

Washington Apple Health

Senate Ways and Means

January 30, 2023

Dr. Charissa Fotinos
Medicaid Director

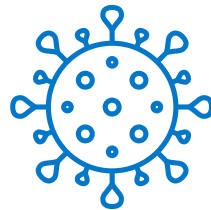
Megan Atkinson
Chief Financial Officer

Washington State
Health Care Authority 

Presentation overview

- ▶ The Consolidated Appropriations Act and unwinding Apple Health continuous coverage due to the Public Health Emergency (PHE)
- ▶ Managed care quality and performance
- ▶ Program Integrity

Consolidated Appropriations Act



PHE, continued coverage, and the Consolidated Appropriations Act (CAA)

- ▶ Due to the PHE, most clients have remained covered on Apple Health since March of 2020
- ▶ Continuous eligibility requirement ends as of March 30, 2023, so HCA anticipates starting normal operations as of April 1, 2023
- ▶ People may terminate coverage, thereafter, expecting the highest numbers to start disenrolling starting June, July and August of this year, extending 12 months to April 2024.
- ▶ Phases down Federal Medical Assistance Percentage (FMAP), which is the federal share of the financing for Medicaid (a state/federal partnership program)
- ▶ Note: This does not end the PHE (we still expect the 60-day notice from HHS when the PHE ends)

Medicaid/CHIP Impacts-FMAP

▶ Enhanced FMAP is phased out over 2023:

- ▶ Q1 (Jan-Mar) 2023 6.2%
- ▶ Q2 (Apr-Jun) 2023 5%
- ▶ Q3 (July-Sep) 2023: 2.5%
- ▶ Q4 (Oct-Dec) 2023 1.5%
- ▶ Q1 (Jan) 2024 normal FMAP % applies

▶ CCA and CMS requires certain actions for states to draw down enhanced FMAP

- ▶ All redetermination requirements must be adhered to; and states must make “good faith” efforts to have up to date contact information of clients
- ▶ Medicaid programs not in compliance with federal reporting requirements will have a FMAP penalty applied
- ▶ Between April 1, 2023-June 30, 2024 HHS can enforce corrective action plans, and CMS may suspend terminations and impose \$100k/day of noncompliance.

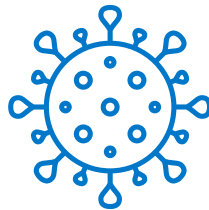
Agency goals

- ▶ Ensure people are provided opportunity for continued coverage.
- ▶ For people no longer eligible for Medicaid referral to other coverage options:
 - ▶ Provide clear, current, easy to understand information about other health care coverage options.
 - ▶ Communicate early and in multiple ways.
- ▶ Key messages:
 - ▶ Keep your contact information up to date.
 - ▶ Remember to complete your renewal(s).
 - ▶ Important to respond in a timely way to requests asking you for information.
 - ▶ If you no longer qualify for Apple Health coverage, you may be able to get affordable, high quality health coverage through Washington Healthplanfinder. Visit [wahealthplanfinder.org](https://www.wahealthplanfinder.org) or call 1-855-923-4633.

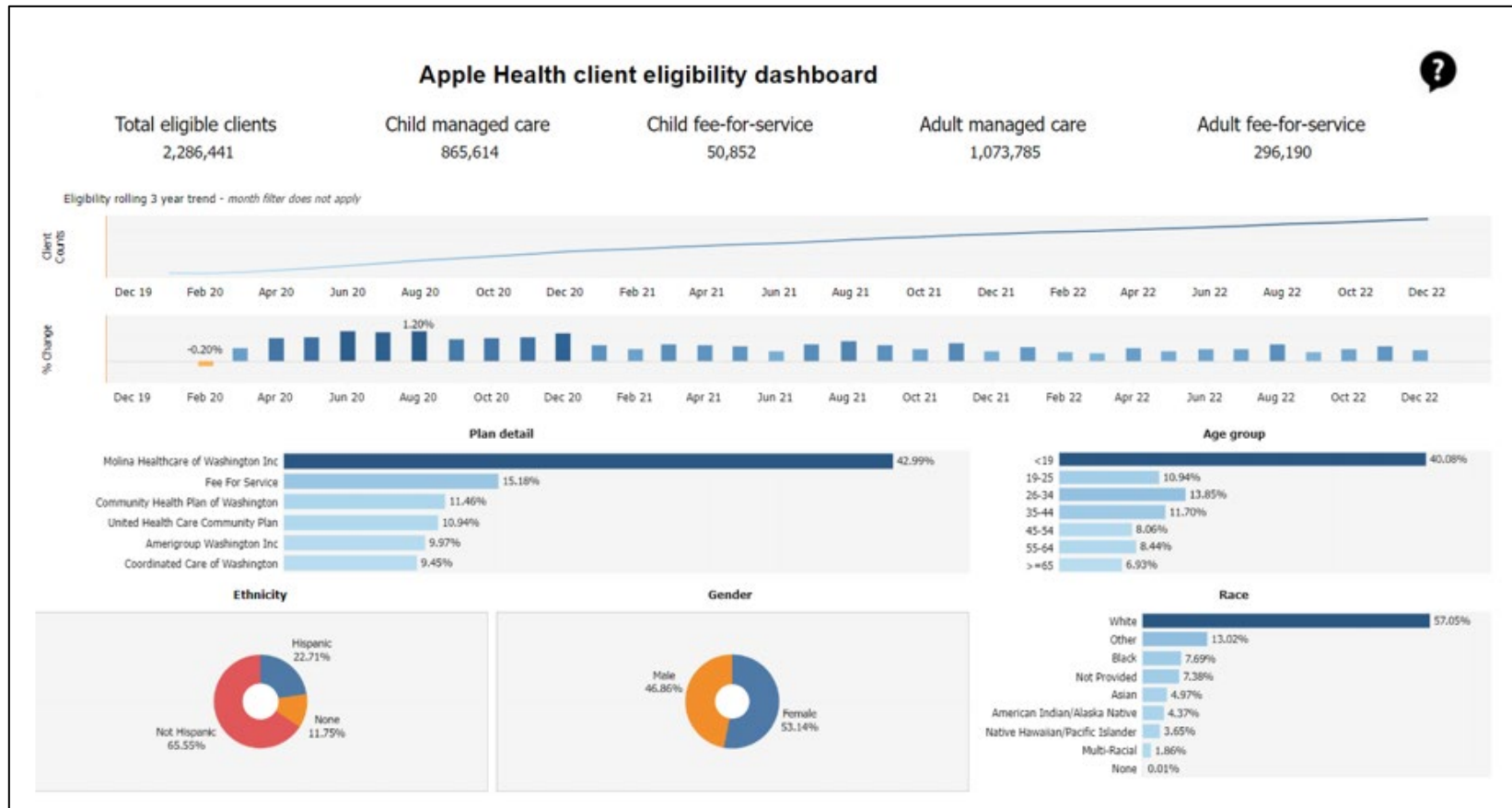
Additional CCA Medicaid/CHIP impacts

- ▶ Extends CHIP funding for an additional 2 years through **FY 2029**
- ▶ Requirement to provide 12-month continuous eligibility for kids effective **1/1/2024**
- ▶ Makes the state plan postpartum option permanent
- ▶ Effective **1/1/2025**, Medicaid and CHIP must provide specific services to youth 30 days pre and post release from an institutional setting
 - ▶ Also, removes FFP limits on youth pending disposition of charges

Impact on Apple Health (Medicaid)



Impacts on Apple Health



Redeterminations

- ▶ HCA anticipates resuming normal operations as of April 1, 2023
 - ▶ HCA did not submit a decision package and absorbing additional workloads using existing resources and temporary staffing
- ▶ Clients will receive a renewal notice prior to the end of their renewal period sometime over the next 12 months to redetermine their eligibility.
- ▶ Roughly 300,000 clients may be impacted during the 12-month redetermination period
 - ▶ All clients can renew their coverage prior to any closure or transition of coverage

Impact by county

Clients eligible due to continuous enrollment by county

Combined total of MAGI and Classic clients

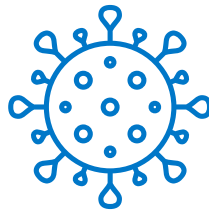
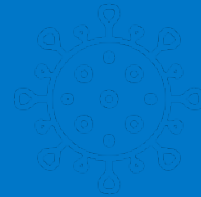
Data pulled 01/13/2023.

County	Number of clients	County	Number of clients	County	Number of clients
Adams	1,949	Grays Harbor	5,217	Pierce	51,079
Asotin	1,222	Island	3,374	San Juan	825
Benton	12,724	Jefferson	1,879	Skagit	7,562
Chelan	5,464	King	99,780	Skamania	405
Clallam	4,516	Kitsap	12,036	Snohomish	39,965
Clark	25,211	Kittitas	2,161	Spokane	35,941
Columbia	227	Klickitat	1,253	Stevens	2,847
Cowlitz	7,107	Lewis	5,856	Thurston	14,883
Douglas	2,856	Lincoln	697	Wahkiakum	265
Ferry	477	Mason	4,090	Walla Walla	3,401
Franklin	7,375	Okanogan	3,029	Whatcom	12,562
Garfield	117	Pacific	1,402	Whitman	1,849
Grant	7,590	Pend Oreille	897	Yakima	21,506

MCO Re-procurement update

- ▶ **Planning:** In 2022, HCA started an internal work group to research and assess strategy for a re-procurement of managed care plans in WA
- ▶ **Timing:** Re-procurement was intended for January 1, 2025. Efforts are currently paused as a result of PHE extensions and unwinding work, which is scheduled for April 1st.
 - ▶ Our focus is on helping clients through redeterminations and transitioning coverage, as necessary.
- ▶ **Why a re-procurement is still important:**
 - ▶ It's been over a decade since the last procurement.
 - ▶ Certain accountability measures and significant contract changes are only achievable through procurement
 - ▶ Procurement allows the state to rethink contracts from lessons learned through behavioral health integration, the pandemic, and implementation of the 1115 transformation waiver
 - ▶ Budget impacts: HCA will continue to assess, but intends to develop a procurement within existing budgetary authority

Outreach



Redetermination activities

- ▶ Primary focus on transitioning to other coverage options if no longer eligible for Apple Health eligible
- ▶ Maintain coverage gains and promote smooth coverage transitions:
 - ▶ Partnerships with Apple Health managed care plans to transition individuals to QHPs when appropriate
 - ▶ Community partners and MCOs work to get updated client contact information.
 - ▶ Clients need to read notices and take timely action to avoid coverage gaps.
 - ▶ Provider and association notices planned.

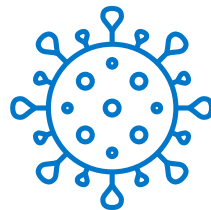
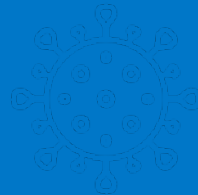
Outreach



Apple Health Ambassador program

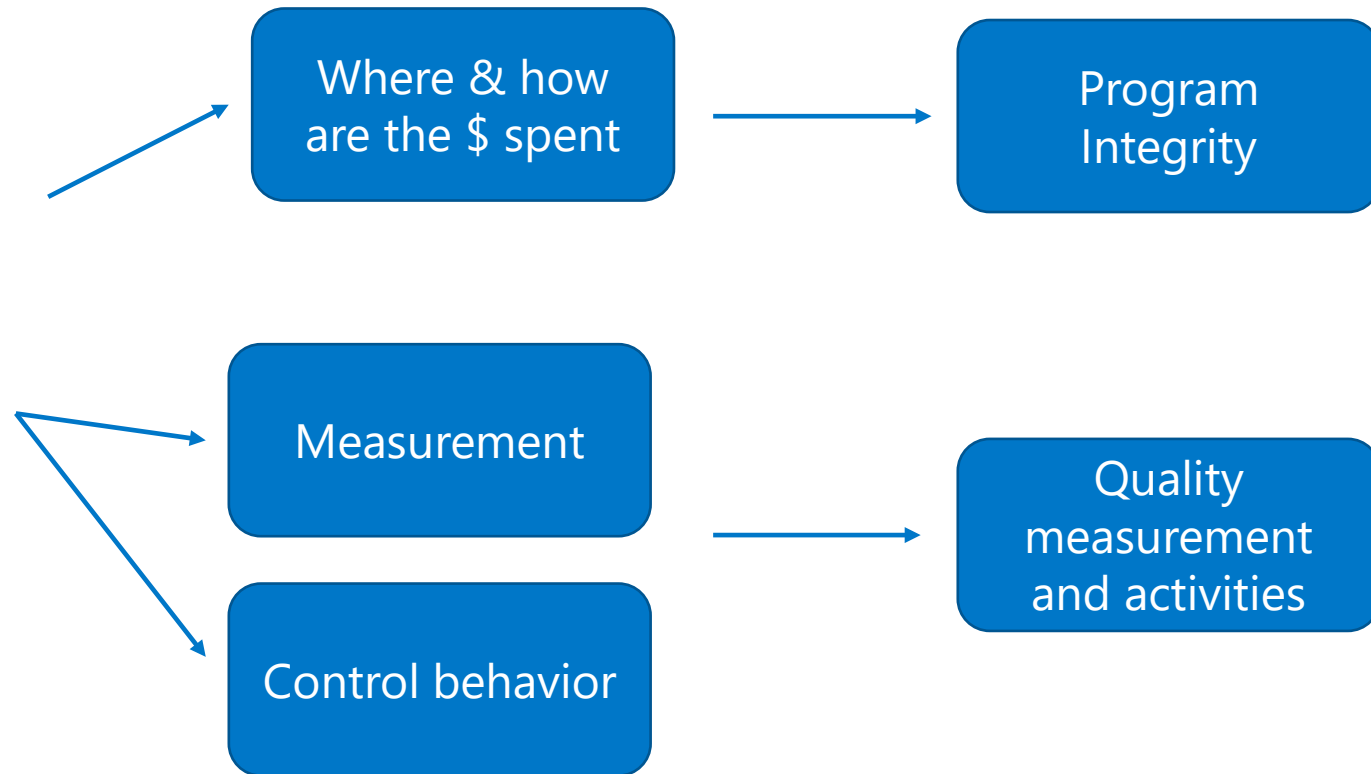
- ▶ Apple Health Ambassador program is a volunteer effort designed to raise awareness on actions to take to maintain coverage.
- ▶ Brings existing network partners together to meet clients where they are.
- ▶ Interested community members and/or organizations can contact AHEligCovid19@hca.wa.gov.

Accountability

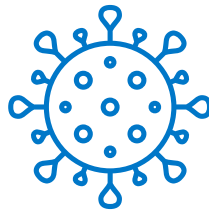


Large state appropriations for Medicaid

$$\text{Value} = \frac{\text{Cost}}{\text{Quality}}$$



Quality and performance



Multiple assessments of MCO quality performance

The Washington State
Managed Care Quality
Strategy (42 CFR 438.340).

HCA quality
committees

- Clinical quality, implementation and data committees
- Establishes measures for withhold
- Reviews annual performance measures
- Uses common measure sets along with industry standard measures

Multiple quality
assessments

- Apple Health report card
- NCQA accreditation
- VBP quality measures and withhold
- TEAMonitor Compliance review
- Network monitoring

Annual Independent
External Quality
Review Organization
Report

- Summary of quality, access and timeliness of managed care

Comparative and
Regional analysis
Report

- Annual report to legislature: "Medicaid Managed Care Preventive Services and Vaccinations"

Medicaid Managed Care Preventive Services and Vaccinations (legislatively required)

- ▶ Includes annual EQRO performance measure analysis: [Comparative and Regional Analysis Report](#)
- ▶ Includes
 - ▶ Physical, SUD, and mental health measures
 - ▶ NCQA HEDIS and RDA Behavioral Health measures
 - ▶ VBP quality measures
 - ▶ Key observations
 - ▶ MCO scorecards
 - ▶ Stratification by demographics
 - ▶ Methodology
- ▶ The measures are complex and performance varies (will discuss next slide).
 - ▶ Like the rest of the nation, performance is strong in some areas and the report indicates opportunities for improvement in others.

EQRO Comparative Analysis



		AMG	CCW	CHPW	MHW	UHC	Statewide
Prevention and Screening	Breast Cancer Screening (BCS)	41%	45% ▼	42% ▼	47% ▼	45% ▼	45% ▼
	Cervical Cancer Screening (CCS)	45%	54%	56%	57%	53%	53%
	Childhood Immunization Status (CIS), Combo 10	36%	43%	42%	37%	43%	40%
	Chlamydia Screening (CHL), Ttl	49%	52%	49%	51%	49%	50%
	Immunizations for Adolescents (IMA), Combo 2	28%	34%	39%	31%	31%	33% ▼
	Lead Screening in Children (LSC)	36%	31%	41%	35%	27%	34%
Respiratory Conditions	Asthma Medication Ratio (AMR), Ttl	63% ▲	70% ▲	57% ▼	69% ▲	57%	65% ▲
Cardiovascular Conditions	Controlling High Blood Pressure (CBP)	61%	60%	65%	65% ▲	68%	64% ▲
Diabetes	Comprehensive Diabetes Care (CDC), HbA1c Control < 8.0%	51%	42%	51%	52%	58%	51%
	Comprehensive Diabetes Care (CDC), Poor HbA1c Control (Lower score is better)	38%	45%	38%	36%	32%	38%
	Kidney Health Eval for Patients with Diabetes (KED), 18-64 Yrs	42%	45%	46%	43%	43%	43%
Behavioral Health	Antidepressant Medication Mgmt (AMM), Continuation Phase	43% ▲	42%	40%	44%	48% ▲	44% ▲
	Antidepressant Medication Mgmt (AMM), Effective Acute Phase	61% ▲	59%	57%	62%	64% ▲	61% ▲
	Follow-Up After ED Visit for Alcohol & Other Drug Abuse Dependencies (FUA), 7-Day FU, Ttl	15%	14%	23%	22%	16%	19%
	Follow-Up After ED Visit for Alcohol & Other Drug Abuse Dependencies (FUA), 30-Day FU, 13-17 Yrs	31%	23%	14%	18%	10%	20%
	Follow-Up After ED Visit for Alcohol & Other Drug Abuse Dependencies (FUA), 30-Day FU, Ttl	23%	24%	34%	31%	25%	29%
	Follow-Up After ED Visit for Mental Illness (FUM), 7-Day FU, Ttl	33%	36%	48%	53%	43%	46%
	Follow-Up After ED Visit for Mental Illness (FUM), 30-Day FU, Ttl	45%	50%	62%	66%	56%	59%
	Follow-Up After High Intensity Care for SUD (FUI): 7-Day FU, Ttl	35%	35%	41%	38%	36%	37%
	Follow-Up After High Intensity Care for SUD (FUI): 30-Day FU, Ttl	55%	55%	61%	58%	56%	57%
	Follow-Up after Hosp for Mental Illness (FUH), 7-Day FU, Ttl	28%	27% ▼	36%	43% ▼	29%	36% ▼
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 6-17 Yrs	65%	66%	67%	79%	60%	72%
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, 18-64 Yrs	41%	28% ▼	54% ▼	60%	41%	50% ▼
	Follow-Up after Hosp for Mental Illness (FUH), 30-Day FU, Ttl	45%	41% ▼	56%	65%	44%	54% ▼
	Follow-Up Care for Children Prescribed ADHD Medication (ADD), Initiation	40%	44%	43%	43%	45%	43%
	Mental Health Treat Rate, Broad (MH-B), 6-64 Yrs	53% ▲	54% ▼	55%	55%	51% ▲	54% ▼
	Pharmacotherapy for Opioid Use Disorder (POD), 16-64 Yrs	13% ▼	12% ▼	11% ▼	13% ▼	14% ▼	13% ▼
Substance Use Disorder (SUD) Treat Rate, 12-64 Yrs	37% ▼	36%	40%	38% ▼	39%	38% ▼	
Overuse / Appropriateness	Use of Opioids at High Dosage (HDO) (Lower score is better)	5%	6%	5%	5% ▲	7%	5% ▲
Access / Availability of Care	Adults' Access to Preventive/Ambulatory Health Services (AAP), Ttl	67% ▼	70% ▼	72% ▼	75% ▼	70% ▼	72% ▼
	I&E of Alcohol & Other Drug Dependence Treat (IET), Ttl: Engagement of AOD Treat: Ttl	14% ▼	13%	16%	16% ▼	15%	15% ▼

2022 Value-Based Payment (VBP) Report Card

Part of 2% withhold to incent plans and provider performance to meet quality metrics - legislatively mandated

This report card shows how Washington Apple Health Plans performed in Performance Measures. The report card also shows the amount of withhold dollars for the quality performance measure part of the value-based purchasing contract. The amount of withhold is based on improvement in measure performance or by exceeding the contracted benchmarks for each measure.

Key: Criteria Met Criteria Not Met NA Not applicable/Not contracted

Value-Based Payment Measure		Amerigroup Washington	Coordinated Care of Washington	Community Health Plan of Washington	Molina Healthcare of Washington	UnitedHealthcare Community Plan
Total Percent Achieved for VBP Quality Performance Measures		83.3%	71.4%	71.4%	91.7%	83.3%
Washington Apple Health Integrated Managed Care (AH-IMC) Shared Measures - Four shared measures reported by all MCOs						
Antidepressant Medication Management (AMM)	Effective Acute Phase Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Effective Continuation Phase Treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No	No	<input checked="" type="checkbox"/>
Child and Adolescent Well-Care Visits (WCV), Age 3-11		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prenatal and Postpartum Care (PPC)	Timeliness of Prenatal Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Postpartum Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Service Rate, Broad Definition (MH-B), Age 6-64, all MCO excluding BHSO		<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Washington Apple Health Integrated Managed Care (AH-IMC) Plan-Specific Measures - Three quality focus performance measures specific to each MCO						
Asthma Medication Ratio (AMR), Total		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
Follow Up Care for Children Prescribed ADHD Medication (ADD), Initiation Phase		NA	No	<input checked="" type="checkbox"/>	NA	NA
Substance Use Disorder (SUD) Treatment Rate, Age 12-64, all MCO excluding BHSO		No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Quality, access, and timeliness of care

EQR Annual Technical Report

- ▶ CMS mandated for states with managed care
- ▶ Requires public and CMS reporting
- ▶ Quality recommendations given to the state
- ▶ Addresses all quality EQRO activities, e.g.:

Performance Measures	Compliance Review
Surveys	Performance Improvement Projects
Quality Studies	Quality Strategy Effectiveness

<https://www.hca.wa.gov/assets/billers-and-providers/eqr-technical-report-2023.pdf>

Performance Improvement Projects (PIP)

▶ Example PIP:
Improving Well-Child Care in Apple Health

2022 Statewide Collaborative PIP Summary: AMG, CCW, CHPW, MHW and UHC

Table 14. 2022 Statewide Collaborative PIP: AMG, CCW, CHPW, MHW and UHC.

PIP Title: Collaborative MCO Well-Child Visit Rate PIP					
Domain: Access, Quality, Timeliness					
Score	Validation Status	Validation Rating	Strengths	Weaknesses/Opportunities for Improvement	Performance Measure and Results
Met	Yes	High confidence in reported results	<ul style="list-style-type: none"> Statistical improvement in all measures for the 2020-2021 calendar year 	<ul style="list-style-type: none"> Due to HEDIS measure changes implemented in 2020, the PIP includes the baseline plus one measurement year instead of two measurement years' worth of data collection. There is not enough evidence to demonstrate sustainable improvement through repeat measurements over time 	HEDIS measures: <ul style="list-style-type: none"> W30, 0–15 months: Statistically significant change; p-value: <.05 W30, 15–30 months: Statistically significant change; p-value: <.05 WCV, 3–11 years: Statistically significant change; p-value: <.05 WCV, 12–17 years: Statistically significant change; p-value: <.05 WCV, 18–21 years: Statistically significant change; p-value: <.05

Quality Oversight for Provider Rate Increases

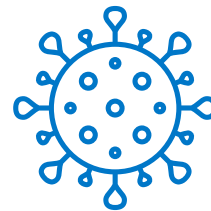
- ▶ 2023 Rate Increases – new rate increase effective January 1, 2023
 - ▶ 7% Community Behavioral Health (CBH)
 - ▶ 32% Opioid Treatment Program (OTP)
- ▶ Supports continued investment in behavioral health
- ▶ Recognizes the need to support access to quality care given the challenges faced by the provider community in the current workforce shortages and the high demand for services
- ▶ Achieved through State Directed Payments requiring quality oversight activities:
 - ▶ Tied into the Managed Care Quality Strategy
 - ▶ Supported by performance measure monitoring and evaluation of effectiveness

How do we improve outcomes in managed care?



- Priorities
- Collect and send info
- Population metrics
- Shared information
- Technology tools

Medicaid program integrity



Medicaid program integrity

- ▶ CMS defines program integrity simply:

Pay it right.

Medicaid program integrity (cont.)

▶ An integrated system of activities to ensure compliance with federal, state, and agency rules, regulations, and policies

▶ Oversight of beneficiary enrollment

▶ Oversight of provider enrollment

▶ Service delivery

▶ **Payment; look back**

▶ Post payment review: think ahead

▶ Reporting and follow up

▶ Limited financial gain of plans via risk corridor

2021: 8.4M encounters; 2.5M FFS paid claims

2022: ~117k servicing providers, ~63k social service caregiver providers

2022: billing providers

Legislative investment

- ▶ In the past two biennia the legislature has made investments in DPI including:
 - ▶ Managed Care Oversight Team – \$900,000.00
 - ▶ Fraud and Abuse Detection System and a Case Management System – \$5,000,000.00 total

Division of Program Integrity (DPI)

▶ Updates:

- ▶ Recent legislative investments have allowed for the creation of a new program integrity managed care oversight team
- ▶ The investments have allowed for compliance with the 2019 CMS review and recommendations
- ▶ Medicaid Provider Enrollment team recently integrated into program integrity
- ▶ Continue to explore and develop new oversight opportunities with the legislative investments and recent direction
 - ▶ Currently developing metrics to support MCO accountability and performance

Performance review outcomes

- ▶ In response to the 2019 Performance Review, DPI has been working towards the implementation of several new projects:
 - ▶ Strategic Operating Plan
 - ▶ Completed and executed March 2022
 - ▶ Includes annually updated metrics
 - ▶ Fraud Plan-executed November 2022
 - ▶ Data mining and analytics
 - ▶ Internal Controls
 - ▶ Engaging in meetings and workgroups with outside agencies
 - ▶ CMS Directed Audits
 - ▶ Providing oversight of Sister Agencies
 - ▶ FADS Case Management
 - ▶ Audit Assignment and Risk Assessment

Ex. Annual operating metric

- ▶ For the 'Technical Enhancements' objective, procurement and implementation of FADS and a Case Management System was the initiative. This initiative was measured by monitoring implementation dates and staff participation in user testing and design. Other objectives for 2022 included:
 - ▶ MCO Network Provider Audits
 - ▶ Provider Enrollment Metrics
 - ▶ Provider/Contractor Outreach and Education
 - ▶ Managed Care Oversight

Case management/Fraud Detect

- ▶ The Case Management system is designed to track and monitor all leads, cases, and tasks assigned to those leads and cases for DPI.
- ▶ DPI staff use the system in conjunction with Fraud Detect and our data systems to ensure accurate and efficient tracking is happening throughout the process.
- ▶ User testing for Case Management ended late 2022 and the system went online in January of 2023.
- ▶ FADS Fraud Detect solution went live in December 2022.

Audit Assignment and Risk Assessment

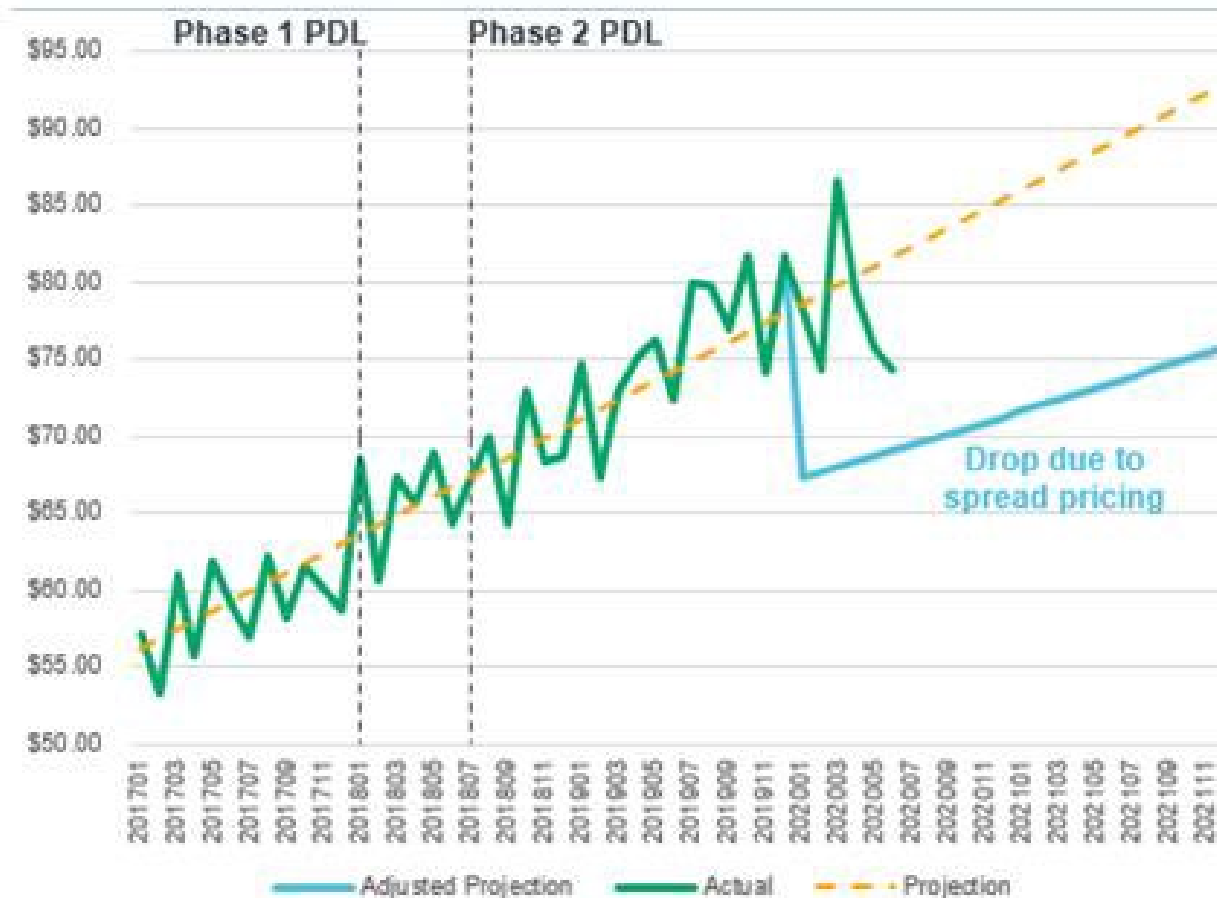
- ▶ The DPI Case Management Team (CMT) reviews all incoming leads and supplemental information (including the Risk Assessment) to assign and prioritize cases.
- ▶ Leads are generated in various ways including:
 - ▶ “Hot Tips” inbox
 - ▶ Referrals
 - ▶ Fraud Detect alerts
- ▶ The Risk Assessment is a vital tool that assists CMT in its prioritization efforts. It calculates a score based on risks, return on investment, and resource requirements.

Recoveries

- ▶ CY 2022 DPI recovered overpayments totaling \$13,002,004.30.
- ▶ CY 2022, DPI assessed liquidated damages/sanctions on the MCOs in the total of \$879,660.97
- ▶ Many other recoveries occur that are not accounted for in HCA's budget, such as a \$33.3M recent recovery that HCA PI led in partnership with the AGO; risk mitigation strategies from the MCOs; sanctions; and other activity
- ▶ The governors budget included \$460,000,000 to restore savings for 2023-25 biennia.
 - ▶ This is based on a 2% savings figure
 - ▶ Given the pandemic effects, workforce shortage, inflation, continued build of IT and audit infrastructure we would like to work with you to revisit the current savings figure
 - ▶ HCA is working on a consistent metric pursuant to the legislative mandates that include cost avoidance that decreases overall trend.

Program Integrity Activities impact on trend

Pharmacy PMPM(\$) trended



- ▶ We've saved \$156.8M annually due to Program Integrity contract oversight through rate development trend decreases
- ▶ But these amounts are not accounted for specific to the budget line item that encompasses the Legislative Program Integrity assumed savings



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hca.wa.gov
[@WAHealthCareAuthority](https://twitter.com/WAHealthCareAuthority)
[@WA_Health_Care](https://www.facebook.com/WA_Health_Care)

Washington State
Health Care Authority

Appendix

Outreach

Update your contact information postcard

Important news!



Washington Apple Health (Medicaid) renewals are starting soon. It's time for Apple Health clients to make sure their phone number, email, and mailing address are correct to get important updates about Apple Health coverage.

Update your contact information one of the following ways:

- If you are enrolled in managed care, contact your plan:
 - Amerigroup: 1-800-600-4441
 - Community Health Plan of Washington: 1-800-440-1561
 - Coordinated Care: 1-877-644-4613
 - Molina: 1-800-869-7165
 - UnitedHealthcare: 1-877-542-8997
- Login to your Washington Healthplanfinder account at [wahealthplanfinder.org](https://www.wahealthplanfinder.org)
- Call Washington Healthplanfinder at 1-855-923-4633
- Email askmedicaid@hca.wa.gov with your name, date of birth and updated information

Resources

▶ Information on HCA's response to the PHE

- ▶ www.hca.wa.gov/phe
 - End of PHE external guide
 - End of PHE communications toolkit



▶ End of PHE Talking points

- ▶ <https://www.hca.wa.gov/assets/free-or-low-cost/changes-apple-health-continued-coverage.pdf>

▶ Impacts of the PHE on Apple Health data

- ▶ hca.wa.gov/assets/free-or-low-cost/apple-health-phe-unwind-enrollment-data.pdf

Managed Care reporting

HCA and External Quality Review (EQRO) reporting, provided to:

- ▶ Public: [Managed Care Reports website](#)
- ▶ CMS: [EQR Annual Technical Report](#)
- ▶ Legislative:
 - ▶ [Medicaid Managed Care Preventive Services and Vaccinations](#)
 - ▶ [Service Coordination Organization and managed care performance measure report](#)

Medicaid managed care
preventive services
and vaccinations

Engrossed Substitute Senate Bill 5092; Section 211(18);
Chapter 334; Laws of 2021
September 15, 2021

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Apple Health Plan Report Card

2021 Washington Apple Health Plan Report Card

This report card shows how Washington Apple Health plans compare to each other in key performance areas. You can use this report card to help guide your selection of a plan that works best for you.

KEY: Performance compared to all Apple Health plans

Performance Areas	ABOVE AVERAGE ★★			AVERAGE ★★			BELOW AVERAGE ★★		
	Amerigroup Washington	Coordinated Care of Washington	Community Health Plan of Washington	Molina Healthcare of Washington	UnitedHealthcare Community Plan				
Getting Care	★★★	★★★	★★★	★★★	★★★				
Keeping Kids Healthy	★★★	★★★	★★★	★★★	★★★				
Keeping Women and Mothers Healthy	★★★	★★★	★★★	★★★	★★★				
Preventing and Managing Illness	★★★	★★★	★★★	★★★	★★★				
Ensuring Appropriate Care	★★★	★★★	★★★	★★★	★★★				
Satisfaction with Care Provided to Adults	★★★	★★★	★★★	★★★	★★★				
Satisfaction with Plan for Adults	★★★	★★★	★★★	★★★	★★★				

- HEDIS performance measures + CAHPS consumer survey
- Comparing MCOs to state Medicaid MCO average annually
- Posted on [HCA website](#), HPF, and Apple Health Enrollee Handbook

TEAMonitor

- ▶ Annual TEAMonitor reviews follows federal guidelines to ensure contract compliance
- ▶ HCA experts resolve day to day issues, follow trends to prioritize reviews
- ▶ TEAMonitor activities are reported out by the EQRO annually
- ▶ Results are available to the public and CMS
- ▶ Review supports MCOs to improve performance: Identifies best practices; Provides recommendations; Requires corrective action; and potentially sanctions if performance does not improve.

TEAMonitor Compliance Review

Table 5. Aggregate Compliance Results of the Apple Health MCPs.

Standard	Score*
§438.208 - Coordination and continuity of care	95%
§438.210 - Coverage and authorization of services	100%
§438.214 - Provider selection (Credentialing)	98%
§438.228 - Grievance and appeals systems	96%
§438.242 - Health information systems	100%
§438.330 - Quality Assessment and Performance Improvement Program (QAPI)	83%

**Aggregate MCP point values were totaled and the sum was divided by the aggregate number of applicable elements in the standard to derive percentage scores.*

NCQA Plan Accreditation star rating

- ▶ Every three years for accreditation
- ▶ HEDIS performance
- ▶ CAHPS performance
- ▶ Compliance with NCQA standards
- ▶ Publicly posted:
- ▶ NCQA website:
<https://reportcards.ncqa.org/health-plans>
- ▶ HCA [Managed Care Reports](#) website

AMERIGROUP Washington, Inc. <i>Special Project: None</i> <i>Special Area: None</i>	★★★★★	Accredited	Medicaid HMO	WA	Multicultural Health Care Electronic Clinical Data
Community Health Plan of Washington <i>Special Project: None</i> <i>Special Area: None</i>	★★★★★	Accredited	Medicaid HMO	WA	Multicultural Health Care Electronic Clinical Data
Coordinated Care of Washington, Inc. <i>Special Project: None</i> <i>Special Area: None</i>	★★★★★	Accredited	Medicaid HMO	WA	Electronic Clinical Data
Molina Healthcare of Washington, Inc. <i>Special Project: None</i> <i>Special Area: None</i>	★★★★★	Accredited	Medicaid HMO	WA	Multicultural Health Care Electronic Clinical Data
UnitedHealthcare of Washington, Inc. dba UnitedHealthcare Community Plan (WA) <i>Special Project: None</i>	★★★★★	Accredited	Medicaid HMO	WA	Electronic Clinical Data

Risk Corridor – key to ensure state protection

Contract Provides Protections:

"HCA performs a two-sided Risk Corridor calculation on an annual basis which includes downside protection for excess medical cost losses incurred by the Contractor [MCO]."

▶ If MCO experiences financial gain:

- ▶ Under 1% Gain: The MCO keeps the amount.
- ▶ 1-2% Gain: HCA will share equally in the gain between 1 percent and 2 percent.
- ▶ Over 2% Gain: HCA will recover all gains exceeding 2 percent.

▶ If MCO experiences financial loss:

- ▶ Over 3% Loss: HCA will share equally in all losses exceeding 3 percent. The Contractor will only receive reimbursement from HCA if it experiences an actual loss exceeding 3 percent.
- ▶ Under 3% Loss: MCO is responsible for the loss.