



HCA Monthly Tribal Meeting

January 3, 2018

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Office of the Director



Welcome, Blessing, Introductions

Agenda

- 9:00 AM Welcome, Blessing, Introductions
- 9:10 AM Guest Speaker: U.S. Social Security Administration
- 9:30 AM Medicaid Transformation: Foundational Community Supports
- 9:45 AM Planning for a Replacement for TARGET
- 10:00 AM Medicaid Managed Care for Dental: Request for Proposals
- Potential Dates for Roundtables and Consultation
- 10:20 AM CMS Response to Request for Guidance on Tribal FQHC
- 10:30 AM State Plan Amendment 17-0042: New Rules for All-Inclusive Rate
- 11:30 AM Open Forum
- Noon Closing

Guest Speaker

U.S. Social Security Administration



Social Security: Washington State Health Care Authority Monthly Tribal Meeting



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and tomorrow

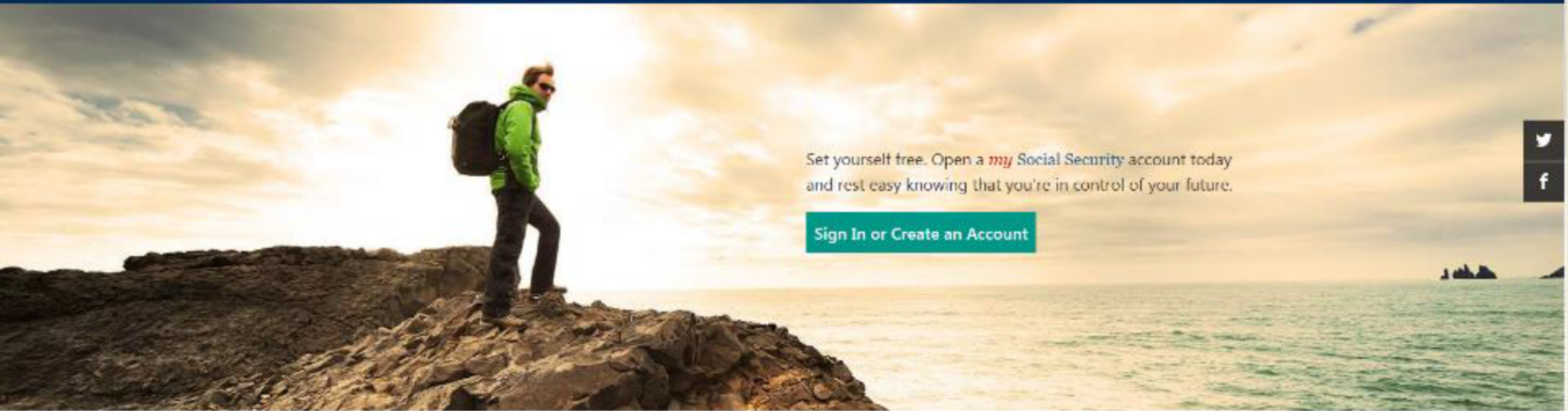


my Social Security



Social Security

SEARCH MENU LANGUAGES SIGN IN / UP



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HAVE AN ACTIVATION CODE?

[Finish Setting Up Your Account](#)

Received assistance from Social Security to create your account? Finish the process by entering your activation code now.



socialsecurity.gov/myaccount



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my Social Security Services

- Annually review your **Social Security Statement** (wages & estimates)
- In some states, request a replacement Social Security (SSN) card
- Check the status of your application or appeal
- Get a benefit verification letter for proof of income
- Change your address, phone #, or direct deposit info
- Get a replacement SSA-1099 for taxes
- Get a replacement Medicare Card
- **Enter User Name, Password, & Security Code (sent by text/email)**



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[SocialSecurity.gov](https://www.SocialSecurity.gov)

What is a Representative Payee?

- A person or an organization appointed to receive the Social Security or SSI benefits for anyone who can't manage or direct the management of his or her benefits.
- A payee's main duties are to use the benefits to pay for the current and future needs of the beneficiary, and properly save any benefits not needed to meet current needs. A payee must also keep records of expenses.
- When we request a report, a payee must provide an accounting of how he or she used or saved the benefits.



Determining Basic Needs

- Food
- Shelter
- Clothing
- Medical expenses NOT covered by Medicare, Medicaid or provided by a residential institution



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SSDI vs. SSI

Social Security Disability Insurance	Supplemental Security Income
Payments come from the Social Security trust funds and are based on a person's earnings.	Payments come from the general treasury fund, NOT SSA trust funds. SSI payments are not based on a person's earnings.
An insurance that workers earn by paying Social Security taxes on their wages.	A needs-based public assistance program that does not require a person to have work history.
Pays benefits to disabled individuals who are unable to work, regardless of their income and resources.	Pays disabled individuals who are unable to work AND have limited income and resources.
Benefits for workers and for adults disabled since childhood. Must meet insured status requirements.	Benefits for children and adults in financial need. Must have limited income and limited resources.



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Social Security Disability Insurance (SSDI)

The SSDI program pays monthly benefits to you and to certain members of your family if:

- You have worked long enough & recently enough, and
- You have a medical condition that prevents you from performing substantial work and that has lasted or is expected to last at least 12 months (or will result in your death within the 12 month period.) We also consider your age, education, and past work in determining your ability to return to substantial work.



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Survivor Benefits

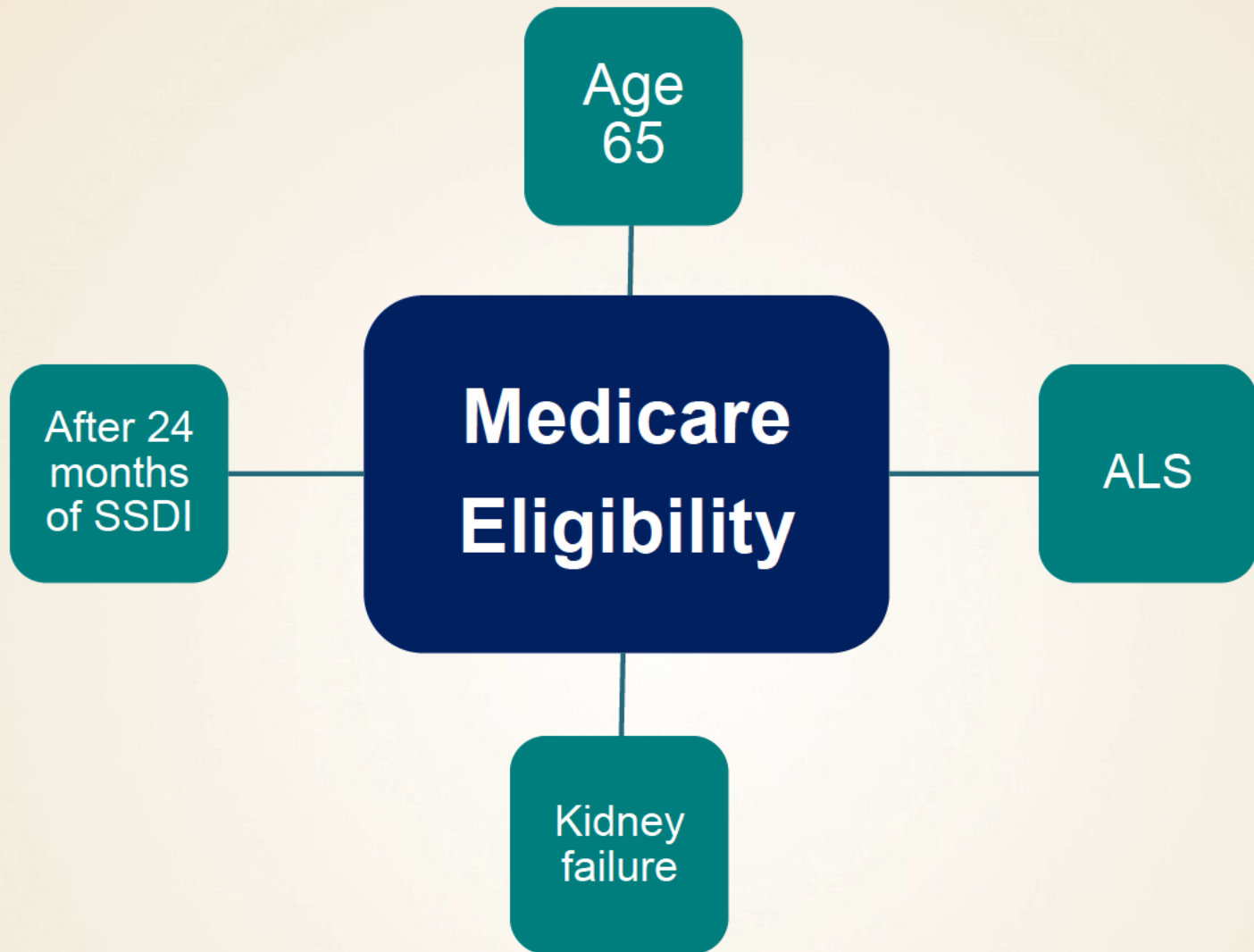
When you pass away, your surviving spouse can:

- Receive full survivor benefit at his/her FRA; or
- At age 60, receive 71.5% of your full benefit; waiting increases payment amount; or
- If disabled, receive as early as age 50
- Remarry after age 60 (50 if disabled) and remain eligible
- Divorced Spouse: 10-year marriage required
- Reminder: If claiming benefits before FRA, wage earning limits apply (\$17,040 in 2018)



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Medicare Coverages

Part A - Hospital Insurance

- Covers most inpatient hospital expenses
- 2018 Deductible \$1,340

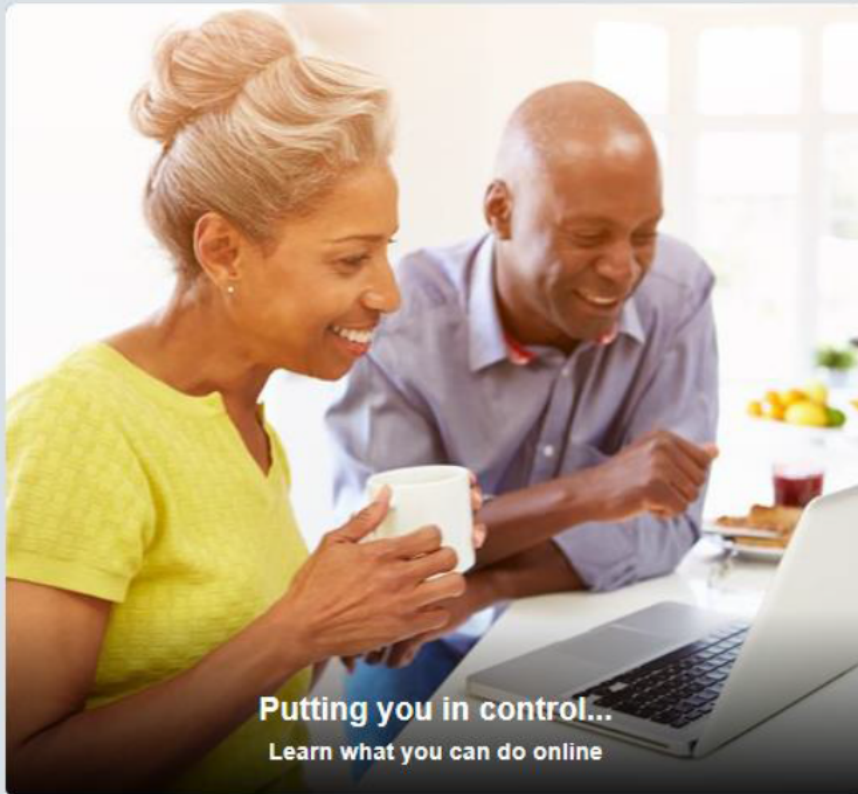
Part B - Medical Insurance

- Covers 80% doctor bills & other outpatient medical expenses after 1st \$183 in approved charges
- 2018 standard monthly premium \$134
Some current beneficiaries may pay less

Part D - Medicare Prescription Drug Plan

- Covers a major portion of prescription drug costs for people on Medicare
- Annual Enrollment Period: October 15 through December 7
- Extra Help Program – Helps Pay Drug Costs for those with Low Income/Resources visit webpage for details





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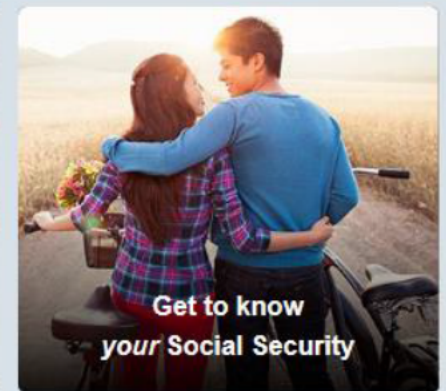
Retirement



Disability



Employers:
File W-2s online



Get to know
your Social Security



my Social Security

Check out your *Social Security Statement*, change your address & manage your benefits online today.



Social Security Number

Your Social Security number remains your first and continuous link with Social Security.



Retirement Estimator

Calculate your benefits based on your actual Social Security earnings record.



FAQs

Get answers to frequently asked questions about Social Security.

Medicaid Transformation Demonstration

Foundational Community Supports

Medicaid Managed Care for Dental: Planning RFP

Update from HCA and Amerigroup

TARGET (Substance Use Disorder Data Entry System)

Planning for a Replacement

TARGET Replacement

Background:

- TARGET has been built in stages
- The first stage was built over 20 years ago
- The staff with detailed knowledge of TARGET have retired, or will within the next three months
- The current system is fragile

TARGET Replacement

Request:

- Form a workgroup to discuss and develop a recommendation
- Workgroup comprised of fiscal and information technology staff
- Workgroup meets twice a month (include teleconferencing, i.e., WebEx)
- Recommendations (with Pros/Cons) for the replacement TARGET will be brought back to this group

Medicaid Managed Care for Dental Coverage

Planning the Request for Proposals

Medicaid Managed Care for Dental: Planning RFP

Refer to “MC Dental Update December 1.2.18.pdf”

Tribal FQHC Request for Guidance

CMS Response

CMS Response: Tribal FQHC

1. Scope of Service: May the State Plan reimburse FQHCs and Tribal FQHCs for different provider services?
 - The State Plan provides for a single set of FQHC services.
2. Pharmacy: May the State Plan reimburse Tribal FQHCs for pharmacy dispensing at the encounter rate if FQHCs are not eligible for reimbursement of pharmacy dispensing at the encounter rate?
 - The State Plan provides for a single set of FQHC services.

CMS Response: Tribal FQHC

3. Different Facilities: May a tribal health program have both an tribal clinic and an FQHC at the same address?
 - No response: CMS is researching.
4. HRSA-Funded Tribal FQHCs: May a HRSA-funded FQHC operated by a tribe choose to be designated and reimbursed at the Tribal FQHC encounter rate?
 - Yes – The tribe has the option to request Medicaid FQHC designation.

CMS Response: Tribal FQHC

3. Encounter Rate for Any Health Care Professional: May the State Plan authorize the encounter rate for any health care professional (see SPA 17-0042)?
 - The State Plan provides for a single set of rules for all FQHC services.
4. Encounter Rate for Services Under Supervision: If the answer to Question 5 is “No”, may the State Plan authorize the encounter rate for services “under the supervision”.
 - The State Plan provides for a single set of rules for all FQHC services.

Medicaid State Plan Amendment 17-0042

Developing the Policy for Payment of the Encounter Rate

Medicaid State Plan Amendment 17-0042

SPA 17-0042: Update of All-Inclusive Rate

- Submitted to CMS on September 28, 2017
- Approved by CMS: December 6, 2017
- Effective: September 29, 2017

Medicaid State Plan Amendment 17-0042

Services provided by or through facilities of the Indian Health Service (IHS) which includes, at the option of the tribe, facilities operated by a tribe or tribal organization and funded by Title I or III of the Indian Self Determination and Education Assistance Act (also known as Tribal 638 facilities), are paid at the applicable rates published in the Federal Register or Federal Register Notices.

The applicable published outpatient per visit rate (also known as the outpatient all-inclusive rate) is paid for up to five (5) outpatient visits per Medicaid beneficiary per calendar day for professional services.

An outpatient visit is, “A face-to-face or telemedicine contact between any health care professional authorized to provide services under the State Plan and a Medicaid beneficiary for the provision of Title XIX defined services, as documented in the patient's record.”

Included in the outpatient per visit rate are laboratory and x-ray services provided on-site and medical supplies incidental to the services provided to the patient. Pharmaceuticals/drugs are outside the all-inclusive rate and are reimbursed under the fee-for-service system at the applicable fee-for-service rate.

Medicaid State Plan Amendment 17-0042

Discussion:

Developing the policy for the Tribal Health Program Billing Guide

Open Forum

Washington State
Health Care Authority

Web: [http://www.hca.wa.gov/
tribal/Pages/index.aspx](http://www.hca.wa.gov/tribal/Pages/index.aspx)

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Thank you!