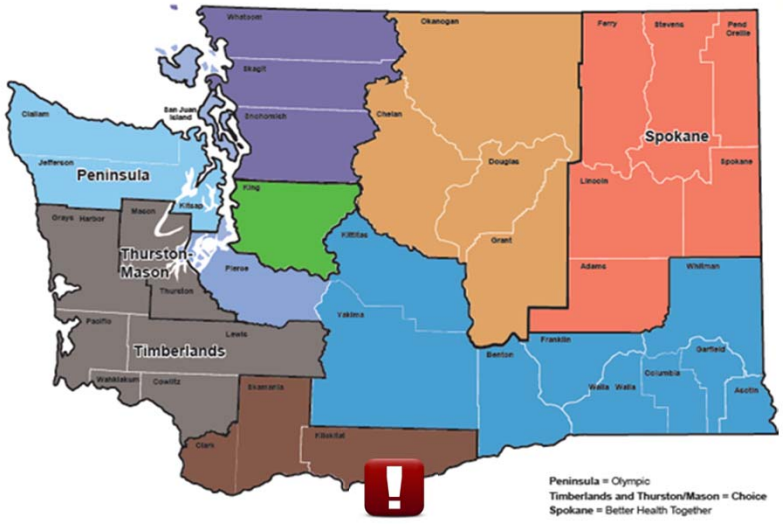
Apple Health Managed Care Services Areas Effective 1-1-15



Run Date: 12-8-14 Source: November ODS Data Warehouse 847.1 (most current) Total Population: 1,270,329

Washington State Health Care Authority

Regional Service Areas - 2016



Washington State Health Care Authority

FIMC RSA Model

DRAFT DRAFT

State

Medicaid Contract

Non-Medicaid Contract

Contract for Non-Medicaid Crisis Response Services

MCO has two groups of enrollees:
- Fully integrated services enrollees
- BH services only enrollees, e.g., AI/AN fee-for-service

MCO 2

MCO 1

Required sub-contract for Medicaid enrollees

BH-ASO

BH-ASO operates on a regional basis to provide insurance-blind crisis services to all residents and limited BH services (including SAPT-funded SUD residential) to individuals who are not eligible for Medicaid

MCO contracts directly for urgent/ routine or secondary crisis services for Medicaid enrollees, including:
- E&T and other diversion services
- MH inpatient/outpatient services
- Long term (14 day) crisis stabilization
- All routine services

Data reporting
Examples of behavioral health:
- DMHPs/CDPs – 24/7
- Crisis hot line – 24/7
- Crisis assessment/stabilization
- Mobile Crisis Outreach Teams
- ITA-associated costs

Continuum of Integrated Clinical Services

Individual Client

Washington State Health Care Authority

Services for Medicaid Enrollees

BH-ASO responsible for:

- **Regional Crisis Hotline**
  - Staffed by live person 24/7/365
  - Provides initial triage/documents calls and outcomes
- **Mobile Crisis Outreach Team**
  - Team staffed by MHPs (CDPs on call) who respond to crises, assess for mental health/drug related issues, provide initial stabilization, and refer to appropriate services (DMHP or other)
- **DMHPs (funded by GF-S only)**
  - Must be available 24/7 to conduct evaluation of need for emergency detention or to determine if person will receive appropriate care from triage facility or stabilization unit
  - File petitions for detentions
- **ITA Costs (funded by GF-S only)**
  - Testimony for ITA services
  - Reimburse county for Court costs associated with ITA

MCO responsible for:

- **Crisis Stabilization Services**
  - Available 24/7; often referred to as hospital diversion
  - Typically managed by specific programs
  - Services provided for up to 14 days by an MHP, CDP or DMHP to individuals experience a mental health crisis
- **Evaluation and Treatment Services**
  - Services provided in freestanding inpatient residential facilities or community hospitals to provide medically necessary evaluation and treatment services, including:
    - Evaluation, stabilization and treatment under direction of psychiatrist, nurse or other MHPs; discharge planning; nursing care; and clinical treatment including: individual an family therapy, milieu therapy, psycho-educational groups, pharmacology .
- **E&T room and board costs (GF-S only)**
- **All other urgent and routine physical/ behavioral health services**

Washington State Health Care Authority

Crisis Services – Key Principles

- One crisis system should serve the Medicaid/non-Medicaid populations on a regional basis.
- The crisis system should coordinate and intersect with the community, court system, first responders, inpatient/residential service providers, outpatient behavioral health system, and Medicaid Managed Care plans.
- Crisis system must consist of Designated Mental Health Professionals (DMHPs) and on-call Chemical Dependency Professionals (CDPs) available to serve everyone in the community 24 hours a day, seven days a week regardless of insurance type or uninsured.
- Managed care plans must be accountable (via performance or financial risk) for their beneficiaries use of the crisis system.
- The crisis system requires a blending of Medicaid and state-only funds in order to operate.

Washington State Health Care Authority

Crisis Services – Key Principles

- **Regional Crisis Hotline**
  - Staffed by live person 24/7/365
  - Provides initial triage/documents calls and outcomes
- **Mobile Crisis Outreach Team**
  - Team staffed by MHPs (CDPs on call) who respond to crises, assess for mental health/drug related issues, provide initial stabilization, and refer to appropriate services (DMHP or other)
- **DMHPS**
  - Must be available 24/7 to conduct evaluation of need for emergency detention or to determine if person will receive appropriate care from triage facility or stabilization unit
  - File petitions for detentions
- **ITA Costs (funded by GF-S only)**
  - Testimony for ITA services
  - Reimburse county for Court costs associated with ITA
- **Crisis Stabilization Services**
  - Available 24/7; often referred to as hospital diversion
  - Typically managed by specific programs, apart from initial/emergent crisis services
  - Services provided for up to 14 days by an MHP, CDP or DMHP to individuals experience a mental health crisis, in the persons home or a home-like setting
- **Evaluation and Treatment Services**
  - Services provided in freestanding inpatient residential facilities or community hospitals to provide medically necessary evaluation and treatment services
- **E&T Room and Board Costs**

Washington State Health Care Authority

Medicaid Mental Health Technical Assistance Review Program

Washington State Health Care Authority

Tribal Mental Health Attestation & Licensing

- 22 Tribes have completed the Behavioral Health Agency Tribal Attestation process with DSHS/BHSIA
  - Three year effectiveness
- 5 Tribes are licensed or in the licensing process for Behavioral Health Agencies with DSHS/BHSIA

Washington State Health Care Authority

Tribal Mental Health Attestation

Tribes attested that their behavioral health agencies follow WACs in the following areas:

- Agency administration
- Personnel
- Clinical
- Outpatient mental health services (if offered)
- Recovery support services (if offered)

Washington State Health Care Authority

HCA & DSHS Technical Assistance

- HCA and DSHS have begun a program to provide technical assistance to Tribes on their mental health program documentation and claims processes
- This program is not a licensing review, but it does involve reviewing the same records as a licensing review
- **Objective**
  - ***To help Tribes avoid findings in a CMS audit***

Washington State Health Care Authority

HCA & DSHS Technical Assistance

HCA conducts a review of:

- Tribe's mental health program policies and procedures
- Sampling of claims paid and substantiating chart notes

DSHS/DBHR conducts a review of:

- Mental health treatment plans and chart notes

Washington State Health Care Authority

HCA & DSHS Technical Assistance

- HCA and DSHS/DBHR offer recommendations for how Tribal behavioral health programs can improve their documentation and claims processes
- DBHR offers guidance on electronic health record templates for mental health chart notes and treatment plans

Washington State Health Care Authority

HCA & DSHS Technical Assistance

Please let me know if you would like to participate in this technical assistance program…

Washington State Health Care Authority

Apple Health Managed Care Monitoring Data

Washington State Health Care Authority

Apple Health Managed Care Quality Review

- ✓ MCO's are required to have National Committee for Quality Assurance (NCQA) accreditation at a level of "accredited" or better by December 31, 2015.
- ✓ MCO's are required to report performance measures that meet "HEDIS" specifications: Healthcare Effectiveness Data and Information Set is a set of standardized performance measures designed to ensure that health care purchasers and consumers have the information they need to reliably compare the performance of managed health care plans.
- ✓ MCO's help fund and participate in the design of the Clinical Data Repository.

Washington State Health Care Authority

Federal Requirements for States to Monitor Managed Care Organizations (MCOs)

- External Quality Review
  - Annual review of MCOs conducted by an external quality review (EQRO) organization (public report)
  - Annual validation of MCO performance measures (HEDIS audit by EQRO organization)
- Health Care Authority role
  - Structured monitoring of MCOs
  - Annual validation of MCO clinical and non-clinical performance improvement projects (PIP)
  - Day-to-day monitoring

37

Washington State Health Care Authority

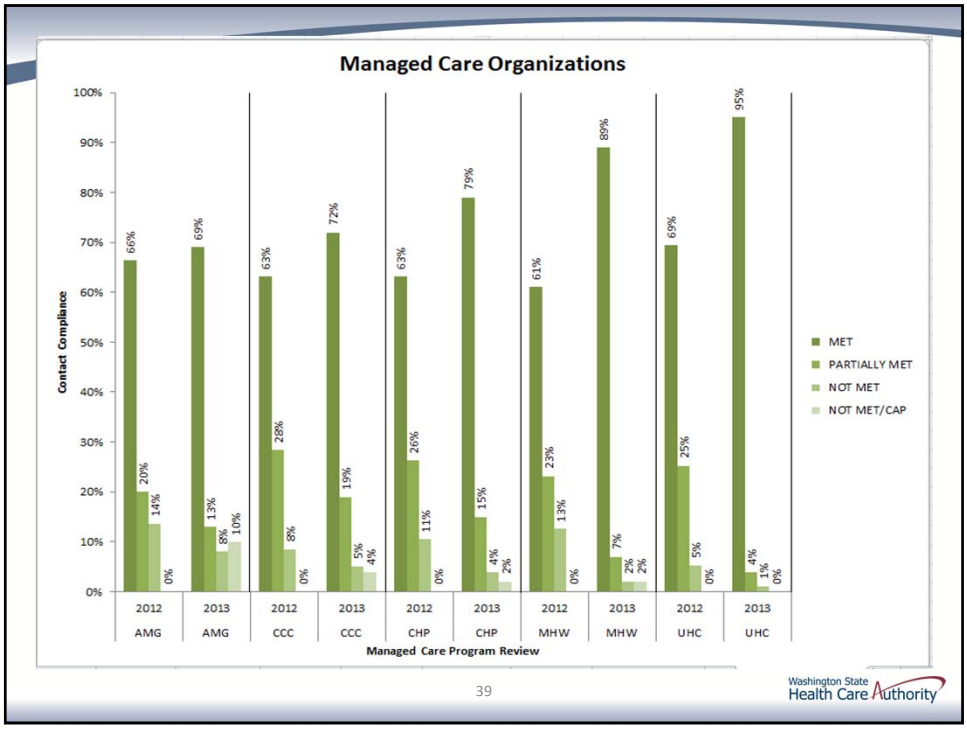
Structured Monitoring of MCOs

Areas reviewed based on federal requirements and monitoring protocols:

- Availability of services
- Coordination and continuity of care
- Program integrity
- Quality assessment and performance improvement
- Coverage and authorization of services (utilization management)

38

Washington State Health Care Authority



Washington State Health Care Authority

Childhood Immunization Status (CIS)

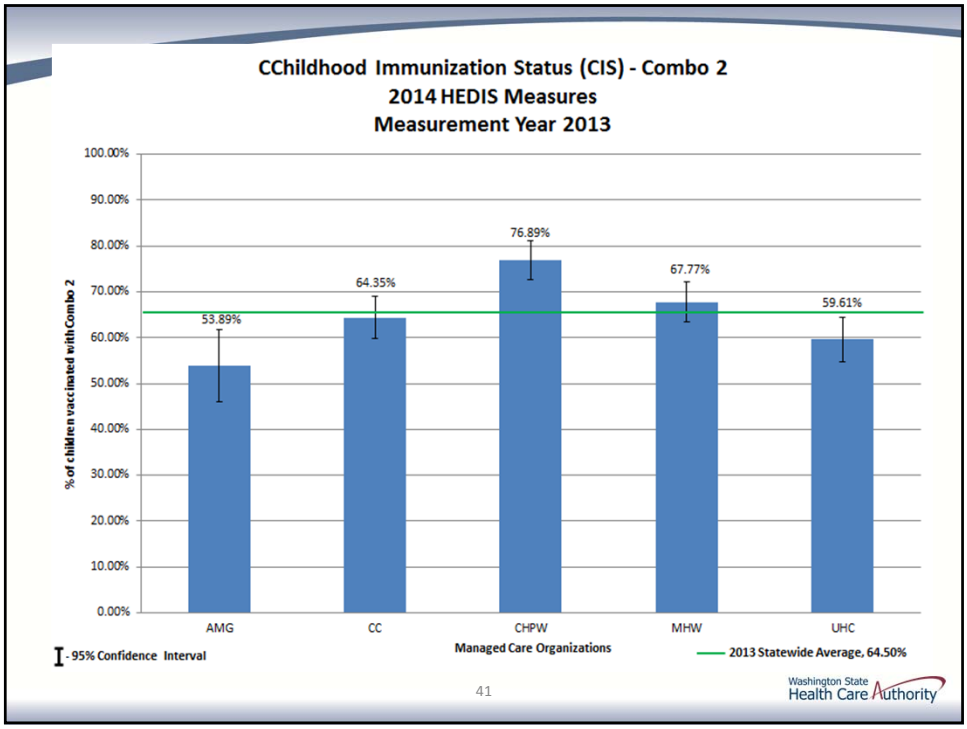
2014 HEDIS Measures
Measurement Year 2013

	DTaP	IPV	MMR	HIB	Hepatitis B	VZV	Pneumococcal Conjugate	Hepatitis A	Rotavirus	Influenza	Combo 2
AMG	61.68%	77.84%	79.64%	82.63%	83.23%	77.84%	62.87%	67.07%	53.89%	38.92%	53.89%
CC	72.92%	83.33%	86.57%	85.65%	81.25%	86.11%	72.92%	82.41%	66.20%	55.79%	64.35%
CHPW	79.81%	91.24%	90.51%	91.73%	90.75%	89.05%	79.32%	83.45%	70.80%	58.88%	76.89%
MHW	74.17%	89.18%	88.96%	89.18%	87.20%	87.64%	75.28%	75.28%	68.43%	53.42%	67.77%
UHC	66.18%	80.05%	81.51%	80.29%	76.40%	82.48%	71.29%	71.78%	60.34%	53.28%	59.61%
2013 Statewide Averages	**70.95%**	**84.33%**	**85.44%**	**85.90%**	**83.77%**	**84.62%**	**72.34%**	**76.00%**	**63.93%**	**52.06%**	**64.50%**

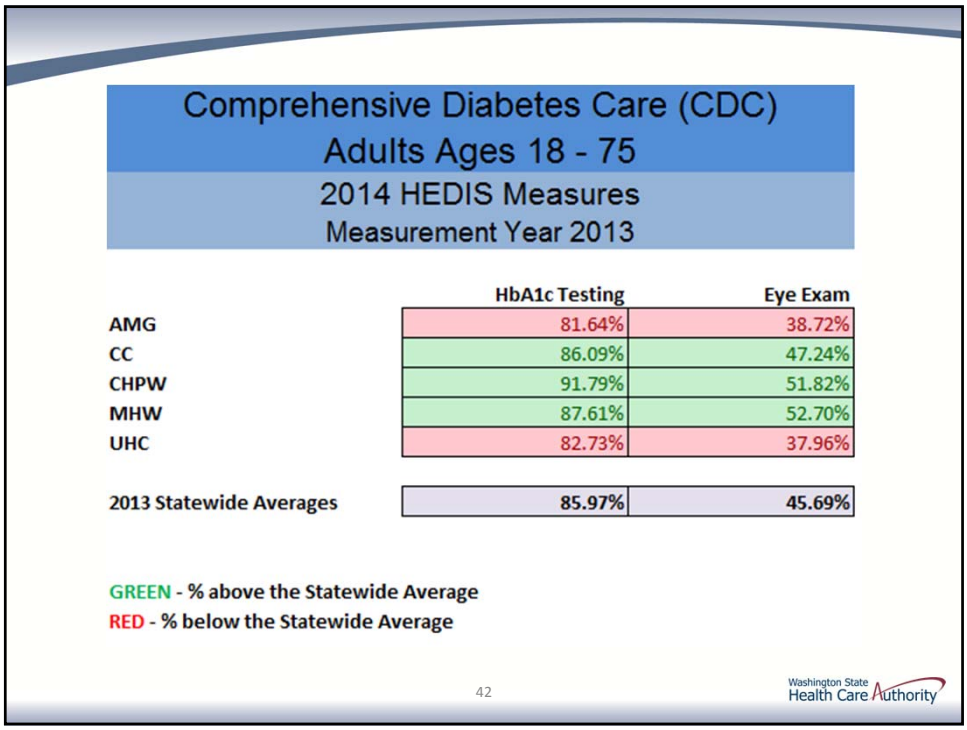
GREEN - % above the Statewide Average
RED - % below the Statewide Average

The percentage of children who received recommended vaccines before their 2nd birthday.

Washington State Health Care Authority

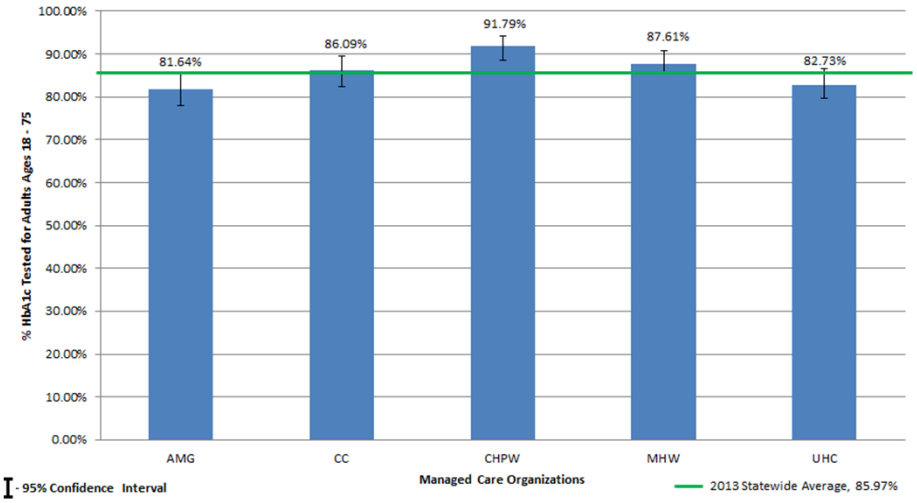

CChildhood Immunization Status (CIS) - Combo 2
2014 HEDIS Measures
Measurement Year 2013
% of children vaccinated with Combo 2
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
53.89%
64.35%
76.89%
67.77%
59.61%
AMG
CC
CHPW
MHW
UHC
Managed Care Organizations
95% Confidence Interval
2013 Statewide Average, 64.50%
Washington State Health Care Authority

41


Comprehensive Diabetes Care (CDC)
Adults Ages 18 - 75
2014 HEDIS Measures
Measurement Year 2013
HbA1c Testing
Eye Exam
AMG 81.64% 38.72%
CC 86.09% 47.24%
CHPW 91.79% 51.82%
MHW 87.61% 52.70%
UHC 82.73% 37.96%
2013 Statewide Averages 85.97% 45.69%
GREEN - % above the Statewide Average
RED - % below the Statewide Average
Washington State Health Care Authority

42

Comprehensive Diabetes Care (CDC) - HbA1c Testing
2014 HEDIS Measures
Measurement Year 2013



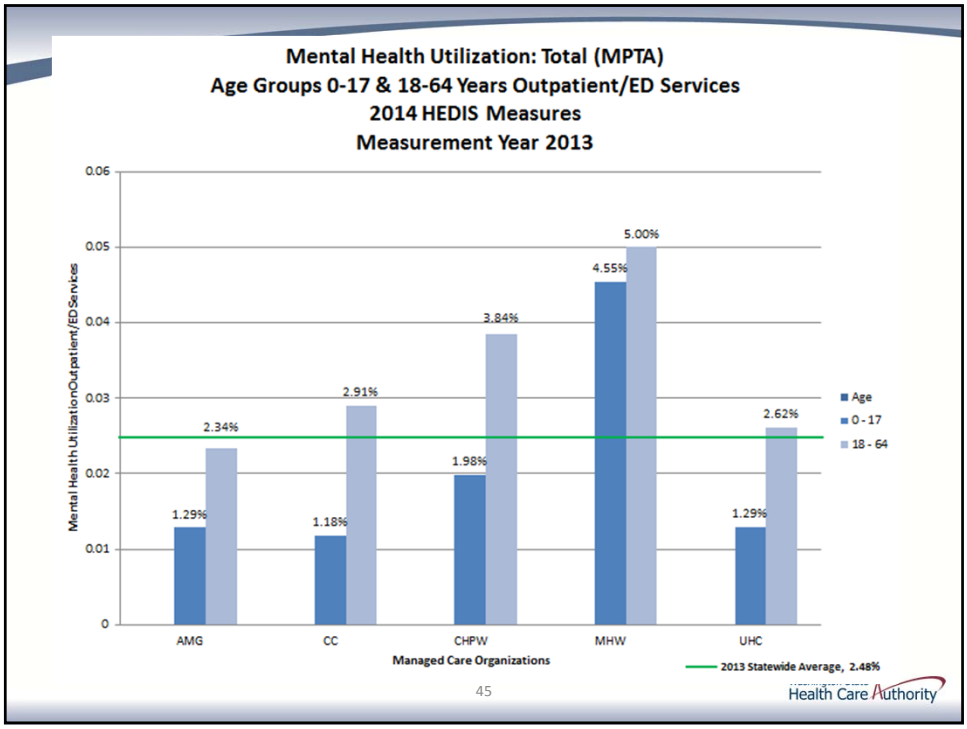
Washington State Health Care Authority

Mental Health Utilization: Total (MPTA)
Outpatient/ED Services
2014 HEDIS Measures
Measurement Year 2013

Age	Sex	AMG	CC	CHPW	MHW	UHC	Group Averages
0 - 12	M	1.14%	0.95%	1.64%	3.54%	0.94%	1.64%
	F	0.88%	0.59%	1.00%	2.25%	0.54%	1.05%
13 - 17	M	0.87%	1.11%	2.32%	4.63%	1.40%	2.07%
	F	2.25%	2.05%	2.97%	7.76%	2.27%	3.46%
18 - 64	M	2.19%	2.51%	3.53%	3.86%	2.69%	2.96%
	F	2.48%	3.30%	4.15%	6.14%	2.54%	3.72%
0 - 17	n/a	1.29%	1.18%	1.98%	4.55%	1.29%	2.06%
18 - 64	n/a	2.34%	2.91%	3.84%	5.00%	2.62%	3.34%
All Ages	M	1.40%	1.52%	2.50%	4.01%	1.68%	2.22%
	F	1.87%	1.98%	2.71%	5.38%	1.78%	2.74%

2013 Statewide Average	2.48%

Washington State Health Care Authority


Mental Health Utilization: Total (MPTA)
Age Groups 0-17 & 18-64 Years Outpatient/ED Services
2014 HEDIS Measures
Measurement Year 2013
Mental Health Utilization Outpatient/ED Services
0.06
0.05
0.04
0.03
0.02
0.01
0
1.29%
2.34%
1.18%
2.91%
1.98%
3.84%
4.55%
5.00%
1.29%
2.62%
AMG
CC
CHPW
MHW
UHC
Managed Care Organizations
Age
0 - 17
18 - 64
2013 Statewide Average, 2.48%
45
Health Care Authority


Tribal Medicaid Administrative Claiming (MAC) Program
46
Washington State Health Care Authority

Tribal MAC Program

- Earlier this year, some Tribes expressed concerns with providing non-Medicaid client information to HCA and its contractor for calculating the Medicaid Eligibility Rate.
- As a result, HCA worked with Tribes to modify the MAC Program to preserve privacy and meet CMS requirements for the MAC Program:
  - Each Tribe participating in the Medicaid Administrative Claiming (MAC) program will be responsible for calculating their Medicaid Eligibility Rate (MER) based on how they deliver services. This approach respects tribal sovereignty and reflects each Tribe's unique health delivery system.

Washington State Health Care Authority

Tribal MAC Program

Each Tribe may choose one or both of the following two MER calculations, which will ultimately result in one Medicaid administrative claim:

1. **Client-based MER calculation** - Based on native and non-native populations who receive services provided by the clinic staff, the Client-based MER is calculated as follows:

$$\text{MER} = \frac{\text{Total number of unduplicated Medicaid-enrolled clients served by the clinic}}{\text{Total number of unduplicated clients provided with services by the clinic}}$$

2. **Social Services-based MER calculation** – Program-specific and based on caseload, the Social Services-based MER is calculated as follows:

$$\text{MER} = \frac{\text{Total number of unduplicated Medicaid-enrolled clients served by the social service program}}{\text{Total number of unduplicated clients provided services by the program}}$$

Washington State Health Care Authority

Tribal MAC Program

- A Tribe may use medical databases (e.g., IHS-RPMS-MAC) to generate the data used to calculate a MER for each quarter. To count the numbers of Medicaid-enrolled clients, a Tribe will need to determine which of the clients on its client list are covered by Medicaid. For information on verifying Medicaid enrollment, see the Tribal MAC Coordinator's manual or http://www.hca.wa.gov/medicaid/mac/Pages/index.aspx.
- A Tribe submits its MER(s) for each quarter by completing and signing the Indian Nation Medicaid Eligibility Rate (MER) Worksheet and Certification Form and emailing the form to HCA.
- CMS requires HCA to conduct monitoring reviews in order to maintain the integrity of the MAC program. By participating in the MAC program, a Tribe agrees to maintain records that substantiate or support the data used in the calculations above and to make MAC records available on-site for HCA to review in accordance with mutually agreed upon timeframes, procedures, and protocols.

Washington State Health Care Authority

Tribal MAC Program

HCA will make available to Tribes the following two tracks to satisfy CMS monitoring and review requirements:

1. **Quarterly Data Submission to HCA**
   - Tribe sends HCA supporting data each quarter under signed confidentiality agreement.
   - HCA reviews the data.
   - If review finds any MER calculation errors, HCA and the Tribe work together to resolve any errors before payment. This track avoids the risk of overpayment.

2. **Tribal Self-Attestation**
   - Tribe retains documentation supporting the data used to calculate the MER.
   - HCA monitors Tribe's MER data over time for trends.
   - If a trend raises concerns, HCA consults with the Tribe to determine the cause for the trends.
   - If the review finds any MER potential calculation errors, HCA and the Tribe work together to identify the errors.
   - The Tribe refunds any overpayment.

Washington State Health Care Authority

Tribal MAC Program

Please let me know if you are interested in participating in the Tribal MAC Program…

Washington State Health Care Authority

Miscellaneous

Washington State Health Care Authority

2015 Remaining HCA Tribal Affairs Meetings

Tribal Billing Workgroup (TBWG)
Second Wednesday (*unless noted)
9:00-10:00 AM

June 10
July 8
August 12
September 9
October 14
November 12 (*Thursday)
December 9

Medicaid Monthly Meeting (M3)
Fourth Wednesday
9:00-10:00 AM

June 24
July 22
August 26
September 23
October 28
November 25
December 23

Washington State Health Care Authority

Status Updates Since March 25, 2015

Project	Status
Health Innovation Leadership Network (HILN) – Tribal and Urban Representatives	Nominated to serve on HILN: • Marilyn Scott, Upper Skagit • Nancy Johnson, Colville • Aren Sparck, Seattle Indian Health Board
Presentation on Medicaid coverage of behavioral health at CMS ITU Training	Completed
Research whether Medicaid IMD exclusion applicable to substance use disorder inpatient treatment facilities	Completed
Medicaid Administrative Claiming Program Revision	Completed
Definition of FQHCs and Tribal Clinics	Completed
Responses of MCOs to written questions for MCO-Tribal meeting on 2/13/2015	Received - Completed

Washington State Health Care Authority

Status Updates Since March 25, 2015

Project	Status
Medicaid Plan Selection	Complete - Implemented in Healthplanfinder
Cobell Settlement and Medicaid Eligibility	Complete – Cobell settlement amounts are not countable income in the month of receipt
Draft Fully-Integrated Managed Care (Early Adopter) Contract for Southwest Washington	Received comments; reviewing and revising.
Foster care medical and Tribal foster care	Working with AIHC on Tribal attestation form
ACH-Tribal Engagement Feasibility Study	Working with AIHC to research deliverables for statement of work
CMS-Required Inter-Governmental Transfer Process	Researching

Washington State Health Care Authority

Status Updates Since March 25, 2015

Project	Status
Tribal Health Homes	Working with two Tribes – currently on hold pending research
Tribal Consultation on April 17, 2015	Working on minutes of meeting
MCO-Tribal Meeting on May 8, 2015	Working on minutes of meeting
Pilot of Mental Health Technical Assistance Review at Tribe	Working on report to Tribe
Domestic Violence Perpetrator treatment and Medicaid coverage under Brief Intervention Treatment procedure	Researching
AI/AN Maternity Support Services and First Steps	Coordinating plan to assess barriers to Tribal billing of MSS and First Steps

Washington State Health Care Authority

Status Updates Since March 25, 2015

Open Item	Status
Replies to AIHC briefing papers/questions	No update
Expansion of AI/AN exemptions from Medicaid estate recovery	No update
Amendment to HCA Tribal Consultation Policy	No update
Review of AIHC Medicaid eligibility materials	No update
Expansion of HCA resources on AI/AN eligibility	No update
IHS Services and Medicaid spenddown	No update
Guidance regarding Tribal representation on ACH Governance Bodies	No Update
Tribal-State Data Workgroup	No update

Washington State Health Care Authority

Medicaid State Plan Amendments (SPAs) and Waivers: Notices Since March 25, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
1915(b) waiver (3/27/2015)	This SPA will allow the State to mandatorily enroll children and youth in foster care and adoption support programs throughout the state into a single Managed Care Organization in a new program called Apple Health Foster Care (AHFC). AI/AN children and youth will not be mandatorily enrolled in AHFC but will have the option to enroll in AHFC.
SPA 15-0015 (4/10/2015)	This SPA will allow government-operated hospitals to opt out of the certified public expenditure program using specific criteria.
SPA 15-0021 (5/7/2015)	This SPA would update the Apple Health Managed Care client assignment methodology, clarify the procurement process for HCA to obtain additional Managed Care Organization contracts, and update the list of services excluded from the Apple Health Managed Care benefit package (these services will be covered under HCA's fee-for-service system).

Washington State Health Care Authority

Medicaid State Plan Amendments (SPAs) and Waivers: Notices Since March 25, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
SPA 15-0024 & 15-0027 (5/8/2015)	If the legislature passes 2SSB 5152 and the operating budget as proposed by Governor Inslee, SPA 15-0024 will reflect the simplification of the Medicaid nursing facility rate methodology generally based on industry-wide costs. The legislature is also considering one of four different rate methodologies for adult family homes, assisted living facilities, independency providers, and agency providers. SPA 15-0027 will reflect the methodology adopted by the legislature.
SPA 15-0023 (5/14/2015)	This SPA would clarify the definition of reimbursement methodologies for claims paid under the fee-for-service Prescription Drug Program and describe the reimbursement methodology for drugs paid under the Physician Services program.

Washington State Health Care Authority

Medicaid State Plan Amendments (SPAs) and Waivers: Notices Since March 25, 2015

SPA#/Waiver# (Date of Letter)	Brief Description
SPA 15-0022 (5/26/2015)	This SPA would add the following to the list of covered services without regard to age: • Sealants on certain primary and permanent teeth • Prefabricated stainless steel crowns on certain primary and permanent teeth • Surgical and nonsurgical periodontal services • Oral parental conscious sedation, deep sedation, or general anesthesia • Behavior management
COPES & New Freedom Waiver Amendments (5/26/2015)	These waivers would be amended as follows: • Client Contacts – Case managers to make at least one additional contact during the service plan year. • Individual ProviderOne – New payment system for individual providers of respite and personal care to allow providers to make claims through secure web-based payment system and to be paid twice a month. • Nurse Delegation – Nurse Delegation will be removed as a COPES waiver service made available under the Community First Choice (CFC) program.

Washington State Health Care Authority

Thank you!

Office of Tribal Affairs & Analysis
Jessie Dean, Administrator (Direct Dial: 360.725.1649)
Mike Longnecker, Operations & Compliance Manager (Direct Dial: 360.725.1315)

- Email: **tribalaffairs@hca.wa.gov**
- Website: **http://www.hca.wa.gov/tribal/Pages/index.aspx**

Washington State Health Care Authority