

# Washington Medicaid Law

Public Health Emergency (PHE) unwind Apple Health Expansion Medicaid Transformation 1115 waiver

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NoHLA CLE
Jason T. McGill, JD
Medicaid Programs Division



### Outline

- 1. Public Health Emergency (PHE) unwind
- 2. Apple Health Expansion
- 3. Medicaid Transformation 1115 waiver



### 1. PHE Unwind

- Public Health Emergency (PHE)
- Outreach strategy
- Apple Health redeterminations
  - Customer experience
  - Caseload impacts





### PHE unwind

- Due to the public health emergency (PHE) under Section 319 of the Public Health Service (PHS) Act, most clients have remained covered on Apple Health (Medicaid) since March of 2020.
- Continuous eligibility requirement ended March 31, 2023 through mandates set out by Congress through the Consolidated Appropriations Act of 2022; Health Care Authority (HCA) started normal operations as of April 1, 2023.
- Expected the highest numbers of disenrollments May through July, extending 12 months to April 2024.
- Federal Medical Assistance Percentage (FMAP) phases down through December 2023.
- Goal to ensure customers are provided the opportunity for continued coverage through Apple Health, a marketplace plan, Medicare, or employer sponsored insurance.

  Washington State

Health Care Authority

# Outreach campaign

#### **Get Ready**

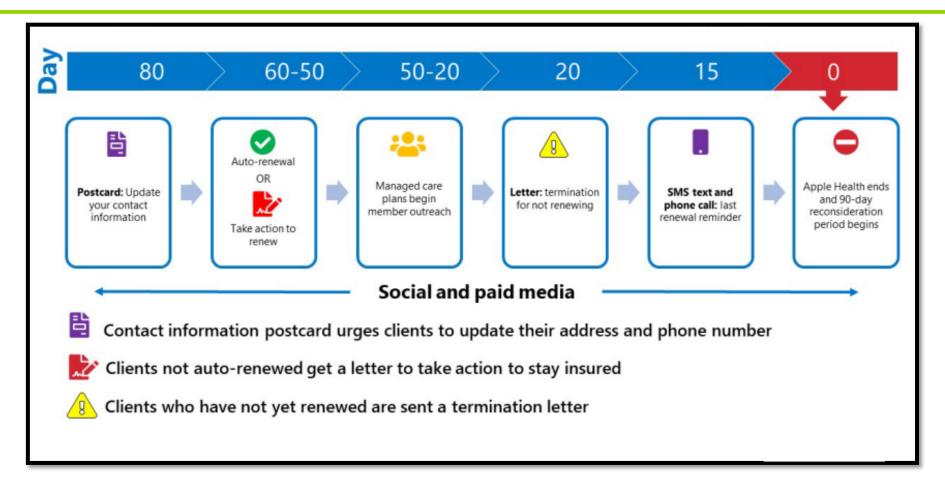


#### Renew





### Apple Health renewal campaign





## Loss of coverage – first 4 months

 Total eligible clients in May 2023

2,327,844

-393,222

- Clients who lost AH June 1-August 1.
- Includes 245,934
   who did not
   respond to renewal
   requests.

 Total clients eligible in August 2023

2,095,358

August enrollment -9%

- 232,486 net change of Medicaid enrollment between May and August.
- Includes clients approved May-August.

Net loss between month...



# **Operations normalizing**



#### All clients regardless of PHE status (MAGI and Classic)

#### Number of terminations for all reasons

Data as of 09/06/2023.

| Termination date | MAGI clients<br>terminated | Classic clients<br>terminated | Total terminated |
|------------------|----------------------------|-------------------------------|------------------|
| 05/31/2023       | 107,647                    | 8,316                         | 115,963          |
| 06/30/2023       | 107,423                    | 6,757                         | 114,180          |
| 07/31/2023       | 102,123                    | 9,058                         | 111,181          |
| 08/31/2023       | 47,962                     | 3,936                         | 51,898           |



# Customer experience - transitions to other coverage

- Clients terminated for not renewing can reapply for Apple Health any time.
  - 90-day reconsideration period for MAGI.
  - ▶ 30-day reconsideration period for Classic.
  - Can request up to 3 months retroactive approval for unpaid medical bills.
- Loss of Apple Health is a qualifying life event that allows enrollment into other coverage through Washington Healthplanfinder, Medicare, or employer-sponsored insurance.
  - Committed to working with clients to renew or transition coverage as smoothly as possible.
- Continuous eligibility for kids ages 0-6.



## Ongoing redeterminations

- Continue to engage in outreach efforts with clients and the community.
- The high volume of terminations was anticipated within the first 3 months and aligns with other states.
  - ▶ The volume of monthly redeterminations decreased beginning in August.
- PHE unwind continues to be a top priority.
  - Submitted 2024 Decision Package to fund additional agency supports



#### Resources

- Information on HCA's response to the PHE
  - ► <u>hca.wa.gov/phe</u>
    - > Guide to Washington Apple Health (Medicaid) Post-PHE
    - Washington State renewal distribution plan
  - Continuous enrollment unwind data\*
    - > Understanding continuous enrollment unwind data



\*Source: hca.wa.gov/assets/free-or-low-cost/apple-health-phe-unwind-enrollment-data.pdf



## 2. Apple Health Expansion

Current immigrant health coverage

Apple Health Expansion coverage

- Eligibility
- Covered services
- Enrollment options

Outreach & community engagement

Privacy



# Health care coverage for people otherwise not qualified for Apple Health

- There are several Apple Health (Medicaid) programs that currently serve individuals who do not qualify for federally subsidized Medicaid full scope coverage because of their immigration status.
  - Medical Care Services (MCS)
  - ► Alien Emergency Medical (AEM)
  - ► Apple Health for Pregnant Individuals
  - ► After Pregnancy Care (APC)
  - ► Apple Health for Kids

# Apple Health Expansion (AHE)

- Washington State's Legislature continues to expand coverage for the uninsured:
  - ► The Health Care Authority (HCA) was directed in 2022, through <u>SB</u> <u>5693</u> (the supplemental budget), to begin developing a program that would provide Medicaid equivalent health care coverage to uninsured adults with income up to 138% of the federal poverty level who are ineligible for other federal assistance.
  - ► In 2023, through <u>SB 5187</u> (the biennial budget), the Legislature provided funding to operationalize this program and directed HCA to implement Apple Health Expansion (AHE) beginning July 1, 2024.
    - > Program funding is limited and will not likely cover the entire eligible population.

### **Program policies**

- Where possible HCA will use the same eligibility, enrollment, redetermination and renewals, and appeals procedures as Apple Health.
- Assumption is that the agency will draw federal match wherever possible.
- Will mirror federal funded Apple Health programs to the extent possible.
- AHE will be a Managed Care program.

# Managed care and fee-for-service

- Managed care
  - Delivery system organized to manage cost, utilization, and quality.
  - Contracted arrangements between HCA and managed care organizations (MCOs) that accept a set per member, per month (capitation) payment
- Coverage without a managed care plan (fee-for-service)
  - ► HCA pays providers directly for each service they provide
  - ▶ Does not lend itself to care coordination and disease management

# Eligibility

- Adults over age 19 with countable income up to 138% of the federal poverty level who:
  - Do not qualify for federally funded Medicaid programs, and
  - Are not eligible for other federally funded medical assistance programs or federal advanced premium tax credits through the individual market.



# Eligibility

- The implementation of Apple Health Expansion will provide a full scope coverage option. Individuals enrolled in Medical Care Services, Apple Health for Pregnant Individuals, After Pregnancy Coverage, and Apple Health for Kids will remain in those full scope programs.
  - ► As individuals age out of pregnancy coverage or the Apple Health for Kids program, their eligibility is redetermined and if they are eligible for another program they are enrolled.
  - ► This process applies to Apple Health Expansion if they meet eligibility requirements and there is space available.

# Eligibility

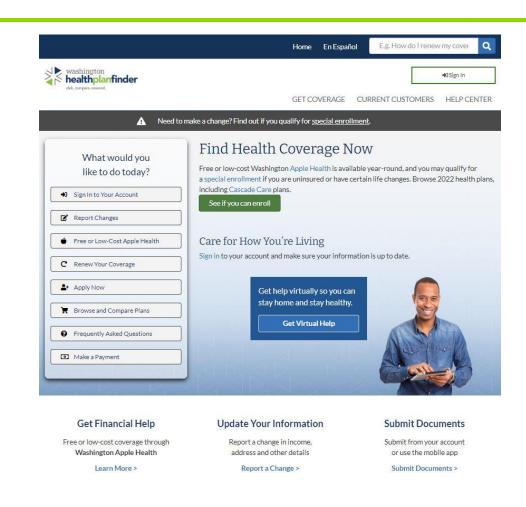
- Qualified Health Plan Expansion
  - ► Individuals can enroll during open enrollment (November 2023)
  - Coverage begins January 2024
- Individuals who purchase a plan on the Exchange who are eligible for Apple Health Expansion on July 1 will be transitioned to the new program.
  - ► HCA and Health Benefit Exchange (HBE) will work together on outreach to these individuals.
  - Mirrors process for someone with a change of income or eligibility enrolled in a Qualified Health Plan (QHP) today, who becomes eligible for Medicaid.

### **Covered services**

- The intent is to mirror the federally funded Medicaid program to the extent possible.
  - ► Integrated Care (physical and behavioral health) and dental services will be covered.
  - ► Transportation and interpreter services will be available.
  - ► The Pharmacy benefit will be substantially equivalent but is based on the coverage in Public Employee Benefits Board.
    - > Preferred drugs on the Apple Health Expansion Preferred Drug List may be different than Apple Health Integrated Managed Care.
    - > AHE does not qualify for federal drug rebates or existing Apple Health supplemental rebates.

# Enrollment options: age 19-64

- For
  - Adults ages 19 to 64
  - Children
  - Parents or caretakers with children
  - Pregnant or applying for someone who is pregnant
- Online at Washington Healthplanfinder
- WAPlanfinder mobile app
- Phone: 1-855-923-4633
- Paper application
- In person through navigator



# Enrollment options: age 65+

- For
  - Adults age 65 or older
  - Individuals who are blind or disabled
  - Those who need long-term services and supports
- Online at Washington Connection
- Phone: 1-877-501-2233
- Paper application
- In person at DSHS Community Services Office (for aged, blind or disabled coverage)
- In person at DSHS Home and Community Services Office (for long-term services and supports coverage)



# Limited enrollment due to budget

- HCA anticipates the number of individuals eligible for and interested in enrolling into AHE will exceed the limited capacity of the program.
  - ► The estimated capacity of the program will be determined November 2023.
  - Outreach efforts will include information about the program's limited capacity.
  - ► HCA intends to ensure that the program's capacity is maximized.

# Outreach & community engagement

#### Outreach

- ► Partnering with HBE and the Department of Social and Health Services (DSHS).
- ► The first phase leading up to open enrollment is being led by HBE.
- ► After open enrollment, outreach activities supporting Apple Health Expansion will begin.
- Engagement: Community Advocate Workgroup
  - ► HCA, DSHS, and HBE
    - > Bi-monthly meetings.
    - > Feedback and input on policy and operational development for both new programs.

# Outreach & community engagement

- Temporary Community Engagement Advisory Committee
  - ► Advocate workgroup is transitioning into the Temporary Community Engagement Advisory Committee (CEAC).
  - ► Work begins October 2023.
- Coming Soon: Community Accountability Committee
  - ► The CEAC will help draft a charter for the Community Accountability Committee.
  - Launches post-implementation.

# **Privacy**

- The Health Care Authority is required under law and HIPAA to maintain the privacy of its clients' information.
- There are a limited number of reasons where HCA may use and disclose information, including determining eligibility for Apple Health coverage.
- A full list of these disclosures is listed in our privacy policies.

# **Privacy**

- The privacy policies listed below are provided to clients on a yearly basis. We do not share information with any immigration agency.
- ▶ For more information, visit:
  - ► HCA website: <u>HCA notice of privacy practice</u>
  - ► <u>Washington State Health Care Authority Notice of Privacy Practices</u>
  - ► Health Care Coverage Rights and Responsibilities

# 3. Medicaid Transformation Project (MTP) 2.0

Overview of Waiver pursuant to Section 1115 of the Social Security Act



## Overview of MTP 2.0 Requests and Approvals

#### Aims

- Ensure equitable access to whole person care, empowering people to achieve their optimal health and wellbeing in the setting of their choice.
- Build healthier, equitable communities, with communities.
- Pay for integrated health and equitable, valuebased care.

### Goals

- Expand coverage and access to care, ensuring people can get the care they need.
- Advance whole-person primary, preventive, and home- and community-based care.
- Accelerate care delivery and payment innovation focused on health-related social needs.

### **Programs**

- Justice-involved reentry initiative (new)
- Continuous Apple Health enrollment (new)
- Post-partum coverage expansion (new)
- SUD and MH IMD Services (continuing)
- MAC and TSOA (continuing)
- LTSS innovations and efficiencies (new)
- Clinical integration advancements (pended)
- Services to address health-related social needs (new)
- Foundational Community Supports (continuing)
- Health equity investments (pended)



## Health-Related Social Need (HRSN) Services

- Authorizes payment to support a menu of new services:
  - Nutrition supports
  - ► Recuperative care and short-term post hospitalization housing
  - ► Housing transition navigation services
  - ► Rent/temporary housing for up to six months
  - ► Stabilization centers
  - Day habilitation programs
  - ► Caregiver respite services
  - ► Environmental accessibility and remediation adaptions
  - Case management: Community Hubs and Native Hub to pay for communitybased workforce
  - Community transition services: Personal care and homemaker services, and transportation services



# Foundational Community Supports

- Foundational Community Supports
  - ➤ Supportive housing and supported employment services for Apple Health beneficiaries who have a qualifying social risk factor and a needs-based factor
  - ► Enhancements under MTP 2.0
    - > Expanded eligibility from 18 and older to 16 and older
    - > Transition costs/housing deposits
    - > Rent/temporary housing for up to six months



# A Closer Look: Justice-involved pre- and post-release services



# Legislation related to reentry

- House Bill 2803 (2012): Providers of hospital services that are licensed with the DOH must contract with the DOC for services, as a condition of licensure, at Medicaid rates, using P1 billing system of record.
- House Bill 6430 (2016): Required continuity of care during periods of incarceration; Suspend, rather than terminate, Medicaid eligibility; Expanded eligibility to community-based Work Release facilities; Began interface with Jail Booking Reporting System (JBRS); A specific category of recipient was created to identify incarcerated individuals in jail; Inpatient services paid for by Medicaid; Reconnect with same Managed Care Organization (MCO); Require MCOs to coordinate care upon release from jail or prison
- Federal <u>SUPPORT for Patients and Communities Act</u> (the "SUPPORT Act") (2018) regarding Opioid epidemic response; sets out a number of Medicaid related provisions, including directing CMS to consider ways to pay for MAT and MOUD treatment while people are in carceral settings
- ▶ HB 1348 (2022) directed jail related Medicaid waiver; consider unsuspending for 29 days to improve transitions
- SB 5304 (2022) directed prison Medicaid waiver and established statutory reentry advisory committee Reentry Advisory Workgroup (RAW); and 5157 funded development of reentry related health care metrics for Medicaid
- Legislation (2022 budget bill) to use EHR as a service for Dept. of Corrections through HCA Medicaid funding and purchasing – begin process for local jails as well
- Federal legislation: Consolidated Appropriations Act of 2023 requires Medicaid coverage during Juvenile detention (up to age 21), implementation begins January 2025



### Reentry Services 1115 Waiver Initiative Vision

In June 2023, HCA received Section 1115 demonstration approval for the Reentry Services Initiative, which seeks to deliver a targeted set of services to adults and youth in state prisons, jails and youth correctional facilities in the 90 days prior to their release.



#### **Current State**

- Fragmented and inconsistent availability of services prior to release
- Limited re-entry planning and connections to postrelease services
- Minimal continuity of care and medication adherence
- Poor health outcomes and high rates of recidivism,
   ED utilization and deaths
- Limited use of federal funding





#### **Future State: Reentry Services Initiative**

- Delivery of targeted services 90 days prior to release to stabilize and treat common conditions
- Re-entry planning with connections and warm handoffs to post-release services
- Greater continuity of care through care coordination and access to medication pre- and post-release
- Improved health outcomes and reduced rates of recidivism, ED utilization, overdoses and death



# Eligible Population and Scope of Services

**Eligible Population:** All Medicaid-eligible individuals within 90 days of release from a state prison, jail, or youth correctional facility (pretrial or post-conviction).

#### **Approved Scope of Services**

#### **Mandatory:**

Case management/care coordination

Medication-assisted Treatment (MAT) pre-release

For post-release: 30-day supply of medications and durable medical equipment

#### **Secondary:**

Medications during the pre-release period

Lab and radiology

Services by community health workers

Physical and behavioral clinical consultations (as needed)

Coverage for these benefits will allow care coordination staff to:

- assess health care needs,
- develop re-entry care plans,
- work with facility staff to ensure provision of medications for opioid use disorder (OUD) and alcohol use disorder (AUD) treatment,
- facilitate referrals and transportation to treatment following re-entry,
- arrange for medications/durable medical equipment (DME) upon release, and
- connect individuals to supports to address health-related social needs.

### Snapshot of *Preliminary* Reentry Initiative Approach

#### **Incarceration Period**

Timeline between intake and release varies based on setting and sentencing

### Prior to Incarceration

#### At or Close to Intake

- ☑ Screen for Medicaid enrollment and interest in pre-release services
- ☑ Support submission of Medicaid applications, when needed
- ✓ Suspend full Medicaid coverage with allowances to bill for pre-release services
- ☑ Support managed care plan enrollment, where applicable
- ☑ Assign pre-release care manager

#### **Up to 90 Days Prior to Release**

- ☑ Facilitate needs assessment and development of care plan by pre-release care manager
- ☑ Deliver pre-release services, including:
  - Care management
  - Lab and radiology
  - Pre-release prescriptions including MAT
  - o Community health worker services
- ✓ Facilitate referrals for post-release services and prescriptions

#### Immediately Upon Release

- ✓ Provide 30-day supply of medications and durable medical equipment
- ☑ Facilitate warm handoff meeting with the individual and pre- and post-release care managers (if different)
- ☑ Reactivate full Medicaid coverage

#### **Post-Release**

☑ Support ongoing delivery of post-release care management and services through managed care organizations, ACHs and other partners



HCA recognizes that correctional settings pose unique challenges to delivering the full suite of pre-release services for all individuals (e.g., short stays, unpredictable release dates) and will work with facilities to develop strategies to accommodate these issues.



### **Preliminary** Implementation Timeline



- Early adopter facilities that demonstrate readiness may implement pre-release services as early as July 1, 2025.
- Facilities that require more time to demonstrate readiness will go-live in several cohorts after the initial go-live date with the timing for specific cohorts to be defined by HCA.



# **Examples of Policy Design and Implementation Planning Focus**

- Medicaid Enrollment and Suspension Processes
- Definitions of Pre-Release Services and Levels
- Pre-Release and Reentry Care Management Expectations
- Pre-Release Service Delivery Model

- Service Delivery Model for Short Term Stays
- Medicaid Provider Registration and Billing
- Information Technology and Data Sharing
- Implementation Readiness Assessment

...and more

# Planning and Implementation Funds

- ▶ To support the following activities:
  - ► Technology and IT Services
  - Hiring of Staff and Training
  - Adoption of certified EHR technology
  - Purchase of Billing Systems
  - ► Development of Protocols and Procedures
  - Additional Activities to Promote Collaboration
  - ▶ Planning
  - Other activities to support a milieu appropriate for provision of prerelease services

### Assessing Readiness for Implementation

- ▶ HCA will require correctional facilities to attest to readiness to participate in the Initiative prior to "go-live" with pre-release services beginning on July 1, 2025.
  - ➤ Readiness assessments will cover key implementation requirements needed for successful implementation, such as Medicaid application processes and reentry planning.
- Agencies may submit their assessments to HCA on a rolling basis prior to go-live.
  - ► HCA will provide guidance on specific timelines at a later date.
- ▶ HCA will review submissions and determine whether agencies are ready to go-live with pre-release services.



### Resources

- MTP 2.0 Summary
- Approval letter from CMS
- MTP renewal page
- MTP website section
- ▶ For questions, please reach out to the Medicaid Transformation inbox (medicaidtransformation@hca.wa.gov)



# Questions?

Jason McGill

Medicaid Programs Division

Email: jason.mcgill@hca.wa.gov

Phone: 360-791-1546

