

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 12, 2021

Susan Birch, Director
Dr. Charissa Fotinos, Acting Medicaid Director
Health Care Authority
Post Office Box 45502
Olympia, WA 98504-5010

Re: Washington State Plan Amendment (SPA) 21-0018

Dear Director Birch and Dr. Fotinos:

The Centers for Medicare & Medicaid Services (CMS) completed review of Washington's State Plan Amendment (SPA) Transmittal Number 21-0018 submitted on August 9, 2021. The purpose of this SPA is to update managed care enrollment processes.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Washington Medicaid SPA Transmittal Number 21-0018 is approved effective July 1, 2021.

If you have any questions regarding this amendment, please contact Rick Dawson at (206) 615-2387 or via email at Rick.Dawson@cms.hhs.gov.


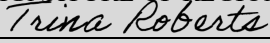
Sincerely,

Shantrina
Roberts -S

Digitally signed by
Shantrina Roberts -S
Date: 2021.10.12 15:10:34
-04'00'

Shantrina Roberts
Deputy Director
Division of Managed Care Operations

cc: Ann Myers
Lynn DelVecchio
Tonya Dobbins

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0018	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a) -1932(a) of the Social Security Act		7. FEDERAL BUDGET IMPACT:	
		a. FFY 2021 \$0	
		b. FFY 2022 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-F Part 2 pages 16, 17		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-F Part 2 pages 16, 17	
10. SUBJECT OF AMENDMENT: Managed Care Enrollment Process Update			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt	
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: Charissa Fotinos, MD		Ann Myers	
14. TITLE: Interim Medicaid Director		Rules and Publications	
15. DATE SUBMITTED: August 9, 2021		Division of Legal Services	
		Health Care Authority	
		626 8 th Ave SE MS: 42716	
		Olympia, WA 98504-2716	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 9, 2021		18. DATE APPROVED: October, 12, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Director, Division of Managed Care Operations	
23. REMARKS: Pen and ink changes to box 6 approved 10/01/21.			

APPLE HEALTH MANAGED CARE

Citation

Condition or Requirement

SSI beneficiaries are assigned using the same methodology as all other beneficiaries and receive the same enrollee materials.

Newly eligible beneficiaries receive a notice from HCA that contains a link to the online "Welcome to Apple Health" booklet, which contains basic information about Medicaid, how to enroll in Apple Health Managed Care, and other information. This booklet can be requested in paper form from HCA if the beneficiary prefers it in hard copy.

Beneficiaries also receive a handbook from the MCO produced from an HCA-developed template for Apple Health Managed Care as part of the welcome packet.

a. If applicable, please check here to indicate that the state provides an **enrollment choice period**, as described in 42 CFR 438.54(d)(2)(i), during which individuals who are subject to mandatory enrollment may make an active choice to select a managed care plan, or will otherwise be enrolled in a plan selected by the state's default enrollment process.

i. Please indicate the length of the enrollment choice period:

b. If applicable, please check here to indicate that the state uses a **default** enrollment process, as described in 42 CFR 438.54(d)(5), for individuals who are subject to mandatory enrollment.

i. If so, please describe the algorithm used for default enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (5), (7), and (8).

The state default assignment algorithm is based on network adequacy, and performance under two HEDIS Clinical Performance measures and one Administrative measure (Initial Health Screen).

In addition, in an effort to ensure a robust network of viable MCOs that, in turn, offer adequate networks of providers within each region, the state may limit default assignments to an MCO once it reaches a level of market share that could adversely affect the ability of other MCOs to meet network adequacy requirements. This cap does not affect:

- (i) Voluntary plan choices by clients;*
- (ii) The Family Connect policy; or*
- (iii) The Plan Reconnect policy.*

In addition, as noted below, clients retain the opportunity to change plans, regardless of the cap.

APPLE HEALTH MANAGED CARE

Note: managed care enrollment is continuously open; enrollees may change MCOs monthly without cause.

The Family Connect policy is enrolling a family member into the same Apple Health - Integrated Managed Care plan that other family members are enrolled in. Family Connect policy was implemented in order to keep all family members in the same health plan; having family members with different health plans goes against industry standards and results in increased system issues and care coordination concerns.

“Plan Reconnect” means an individual who has regained eligibility for Apple Health - Integrated Managed Care and who was enrolled in an Apple Health contractor (Apple Health Managed Care or Apple Health - Integrated Managed Care) within the six (6) months immediately preceding reenrollment. The Reconnect policy ensures clients are connected with the same health care providers and eliminates confusion being assigned to a different plan. Many clients may lose eligibility, but then are reinstated within 6 months and this allows for a smooth transition.

- c. If applicable, please check here to indicate that the state uses a **passive enrollment** process, as described in 42 CFR 438.54(d)(2), for individuals who are subject to mandatory enrollment.
- i. If so, please describe the algorithm used for passive enrollment and how it meets all of the requirements of 42 CFR 438.54(d)(4), (6), (7), and (8).