Overview

Today:

Health care reform and its challenges led to four significant areas of HCA activity....

1. Coverage is Here: Medicaid Expansion
2. Service Delivery: Managed Care
3. Integration: HealthPathWashington
4. Innovation: The SIM grant project
Timeline for the ACA

2012

Aug-Dec 2012: HCA begins Medicaid operational stakeholdering
- Application Forms
- Renewals Process
- Quality Assurance
- Client Letters

2013

Mar-May 2013: OIC reviews plan filings

June 2013: HCA launches Medicaid awareness and education outreach campaign

Jun-Jul 2013: HBE’s first healthplanfinder advertising wave

July 2013:
- HCA’s training and community education
- DSHS upgrades WA Connection to accept premiums on line for CHIP, MEB and HWD.

May 2013: HBE selects lead for in-person assisters

May-July 2013: OIC reviews rate filings

Aug 2013: HBE Assistance system training begins
- CMS begins national outreach; second wave of HBE ads

July 2013: HCA’s primary care Medicaid rate increases (Jan 2013-Dec 2014).

Oct 1, 2013: Go Live
- HBE’s healthplanfinder web portal operational for open enrollment.

Jan 1, 2014: Coverage Begins
- Medicaid expands to include newly eligible adults

2014

Dec 31, 2014: HCA conversion to MAGI Medicaid complete for all eligible enrollees

Jan-Dec 2014: HCA phased implementation of further systems features (tbd)

Oct 2013-Mar 2014: HBE’s initial open enrollment ends Mar 31

Preparation

Awareness

Enrollment
New brand name for Medicaid

Medicaid Expansion opened the door to rebranding the state’s Medicaid program by capitalizing on the success of Apple Health for Kids five years ago. The new name is being phased in slowly, avoiding confusion and giving clients and providers time to adjust.
The Health Care Authority

- Largest health care purchaser in the state
- Biennial budget: $13.4 billion
- Mandate as prudent purchaser: The three-part aim
- Delivery system and community partnerships
- Multi-payer relationships
- Health Information Exchange
- Washington State’s lead agency for health care policy
Insurance coverage expansion
# Health care reform goals

## Anticipated Exchange-assisted enrollments, 2014-2015

<table>
<thead>
<tr>
<th></th>
<th>Medicaid (0-138% FPL)</th>
<th>HealthPlanFinder (139-400% FPL)</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>1,200,000</td>
<td>0</td>
<td>1,200,000</td>
</tr>
<tr>
<td>Jan. 1, 2014</td>
<td>+163,000</td>
<td>+130,000</td>
<td>+293,000</td>
</tr>
<tr>
<td><strong>Subtotals</strong></td>
<td><strong>1,363,000</strong></td>
<td><strong>130,000</strong></td>
<td><strong>1,493,000</strong></td>
</tr>
<tr>
<td>Jan. 1, 2015</td>
<td>+84,000</td>
<td>+150,000</td>
<td>+224,000</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>1,447,000</strong></td>
<td><strong>280,000</strong></td>
<td><strong>1,717,000</strong></td>
</tr>
</tbody>
</table>
Medicaid expansion impacts

Here’s how that anticipated enrollment boost shakes out:

• Age 19 – 64 who are not eligible for a current Medicaid program and are not entitled to Medicare and have income under 138% FPL (133% with a 5% disregard=138%)

For example:

At 138% FPL

• A one-person household is $1,322/month or $15,864/annually
• A three-person household is $2,246/month or $26,952/annually

Applicants who exceed these levels are referred within the Exchange to the subsidized plans (bronze, silver, gold, and platinum)
It is estimated in the first years that 500,000 people could be eligible for Apple Health (Medicaid) alone. In fact, analysts expect about 328,000 new clients will sign up for Apple Health in the first two years of reform.

These consumers will be considered “newly eligible” if their household income is below 133% federal poverty level -- effectively, 138% with a 5% standard disregard.

Post-reform income is based upon the household’s Modified Adjusted Gross Income (MAGI) – a calculation provided by the Exchange.
Aspects of Medicaid enrollment

- In addition to the newly eligible enrollment, Apple Health anticipates up to 78,000 “Welcome Mat” clients
  - These are residents – many of them children – who are currently eligible for Medicaid but apparently did not realize it
- Conversion of up to 800,000 current Medicaid/CHIP Recipients
  - Children (Apple Health for Kids),
  - Pregnant women
  - Families

These increases – plus the newly eligible – will bring the state’s anticipated 2015-16 health care caseload to more than $1.8 million.
UPDATE - Wash. health exchange: 9,452 applicants got coverage in the first week; most are in Medicaid

In first week, 9,452 in state sign up for health insurance

An additional 10,000 applications have been completed and are pending a payment process for enrollment through the state’s exchange, officials said as they released numbers Monday.

Here’s what Obamacare looks like when it works

Washington Health Plan Finder has one of the most troubled launch of any health marketplace, even more so than the glitch-plagued federal exchange.

When HealthCare.gov launched, shoppers could at least access the homepage. But in the Evergreen State, the entire marketplace site was down. If you tried to visit the site Oct. 1, you got internal server error messages.

This makes it all the more surprising that, six days later, Washington is now posting some of the highest enrollment numbers in the country. The state has had nearly 9,452 people sign up for coverage since Oct. 1. The enrollments have largely been in the Medicaid program, however, with just 216 people buying private insurance.
The pace of reform

Healthplanfinder had trouble hitting its stride initially. In its first two days of operation, the web portal enrolled only 326 new Medicaid clients. Then it found its footing:

<table>
<thead>
<tr>
<th>Web and Call Center Data: First week, 10/1-10/6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Visitors</td>
</tr>
<tr>
<td>Total Site Visits</td>
</tr>
<tr>
<td>Page Views</td>
</tr>
<tr>
<td>Unique Page Views</td>
</tr>
<tr>
<td>Accounts Created</td>
</tr>
<tr>
<td>Call Center Volume</td>
</tr>
<tr>
<td>Average Call Center Wait Times</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollments Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Health Plans</td>
</tr>
<tr>
<td>Medicaid Newly Eligible/Coverage Jan. 1</td>
</tr>
<tr>
<td>Medicaid/Immediate coverage</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applications Completed*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Health Plans</td>
</tr>
</tbody>
</table>
Week Two: Still on pace

Healthplanfinder continued its good track record during Week Two. Once again, Medicaid enrollments led the way:

**Web and Call Center Data: First week, 10/7-10/13**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique Visitors</td>
<td>270,851</td>
</tr>
<tr>
<td>Total Site Visits</td>
<td>1,423,673</td>
</tr>
<tr>
<td>Page Views</td>
<td>5,569,165</td>
</tr>
<tr>
<td>Unique Page Views</td>
<td>4,053,023</td>
</tr>
<tr>
<td>Accounts Created</td>
<td>66,776</td>
</tr>
<tr>
<td>Call Center Volume</td>
<td>53,039</td>
</tr>
<tr>
<td>Average Call Center Wait Times</td>
<td>18 minutes</td>
</tr>
</tbody>
</table>

**Enrollments Completed**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Health Plans</td>
<td>3,084</td>
</tr>
<tr>
<td>Medicaid Newly Eligible/Coverage Jan. 1</td>
<td>13,370</td>
</tr>
<tr>
<td>Medicaid/Immediate coverage</td>
<td>8,495</td>
</tr>
<tr>
<td>Total</td>
<td>24,949</td>
</tr>
</tbody>
</table>

**Applications Completed**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualified Health Plans</td>
<td>21,766</td>
</tr>
<tr>
<td>Total Qualified Health Plan applicants</td>
<td>37,252</td>
</tr>
</tbody>
</table>
What’s behind the good numbers

• Consumers can now complete a simple and streamlined application from any online connection

• Applications may also be submitted by phone, mail or walk-in
Applications enter through the new Washington Healthplanfinder web portal regardless of how it is submitted (phone, mail, walk-in or online).

Household information is data-matched against:

- SSA
- IRS (Federal Data Hub)
- Employment Security
- Other

PURPOSE - determine household’s Modified Adjusted Gross Income

GOAL: Real-time eligibility determination, consumer friendly and decisions made within 45 minutes. Currently, it can take up to 45 days before Medicaid applicants learn whether they are eligible.
Information comes back to the consumer displayed on the screen for confirmation – Is this correct?

- If correct – consumer clicks “yes”
- If incorrect – consumer clicks “no”
If “yes” and under 138% FPL...

Consumer is:

- Now Medicaid eligible
- Advised they are Medicaid eligible
- Ready to be enrolled in a managed care plan

Consumer receives a notification of approval on the spot
If “no” – data is corrected...

Consumer is asked to provide current household income by “self-attestation”

• If self-attestation of income is **under** 138% FPL, Medicaid is approved

• If self-attestation of income is **over** 138% FPL
  • Consumer is cycled back through the Exchange for an advanced premium tax credit subsidy determination
  • Exchange rules now apply related to income verification
Stakeholdering

Nearly 2,500 stakeholders, tribal members, community volunteers, managed care representatives and HCA staff have been trained to assist people in navigating the new coverage options that took effect on October 1.

Nearly 80 percent of those trainees attended a 24-city tour of the state during September.

But HCA’s stakeholdering work plan actually began more than two years before that, in 2011.

Washington State Medicaid also successfully recalculated pediatrician and family practice rates and brought them up to Medicare levels this summer – an increase of 70 to 90 percent for many adult codes. The new rates are guaranteed through 2015.

HCA created a suite of Apple Health (Medicaid) outreach materials to be used in training sessions for community-based volunteers, as well as toolkits distributed to libraries, faith-based organizations, schools and media outlets. The suite includes posters, info cards, fact sheets, talking points and a video, all available on our website and all translated into eight additional languages.
Posters

It’s new.
Is free or low-cost health care coverage for you?
Find out.
Apply online starting October 1, 2013, at www.wahealthplanfinder.org.
Get information today at www.hca.wa.gov/hcr/me.

Washington Apple Health

or call
(toll free)
1-855-WA-FINDER
(1-855-923-4633)
Info cards
Fact sheets
Community-based volunteers

- HCA-trained volunteers and staff are available to help prospective Medicaid applicants. These volunteers are located statewide and can assist Medicaid applicants through a variety of issues:

  ▪ **New applications:**
    - Assist individuals in applying for health care coverage through the new Washington healthplanfinder web portal. **Target Newly Eligible Adults** age 19-64 with income up to 138% FPL.

  ▪ **Transitions from other coverage:**
    - Support current Basic Health members as they use the new Washington healthplanfinder web portal (Oct-Dec 2013) to transition to coverage for January 2014
    - Follow up with Medical Care Services and ADATSA clients regarding their automatic conversion to coverage beginning January 2014

  ▪ **Renewals of Medicaid coverage:**
    - Encourage/assist current Medicaid recipients (children, parents, pregnant women) who must renew coverage using the new Washington healthplanfinder web portal during 2014 (and beyond)
Additional consumer assistance

To reach Washington residents through the Exchange, the state will rely on:

- **In-person assisters** (trained by lead organizations contracted by the Health Benefit Exchange) and agents and brokers.
- **Community-based volunteers** trained by HCQ in 21 cities during September. These volunteers will be focused primarily on Medicaid.
- **Washington healthplanfinder Call Center in Spokane**: A toll-free hotline has been launched by the Health Benefit Exchange.

**📞 Toll-free: 1-855-923-4633**

- **Medical Eligibility Determination Services (MEDS) in Olympia**: Newly trained staff who will provide program integrity by verifying eligibility declarations and self-attestation.
- **Medical Assistance Customer Service Center** will work with Exchange’s phone bank to sort out Medicaid problems and solutions.
Health care reform resources

- HCA home page: [www.hca.wa.gov](http://www.hca.wa.gov)
- Medicaid Expansion: [www.hca.wa.gov/hcr/me](http://www.hca.wa.gov/hcr/me)
- Apple Health tool kit: [www.hca.wa.gov/hcr/me/Pages/training_education.aspx](http://www.hca.wa.gov/hcr/me/Pages/training_education.aspx)
  Medicaid questions: [medicaidexpansion2014@hca.wa.gov](mailto:medicaidexpansion2014@hca.wa.gov)

- HBE “partners page” [www.wahbexchange.org/info-you/partners/](http://www.wahbexchange.org/info-you/partners/)

- Governor’s reform site: [www.coverageishere.wa.gov](http://www.coverageishere.wa.gov)
Managed care and service delivery
Managed care trending

• Fee for service, once the staple of health insurance, is now regarded as an inefficient system, one that rewards volume of therapy, not effective treatment.

• Medicaid programs across the country are trending to managed care, with some states aiming at 100 percent managed care contracts.

• About 74% of Medicaid clients nationally are served through managed care.
Managed care trending

- In Washington, Medicaid transferred more than 100,000 blind and disabled clients to managed care in 2012.

*Medicaid serves all 39 counties statewide.*

- Currently, Washington Medicaid serves 800,000 clients through managed care organizations. This represents about 83% of those clients eligible to receive full medical benefits.
In July 2012, the agency consolidated the Medicaid managed care program, Healthy Options, with the state's Basic Health Plan to:

- Improve care
- Reduce costs by expanding managed care
- Expand service delivery options
- Implement payment reform and quality control
Care coordination and system integration
Coordination and integration

Positive Outcomes
- Healthier communities
- Lower crime rates
- Living wage jobs
- More education attained
- Better management of chronic illness
- Less ER use and avoidable hospitalizations

Service Coordinators

Community Services
- Crisis intervention
- Housing subsidies
- Job training
- Information and referral
- Food security
- Youth and family support
- Education

Health Care Services
- Long-term care
- Chemical dependency
- Mental health
- Medical and dental

Washington State Health Care Authority
The promise of Health Homes/Accountable Care

- A bridge to integrating services and programs
- Assigned care coordinator plays key role in facilitating services and engaging the client in self-care activities
- **Delivery & Accountability:** Solve the problem of fragmented service delivery and accountability (medical and non-medical) for high risk populations
- **Serving the Most Vulnerable:** Service needs and risk factors overlap for high-risk populations, who have historically received poorly coordinated and managed care
- **Improve Quality:** Align financial incentives and quality performance to achieve outcomes
- **Way of the Future:** Federal/state legislative direction
Duals Demonstration Projects

• “HealthPathWashington”
  Designed to better integrate primary and specialty care, behavioral health, and long-term services and support for individuals eligible for Medicare and Medicaid (“duals”)

• Testing two different models:
  ▪ **STRATEGY 1: JULY 1, 2013** Health home FFS model delivered to dually eligible individuals throughout the state (except King and Snohomish)
  ▪ **STRATEGY 2: JULY 2014** Fully integrated capitated managed care model delivered in both King and Snohomish counties
Statewide innovation
State Innovation Models is a national effort and grant program of the Center for Medicare and Medicaid Innovation (CMMI) to identify and spread health practices that result in better health and better care at lower cost.

Last fall, our state applied for a multi-million dollar SIM grant. We weren’t selected, but we were one of three states awarded a $1 million planning grant to fund collaborative development of a five-year plan for health innovation. The effort is called: State Health Care Innovation Planning -- SHCIP
THE 5-YEAR PLAN to improve health in Washington State is being developed via a collaborative process

Purpose
Identify and spread successful practices already in use in Washington that deliver better health & better care at lower cost. The plan also will test innovative payment and service delivery models with the potential to lower costs for Medicare, Medicaid and CHIP, while:

- Improving or maintaining quality of care
- Raising community health status
- Reducing long-term health risks for beneficiaries

Goal
Refresh our approaches for health & health care improvement through evidence-driven approaches, innovation, collaboration and full use of the “levers” at our disposal.
Keeping people healthier is one of the most effective ways to reduce health care costs. The State Health Care Innovation Planning process will consider disease prevention and community-based programs to increase our ability to live longer, healthier & more productive lives.
SHCIP IS:

- An opportunity, with federal support, to refresh, and align key Washington strategies to improve health and health care delivery for our people and communities.
- A WORK PLAN that allows us to apply for up to $20-$60 million to support implementation of our multi-payer delivery system and payment reform model.

SHCIP IS NOT:

- A six-month rewrite of our 2012 Testing Grant application. The five-year effort is focused on a plan that improves health care delivery and quality for citizens of the state.
- The second round of CMMI Health Care Innovation Awards. SHCIP is not connected to a grant program announced in mid-May.
Questions?

Apple Health questions:
medicaidexpansion2014@hca.wa.gov

MaryAnne Lindeblad, State Medicaid Director
360-725-1040 maryanne.lindeblad@hca.wa.gov

Manning Pellanda, Assistant Director
Eligibility Policy and Service Delivery, Health Care Authority
360-725-1413 manning.pellanda@hca.wa.gov