



**OPEN MINDS**

# Washington Health & Human Services Market Profile



# Health & Human Services Market Profile Overview

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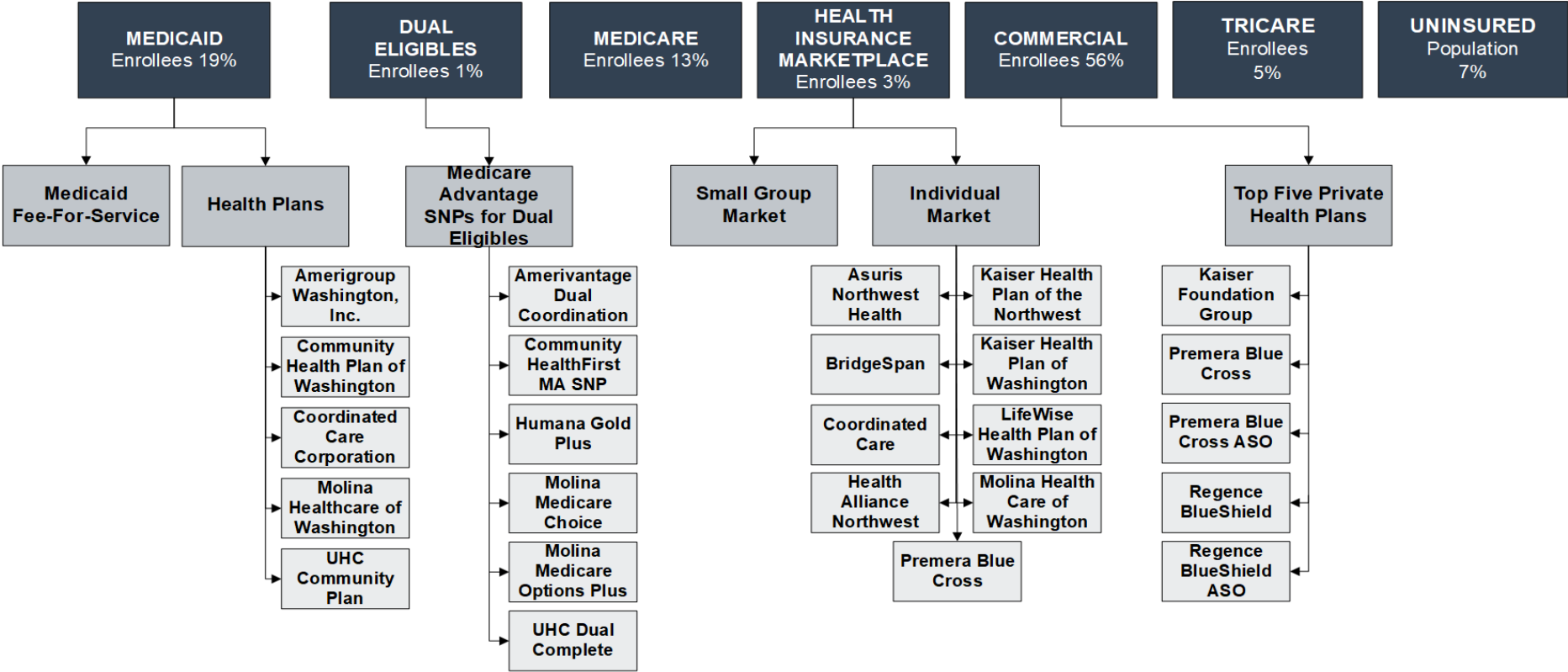
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# A. Executive Summary

# A.1. Washington Physical Health Care Coverage by Payer

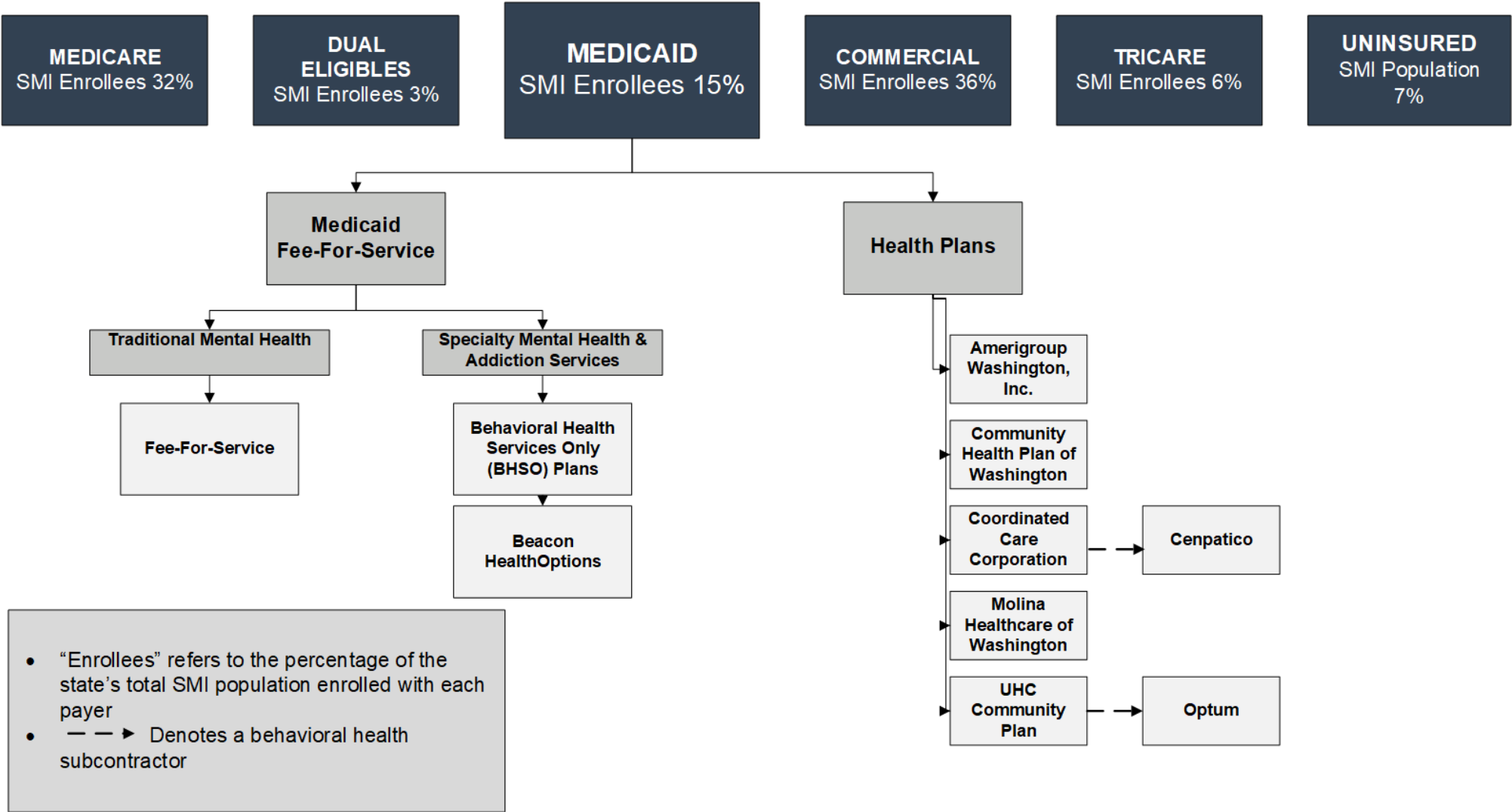
Total Washington Population- 7,738,692

Estimated SMI Population- 379,196



"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

# A.1. Washington Behavioral Health Care Coverage by Payer



## A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	Members of the Native Alaska/American Indian populations have the option to enroll in a Tribal operated PCCM.
Accountable Care Organization (ACO) Program		The state is considering extending the state employee ACO program to other payers.
Affordable Care Act (ACA) Model Health Home	✓	The state operates health homes for individuals with one chronic condition, including individuals with SMI, and at-risk for another chronic condition.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	The state operates a FFS dual demonstration using health homes. The demonstration was set to expire in December 2020; however, the state's contract is still awaiting renewed approval from CMS.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state has awarded grants to nine organizations.

## A.3. Health Care Safety-Net Delivery System

### State Agencies Responsible For Uninsured Citizens & Delivery System Model

#### Physical Health Services

- The Primary Care Office within the state Department of Health is responsible for providing physical health services to the uninsured population.

#### Mental Health Services

- The behavioral health administrative service organization (BH-ASO) provides mental health safety-net services, depending on the region. The oversight of the BHOs and BH-ASOs was transferred from the Department of Social and Health Services to the Washington Health Care Authority.

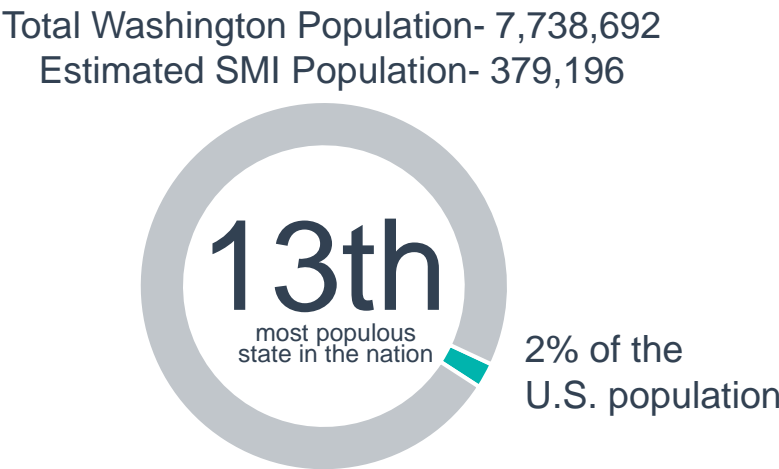
#### Addiction Treatment Services

- The BH-ASO provides addiction treatment safety-net services, depending on the region. The oversight of the BHOs and BH-ASOs was transferred from the Department of Social and Health Services to the Washington Health Care Authority.

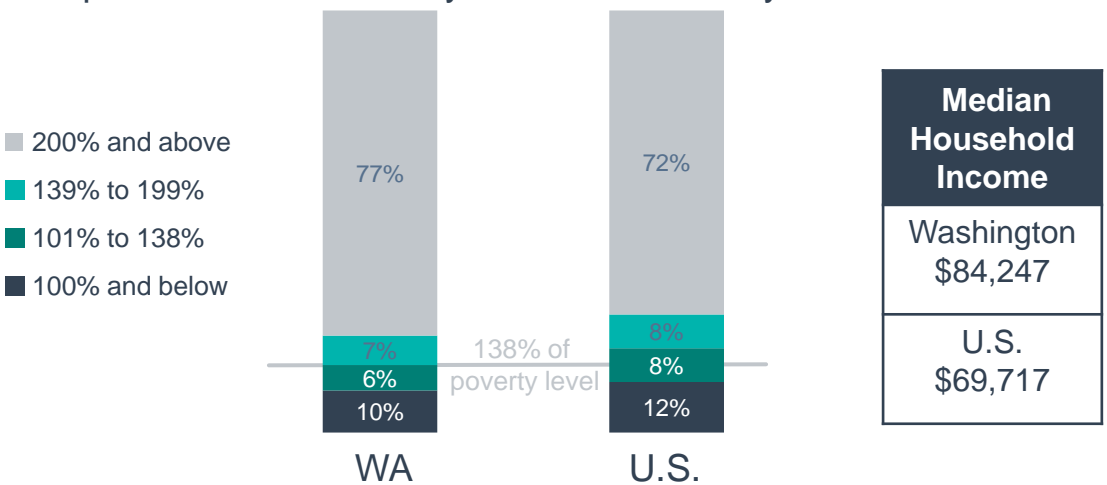
## B. Washington Health Financing System Overview



# B.1. Population Demographics



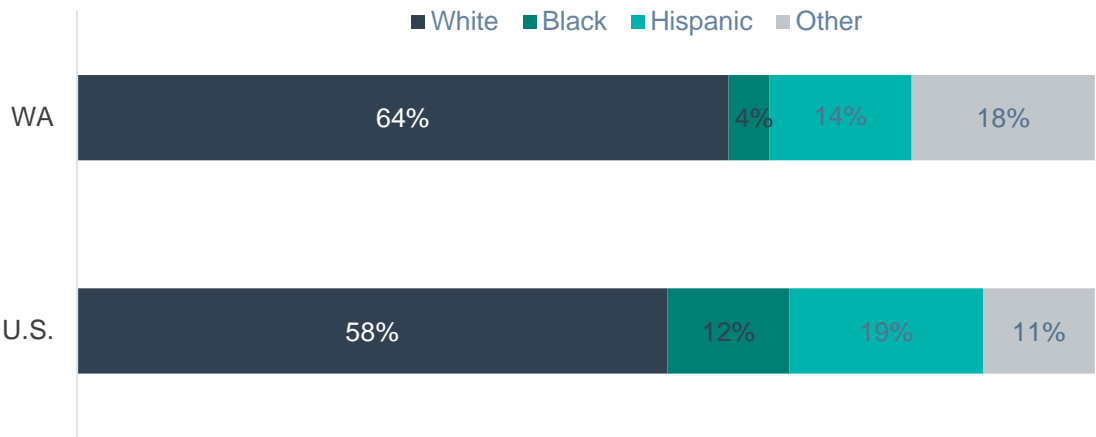
Population Distribution By Income To Poverty Threshold Ratio



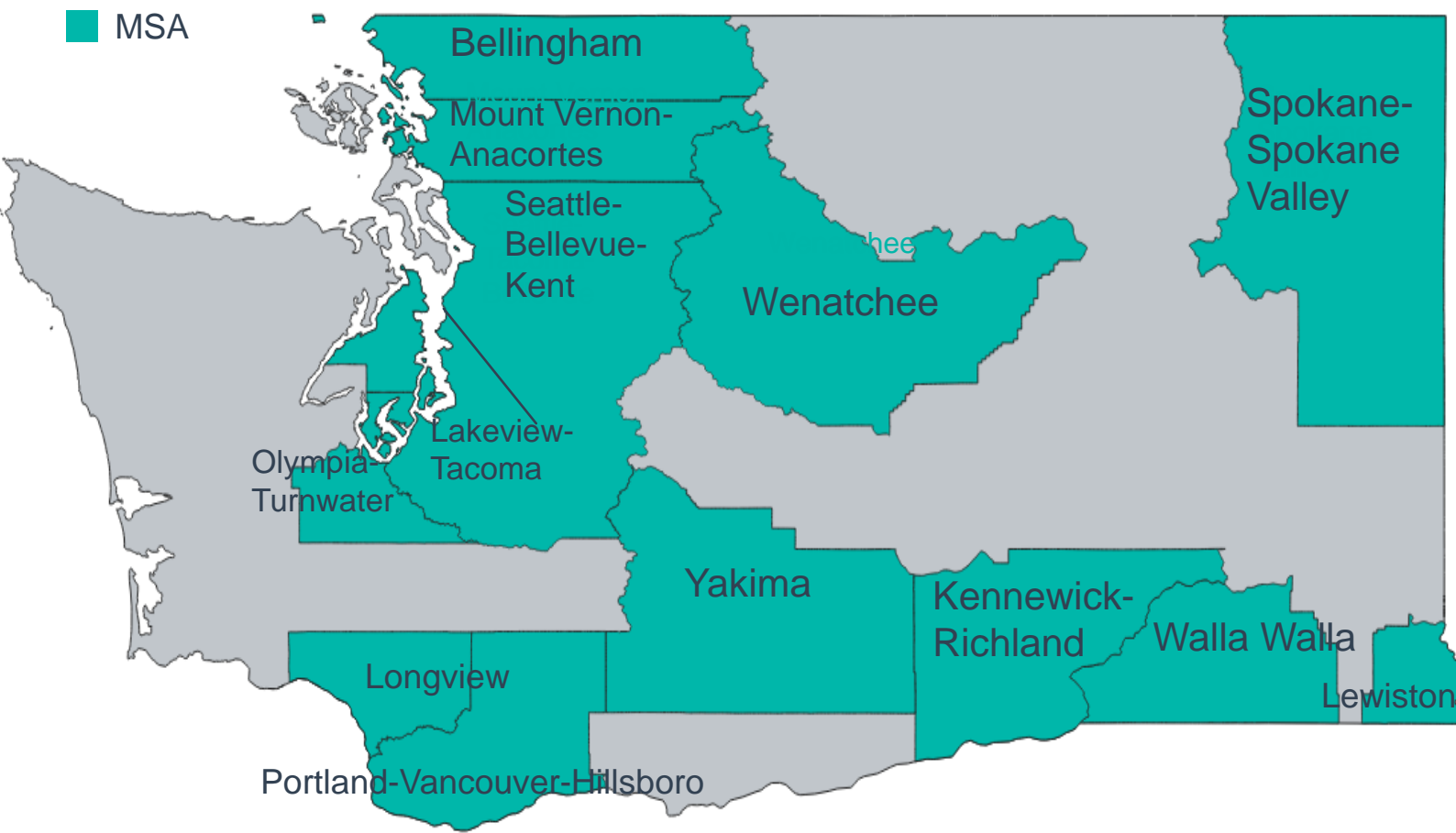
Population Distribution By Age



Washington & U.S. Racial Composition



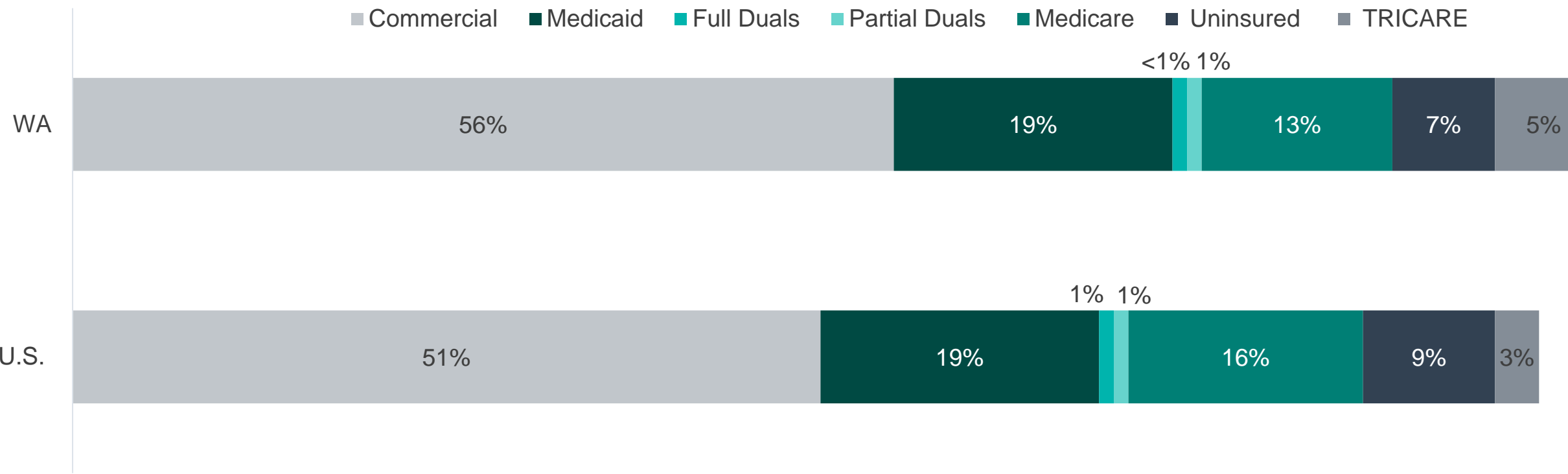
# B.2. Population Centers



\*Based on 2020 information

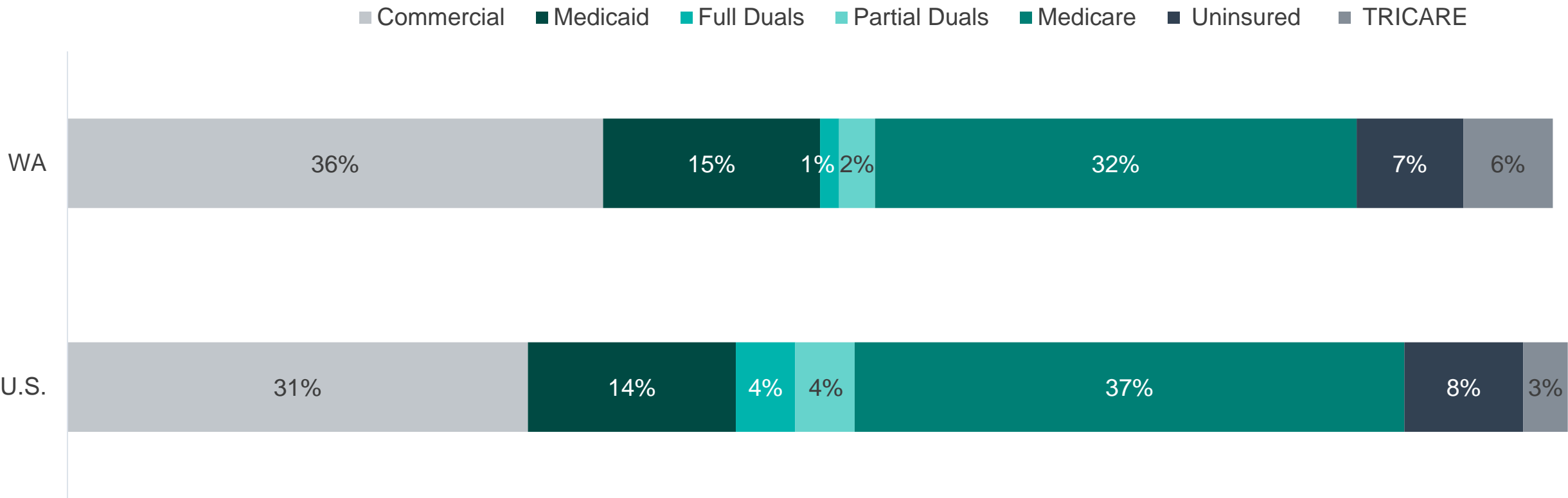
Metropolitan Statistical Areas (MSAs)		
MSA	Washington Residents	Percent Of Population
Total MSA Population	8,975,176	N/A
Seattle-Tacoma-Bellevue, WA	4,011,553	52%
Portland-Vancouver-Hillsboro, OR-WA	2,511,612	32%
Spokane-Spokane Valley, WA	593,466	8%
Kennewick-Richland, WA	308,293	4%
Olympia-Lacey-Turnwater, WA	297,977	4%
Bremerton-Silverdale-Port Orchard, WA	274,314	4%
Yakima, WA	256,035	3%
Bellingham, WA	228,831	3%
Mount Vernon-Anacortes, WA	130,696	2%
Wenatchee, WA	123,342	2%
Longview, WA	111,524	1%
Lewiston, ID-WA	64,851	<1%
Walla Walla, WA	62,682	<1%

# B.3. Population Distribution By Payer: National vs. State



\*Totals may not equal 100% due to rounding.

# B.3. SMI Population Distribution By Payer: National vs. State



## B.4. Largest Washington Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Premera Blue Cross	Commercial administrative services only (ASO)	2,224,724
Molina Healthcare	Medicaid managed care	913,613
Medicare fee-for-service (FFS)	Medicare	787,607
Regence BlueShield	Commercial ASO	768,124
Kaiser Permanente	Commercial ASO	581,196
TRICARE	Other public	348,284
Aetna	Commercial ASO	302,047
Medicaid fee-for-service (FFS)	Medicaid	232,392
UnitedHealthcare Community Plan	Medicaid managed care	223,947
Community Health Plan of Washington	Medicaid managed care	220,465

\* Medicaid enrollment as of December 2021; TRICARE as of July 2020; Commercial as of December 2021; Medicare enrollment as of December 2021

## B.4. Largest Washington Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare fee-for-service (FFS)	Medicare	787,607	126,017
Premera Blue Cross	Commercial ASO	2,224,724	109,011
Molina Healthcare	Medicaid managed care	913,613	44,767
Regence BlueShield	Commercial ASO	768,124	37,638
TRICARE	Other Public	348,284	28,908
Kaiser Permanente	Commercial ASO	581,196	28,479
AARP MedicareComplete	Medicare Advantage	101,375	16,220
Kaiser Permanente Senior Advantage	Medicare Advantage	97,792	15,647
Aetna	Commercial ASO	302,047	14,800
Medicaid FFS	Medicaid	232,392	11,387

\* Medicaid enrollment as of December 2021; TRICARE as of July 2020; Commercial as of December 2021; Medicare enrollment as of December 2021

# B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	3%
Type of Marketplace	State
Individual Enrollment Contact	<a href="https://www.wahealthplanfinder.org/">https://www.wahealthplanfinder.org/</a>
	1-855-923-4633 1-855-WAFINDER
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier, or through an insurance broker.

2023 Individual Market Health Plans
<div>1. BridgeSpan Health Company</div> <div>2. Community Health Plan of Washington</div> <div>3. Coordinated Care Corporation</div> <div>4. Kaiser Foundation Health Plan of the Northwest</div> <div>5. Kaiser Foundation Health Plan of Washington</div> <div>6. LifeWise Health Plan of Washington</div> <div>7. Molina Healthcare of Washington</div> <div>8. PacificSource Health Plans</div> <div>9. Premera Blue Cross</div> <div>10. Regence BlueCross BlueShield of Oregon</div> <div>11. Regence BlueShield</div> <div>12. UnitedHealthcare of Oregon</div>
2023 Small Group Market Health Plans
None

# B.6. Accountable Care Organizations

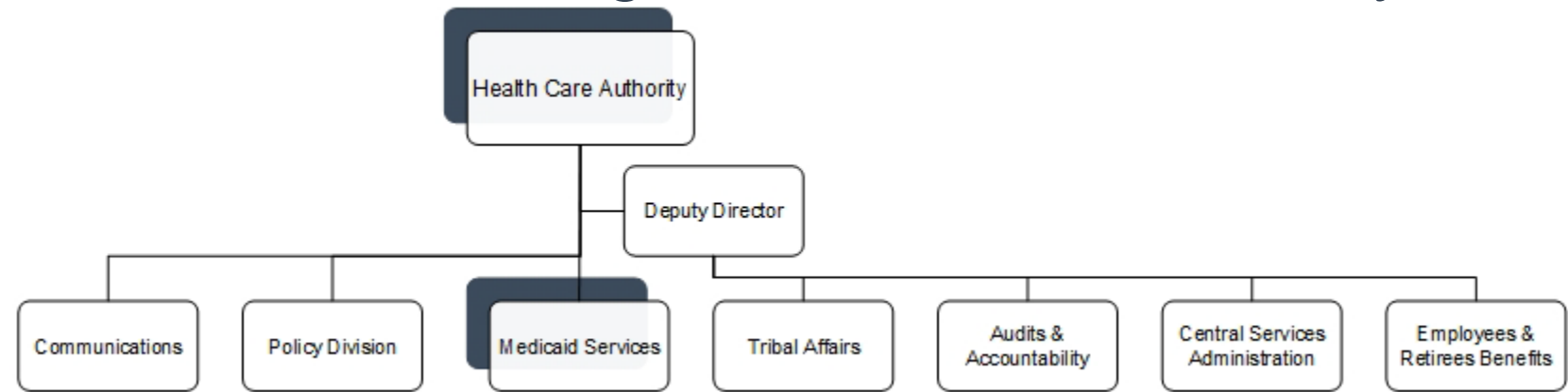
Medicare Shared Savings ACOs
1. Aledade Accountable Care 22,
2. Caravan Health ACO 17, LLC
3. Caravan Health ACO 20, LLC
4. Cascadia Care Network
5. Community Health Center Network of Idaho, LLC
6. Franciscan Northwest Physicians Health Network, LLC
7. Health Connect Partners, LLC
8. Kootenai Accountable Care, LLC
9. MultiCare Connected Care
10. Polyclinic Management Services Company
11. Public Hospital District #1 of King County (Valley Medical Group - Renton)
12. Tuality Health Plan Services
13. USMM Accountable Care Partners

End-Stage Renal Disease ACOs	
1. Northwest Kidney Care Alliance	
Next Generation ACOs	
1. NW Momentum Health ACO	
Commercial ACOs	
ACO	Commercial Insurer
Evergreen Health Partners CCC	Cigna
MultiCare Connected Care, LLC	First Choice Health
Northwest Physician's Network	Cigna, Humana, Optum
Providence-Swedish Health Alliance	Cigna
The Everett Clinic	Optum



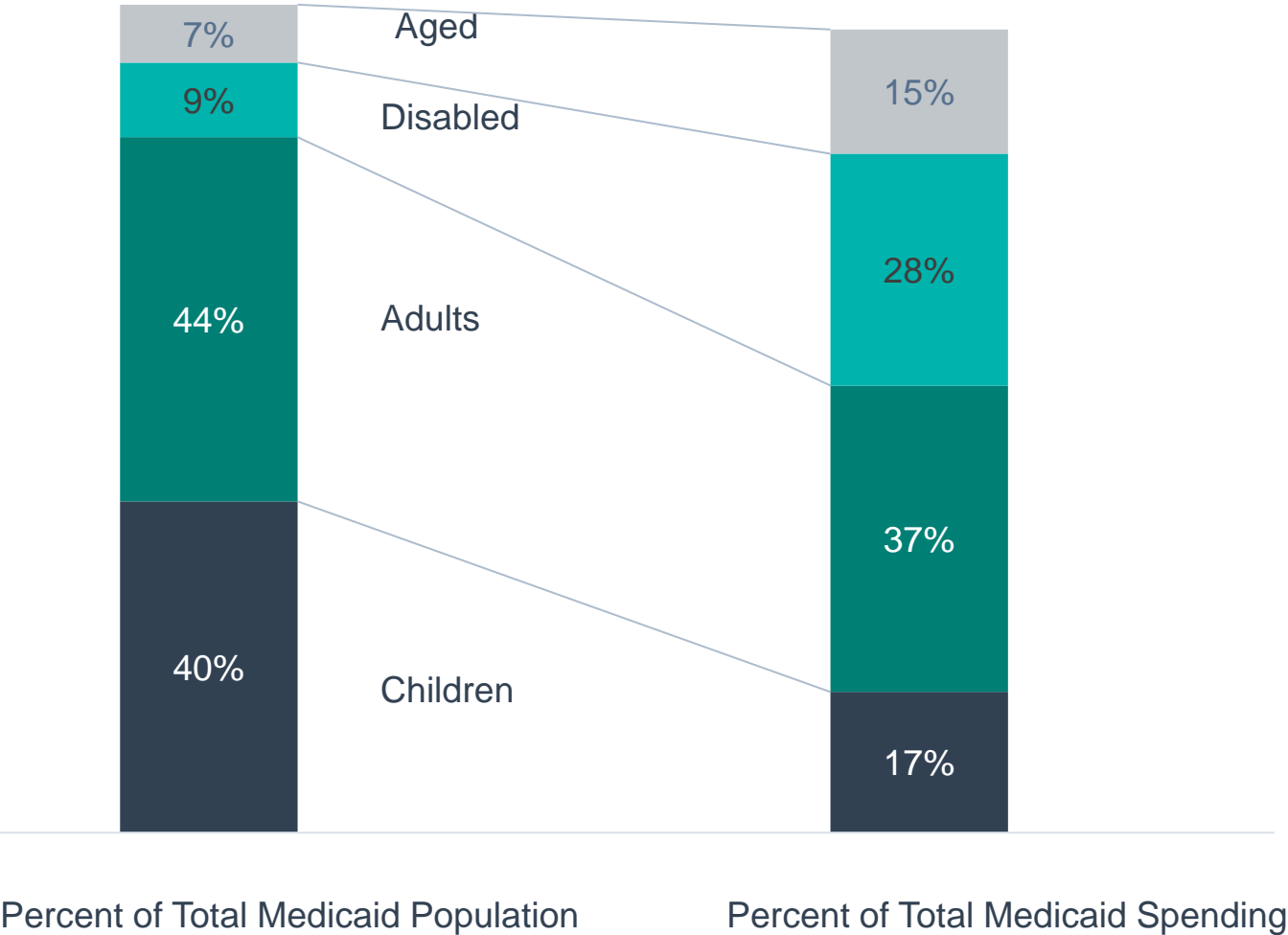
## C. Medicaid Administration, Governance & Operations

# C.1. Medicaid Governance: Organizational Chart & Key Leadership



Name	Position	Department	Email
Sue Birch	Director	Washington State Health Care Authority (HCA)	sue.birch@hca.wa.gov
Louis McDermott	Deputy Director	HCA	lou.mcdermott@hca.wa.gov
Charissa Fotinos	State Medicaid Director	HCA	charissa.fotinos@hca.wa.gov
Michael Arnis	Deputy Policy Director	HCA	michael.arnis@hca.wa.gov
Megan Atkinson	Chief Financial Officer	HCA	megan.atkinson@hca.wa.gov
Amy Blondin	Chief Communications Officer	HCA	amy.blondin@hca.wa.gov
Judy Zerzan, M.D.	Chief Medical Officer	HCA	judy.zerzan@hca.wa.gov
Mich'l Needham	Chief Policy Officer	HCA	mich'l.needham@hca.wa.gov
Jody Costello	Administration Services Director	HCA	jody.costello@hca.wa.gov
Jessie Dean	Tribal Affairs Administrator	HCA	jessie.dean@hca.wa.gov

# C.2. Medicaid Program Spending By Eligibility Group



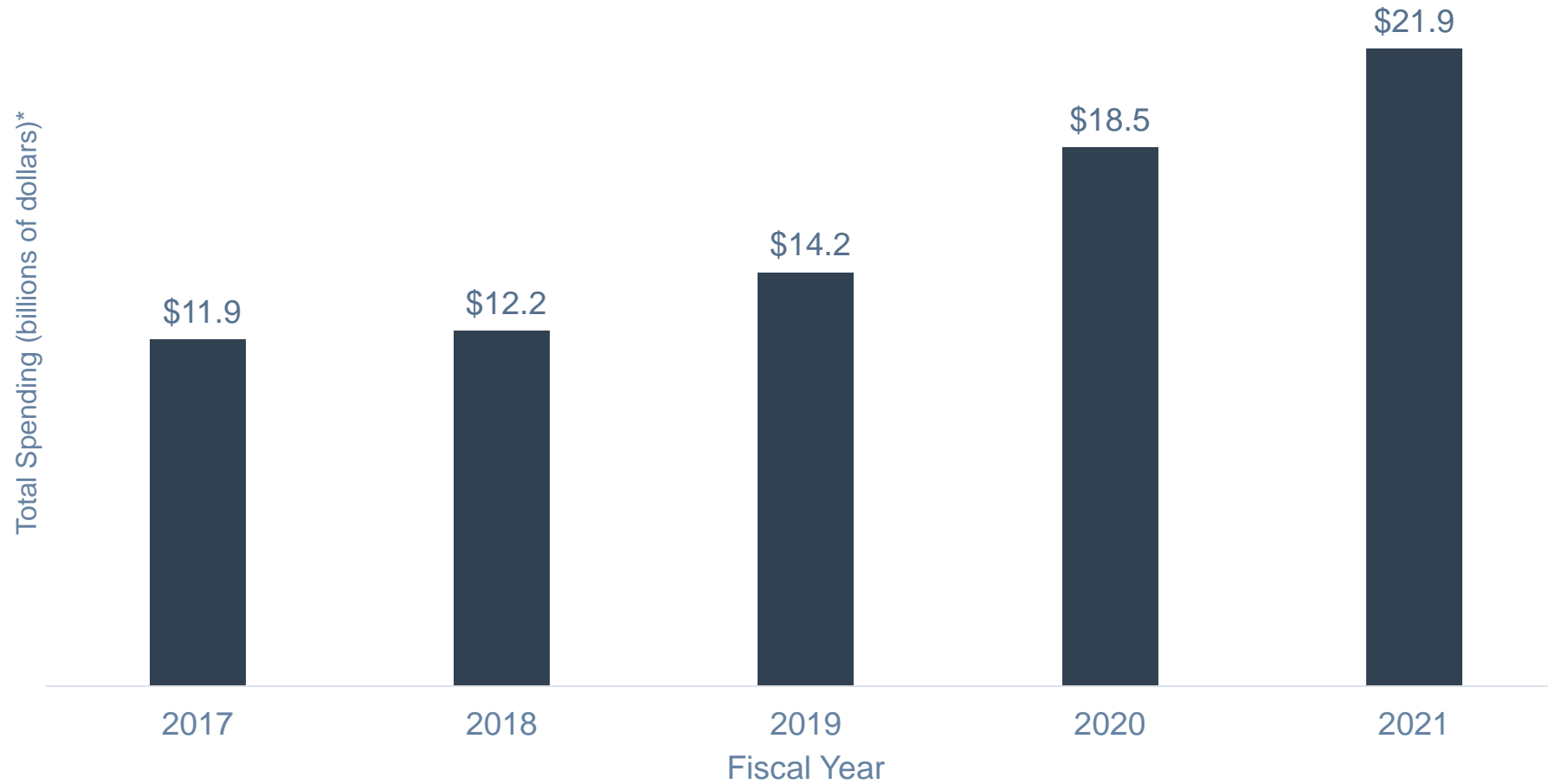
Based on FY 2020 data

Medicaid Spending Per Enrollee, FY 2020		
	U.S.	WA
All populations	\$8,718	\$10,225
Children	\$3,495	\$4,102
Adults	\$5,461	\$10,410
Expansion adults	\$7,227	\$9,649
Blind and disabled	\$23,123	\$28,874
Aged	\$18,552	\$22,966

## C.2. Medicaid Program Spending: Budget

Budget Item	SFY21 Spending	Percent Of Budget	Federal & County Financial Participation	
Managed care and premium assistance	\$13,572,000,000	62%	FY 2023 Federal Medical Assistance Percentage (FMAP)	56%
Home- and community-based LTSS	\$3,975,000,000	18%		
Institutional LTSS	\$1,211,000,000	6%		
Clinic and health center	\$867,000,000	4%		
Other acute services	\$799,000,000	4%		
Hospital	\$627,000,000	3%		
Medicare premiums and coinsurance	\$503,000,000	3%		
Dental	\$170,000,000	1%		
Physician	\$161,000,000	1%		
Drugs	\$19,000,000	<1%		
Other practitioner	\$10,000,000	<1%		
<b>Total Spending: \$21,914,000,000</b>			CY 2023 Newly Eligible FMAP (expansion population)	88%
			Counties contribute to state Medicaid share	No

## C.2. Medicaid Program Spending: Change Over Time



\*All years actual spending

# C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility
Legislation Used To Expand Medicaid	Senate Bill 26, 98th General Assembly
Number Of Individuals Enrolled In The Expansion Group (March 2022)	734,054
Number Of Enrollees Newly Eligible Due To Expansion	718,150
Benefits Plan For Expansion Population	The alternative benefit plan offers all state plan benefits, plus additional habilitation benefits.

## C.4. Medicaid Program Benefits

### Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Emergency services
3. Outpatient hospital services
4. Rural Health Clinic services
5. Federally Qualified Health Center (FQHC) services
6. Laboratory and x-ray services
7. Nursing facilities for individuals 21 and over
8. Early and Periodic Screening and Diagnosis and Treatment (EPSDT) for individuals under 21
9. Family planning services and supplies
10. Free standing birth centers
11. Pregnancy-related and postpartum services
12. Nurse midwife services
13. Hospice Care
14. Tobacco cessation programs for pregnant women
15. Physician services
16. Medical and surgical services of a dentist
17. Home health services
18. Nurse practitioner services
19. Non-emergency transportation to medical care

### Washington's Optional Services

1. Case management services
2. Other practitioners' services
3. Clinic services
4. Dental services
5. Preventive and rehabilitative services
6. Optometry services
7. Inpatient psychiatric services for individuals 21 and under
8. Intermediate care facility services for individuals with intellectual disabilities
9. Nursing facility services for individuals under 21 years old
10. Physical and occupational therapy
11. Speech, hearing, and language therapy services
12. Podiatry services
13. Prescribed drugs
14. Prosthetic devices, dentures, and eyeglasses
15. Transplant services
16. Personal care services
17. Private duty nursing
18. Services for individuals age 65 and over in IMDs
19. Respiratory care services

## D. Medicaid Financing & Service Delivery System



# D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (October 2022)	232,392	1,928,342
SMI Enrollment	<ul style="list-style-type: none"><li>Washington does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.</li><li>Estimated 11% of SMI population in FFS; 89% in managed care</li></ul>	
Management	<ul style="list-style-type: none"><li>Physical and traditional behavioral health: Health Care Authority</li><li>Specialty behavioral health: Behavioral Health Services Only (BHSO) plans</li></ul>	Five health plans
Payment Model	<ul style="list-style-type: none"><li>Physical and traditional behavioral health: FFS</li><li>Specialty behavioral health: Capitated rate</li></ul>	Capitated rate
Geographic Service Area	<ul style="list-style-type: none"><li>Physical Health: Statewide</li><li>Specialty Behavioral Health: BHSOs available by county/region</li></ul>	Statewide

**Total Medicaid: 2,160,734 | Total Medicaid With SMI: 105,875**

# D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution		<ul style="list-style-type: none"><li>As of October 2022: 11% in fee-for-service (FFS); 89% in managed care</li></ul>
SMI population inclusion in managed care		<ul style="list-style-type: none"><li>Washington does not specifically preclude individuals with SMI from enrolling in managed care; therefore, the majority of the SMI population is enrolled in managed care.</li><li>Estimated 11% of population in FFS; 89% in managed care</li></ul>
Dual eligible population inclusion in managed care		<ul style="list-style-type: none"><li>FFS is mandatory for dual eligibles; however, a small amount of adults are in managed care. Individuals have an option to enroll in a D-SNP.</li><li>Estimated 99% of population in FFS; &lt;1% in managed care</li></ul>
Long-term services and supports inclusion in managed care		<ul style="list-style-type: none"><li>FFS is mandatory for all individuals in need of LTSS, managed care is not included.</li></ul>
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	Included in the health plan's capitation rate
Specialty behavioral health	At-risk payment to the behavioral health services only (BHSO) plans	Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	Included in the health plan's capitation rate
Long-term services and supports (LTSS)	Covered FFS by the state	Covered FFS by the state

## D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Health plans are responsible for care coordination.
Primary Care Case Management (PCCM)	✓	Members of the Alaska/American Indian populations have the option to enroll in a Tribal operated PCCM.
Accountable Care Organization (ACO) Program		The state is considering extending the state employee ACO program to other payers.
Affordable Care Act (ACA) Model Health Home	✓	The state operates health homes for individuals with one chronic condition, including individuals with SMI, and at-risk for another chronic condition.
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration	✓	The state operates a FFS dual demonstration using health homes. The demonstration was set to expire in December 2020; however, the state's contract is still awaiting renewed approval from CMS.
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state has awarded grants to nine organizations.

# D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles			X
Medicaid expansion			X
Individuals residing in nursing homes			X(depending on where they reside)
Individuals residing in ICF/IDD			X(depending on where they reside)
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"> <li>• Former foster care youth</li> <li>• Medically needy individuals</li> <li>• Individuals that have met spenddown requirements</li> <li>• Breast and Cervical Cancer</li> <li>• Enrolled in another managed care program</li> <li>• Eligibility less than 3 months</li> </ul>	<ul style="list-style-type: none"> <li>• American Indian/Alaskan Natives</li> <li>• Children receiving SSI under the age of 19</li> <li>• Children with special health care needs receiving grant funding from other government programs</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals receiving Medicaid under Social Security Act provisions</li> <li>• Pregnant women</li> <li>• Former foster care youth up to age 26</li> </ul>

## D.2. Medicaid FFS Program: Overview

1. Washington's FFS enrollment as of October 2022 was 232,392.
2. Washington calls its Medicaid program Apple Health.
3. Washington operates a small primary care case management program for the American Indian/Native Alaskan population.
  - The program services approximately 2,600 individuals.
  - Under the PCCM program, tribes may elect to provide case management services to eligible individuals.

## D.2. Medicaid FFS Program: Behavioral Health Benefits

1. On January 1, 2020, Washington transitioned from a behavioral health carve-out model to a carve-in model that integrates physical health and behavioral health financing under the health plans. The state refers to the new delivery system as Integrated Managed Care (IMC).
2. Medicaid FFS beneficiaries, such as dual eligible or medically needy beneficiaries, receive behavioral health services through one of the BHSO plans.
  - The BHSO plans are operated by the integrated health plans serving the managed care population in the region. Enrollees may choose their BHSO plan.
  - The BHSOs are responsible for crisis services but must subcontract with the behavioral health administrative services organization (BH-ASO) for these services. The BH-ASO provides crisis services to both Medicaid and non-Medicaid individuals.
3. Pharmacy services, including behavioral health and addiction treatment drugs, are provided FFS by the state.
4. American Indians/Alaskan Natives have the option to receive behavioral health services through a BH-ASO, BHSO, or the FFS system.

# D.2. Medicaid FFS Program Behavioral Health Benefits

- 1. The BHSO plans are operated by the integrated health plans serving the managed care population in the region. FFS enrollees may choose their BHSO plan. If they do not, they will be automatically assigned to a plan.
- 2. The BHSO plans must subcontract with the state BH-ASO for the delivery of crisis services. Beacon Health Options was awarded the BH-ASO contract.

## FFS Mental Health Treatment Benefits Provided By BHSO Plans

- 1. Intake, evaluation, and community treatment
- 2. Individual, group, and family treatment
- 3. Medication management
- 4. Medication monitoring
- 5. Peer support
- 6. Brief intervention and treatment
- 7. High intensity treatment
- 8. Therapeutic psychoeducation
- 9. Day support
- 10. Stabilization services
- 11. Rehabilitation case management
- 12. Residential services
- 13. Evaluations for special populations
- 14. Psychological assessment
- 15. Bio-feedback therapy
- 16. Inpatient psychiatric evaluation and treatment
- 17. Freestanding evaluation and treatment services
- 18. WISe Wraparound services (children under age 21)
- 19. Crisis services

## FFS Addiction Treatment Benefits Provided By BHSO Plans

- 1. Assessment
- 2. Residential treatment
- 3. Inpatient withdrawal and detoxification
- 4. Opiate substitution treatment services
- 5. Group and individual therapy
- 6. Case management
- 7. Brief intervention and treatment

## D.2. Medicaid FFS Program: SMI Population

1. The SMI population is mandatorily enrolled in managed care unless they meet other FFS criteria for exemption.
2. As of October 2022, *OPEN MINDS* estimates that 11% of the SMI population was enrolled in FFS.



## D.2. Medicaid FFS Program: Pharmacy Benefit

Washington FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants, anxiolytics, anticonvulsants, and atypical antipsychotics are included in the general pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid antagonists, alcohol deterrents, and partial antagonists are included on the general pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, antipsychotic injectable medications are covered as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>• An individual must have tried and failed—or is intolerant to—at least two or more preferred drugs within the drug class, unless contraindicated, not clinically appropriate, or only one drug is preferred.</li> <li>• Prior authorization, safety edits, and limits based on age, gender, dose, or quantity may be in place for some drugs.</li> </ul>
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the Patient Review and Coordination Program identifies individuals with excessive utilization, individuals visiting multiple clinical professionals for similar services, or with at-risk usage. For at least two years, individuals are assigned to one primary care provider, one pharmacy and one prescriber for controlled substances, and one hospital for non-emergent care.

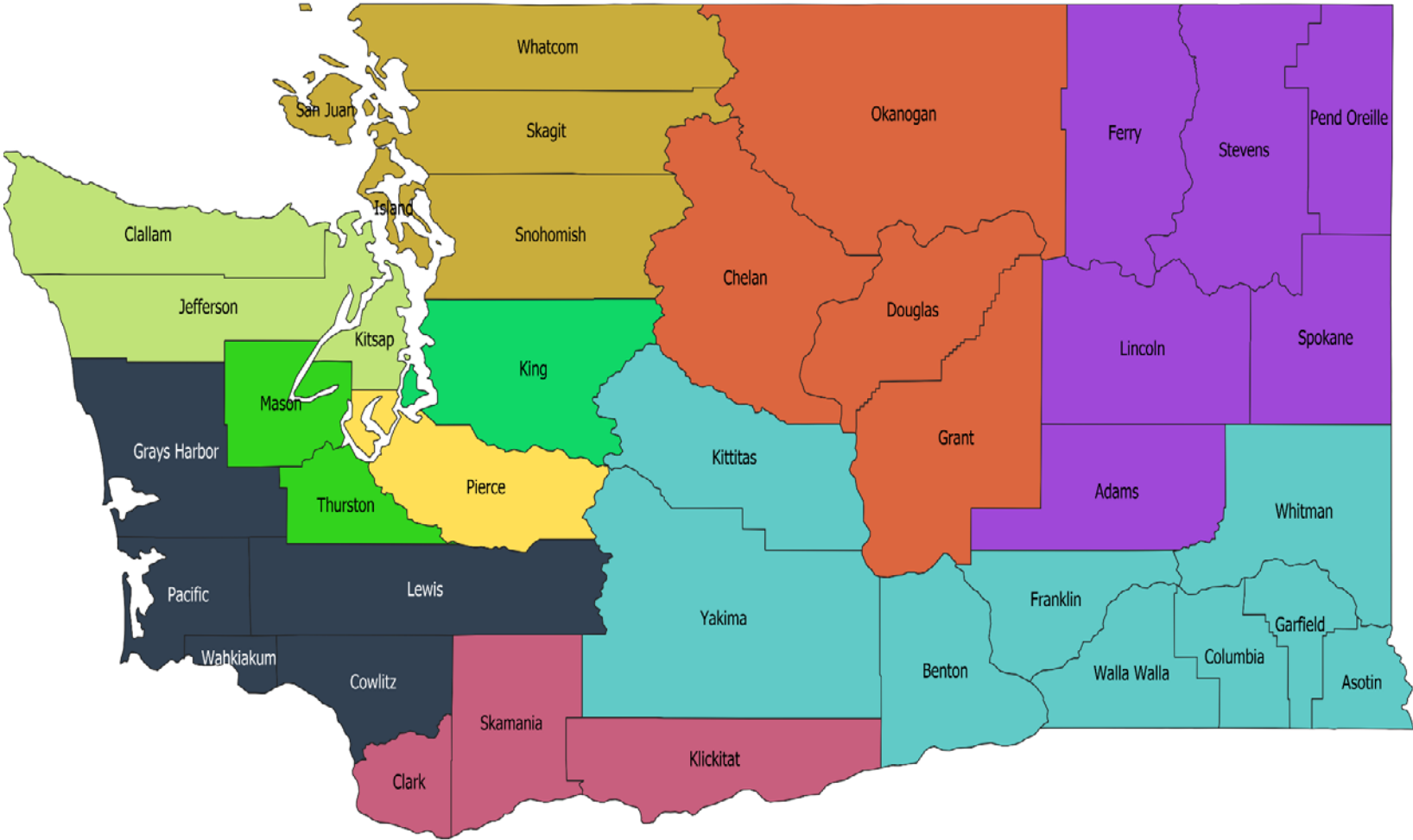
## D.3. Medicaid Managed Care Program: Overview

1. Managed care enrollment as of October 2022 was 1,928,342.
2. There are currently five health plans that are at full-risk for physical health benefits and some—or all—behavioral health benefits.
  - Although the state is divided into ten service areas, health plans are available on a county by county basis. Enrollees have a choice of the health plans in their county.
  - Additionally, Centene-WellCare (i.e., Coordinated Care of Washington) operates a statewide health plan called Apple Health Core Connection for children enrolled in foster care.
3. In 2020, Washington transitioned from a behavioral health carve-out model to a carve-in model where physical health and behavioral health financing are integrated under the health plans. The new model is called Integrated Managed Care (IMC) and is available statewide.
4. As part of the state initiative to move 90% of state financed services to value-based arrangements, the health plans are required to enter in value-based arrangements.
  - In 2019, the state's capitation rate was 1.5%. The health plans capitation rate increased to 3% in 2021.
  - To earn back the withhold, the MCO must meet the value-based purchasing goal (worth 12.5% of withhold), make payments to provider organizations tied to quality and cost (worth 12.5% of withhold), and demonstrate quality improvement and attainment on HEDIS performance measures (worth 75% of withhold).

# D.3. Medicaid Managed Care Program: Regions

## Regional Service Areas

- Greater Columbia
- King
- North Central
- North Sound
- Peninsula
- Pierce
- Spokane
- Southwest Washington
- Thurston-Mason
- Greater Rivers



# D.3. Medicaid Managed Care Program: Health Plan Characteristics

<b>Amerigroup</b> <ol style="list-style-type: none"><li>1. Profit status: For-profit</li><li>2. Parent company: Anthem</li><li>3. Behavioral health subcontractor: None</li><li>4. Pharmacy benefits manager: IngenioRx</li><li>5. Managed care programs: Apple Health Managed Care</li><li>6. Enrollment share: 18%</li></ol>	<b>Community Health Plan Of Washington</b> <ol style="list-style-type: none"><li>1. Profit status: Non-profit</li><li>2. Parent company: None</li><li>3. Behavioral health subcontractor: None</li><li>4. Pharmacy benefits manager: Express Scripts</li><li>5. Managed care programs: Apple Health Managed Care</li><li>6. Enrollment share: 13%</li></ol>	<b>UnitedHealthcare Community Plan</b> <ol style="list-style-type: none"><li>1. Profit status: For-profit</li><li>2. Parent company: United Healthcare</li><li>3. Behavioral health subcontractor: Optum</li><li>4. Pharmacy benefits manager: OptumRx</li><li>5. Managed care programs: Apple Health Managed Care</li><li>6. Enrollment share: 13%</li></ol>
<b>Molina Healthcare Of Washington</b> <ol style="list-style-type: none"><li>1. Profit status: For-Profit</li><li>2. Parent company: Molina Healthcare</li><li>3. Behavioral health subcontractor: None</li><li>4. Pharmacy benefits manager: CVS Health</li><li>5. Managed care programs: Apple Health Managed Care</li><li>6. Enrollment share: 50%</li></ol>	<b>Coordinated Care Of Washington</b> <ol style="list-style-type: none"><li>1. Profit status: For-profit</li><li>2. Parent company: Centene-WellCare</li><li>3. Behavioral health subcontractor: Cenpatico</li><li>4. Pharmacy benefits manager: Envolve</li><li>5. Managed care programs: Apple Health Managed Care, Apple Health Core Connections (foster care children)</li><li>6. Enrollment share: 11%</li></ol>	

# D.3. Medicaid Managed Care Program: Health Plan Service Areas

Health Plans Available By Region					
Region	Amerigroup	Community Health Plan	Coordinated Care	Molina Healthcare	United Healthcare
Greater Columbia	X	X	X	X	
King	X	X	X	X	X
North Central	X		X	X	
Pierce	X		X	X	X
Spokane	X	X		X	
Southwest	X	X		X	
North Sound	X	X	X	X	X
Thurston-Mason	X			X	X
Great Rivers	X			X	X
Salish	X			X	X

# D.3. Medicaid Managed Care Program: Behavioral Health Services

- 1. The health plans must subcontract with the state BH-ASO for the delivery of crisis services. There are currently nine BH-ASOs, with Beacon Health Options operating in two regions.
- 2. Health plans may provide services in an institution of mental disease (IMD) in lieu of state plan services.

Mental Health Treatment Benefits Provided By Health Plans	
1.	Intake evaluation
2.	Individual, group, and family treatment
3.	Medication management
4.	Medication monitoring
5.	Peer support
6.	Brief intervention treatment
7.	High intensity treatment
8.	Therapeutic psychoeducation
9.	Day support
10.	Stabilization services
11.	Rehabilitation case management
12.	Residential services
13.	Evaluations for special populations
14.	Psychological assessment
15.	Inpatient psychiatric evaluation and treatment
16.	Evaluation and treatment services
17.	WISe Wraparound services (children under age 21)
18.	Crisis services

Addiction Treatment Benefits Provided By Health Plans	
1.	Residential treatment
2.	Inpatient withdrawal, detoxification, and treatment
3.	Opiate substitution treatment services
4.	Outpatient services
5.	Intensive outpatient treatment
6.	Case management
7.	Screening, Brief Intervention, Referral, and Treatment (SBIRT)

Behavioral Health Benefits Provided FFS By The State	
•	Behavioral services for American Indians/Alaska Natives who elect to receive them FFS.
•	Beneficiaries, such as dual eligibles, that are not eligible for managed care can receive behavioral health services through the Behavioral Health Services Organizations (BHSOs).

## D.3. Medicaid Managed Care Program: SMI Population





- The SMI population is mandatorily enrolled in managed care unless they meet FFS criteria for exemption.
- As of October 2022, *OPEN MINDS* estimates that 89% of the SMI population was enrolled in managed care.

# D.3. Medicaid Managed Care Program: Pharmacy Benefit

Washington Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Medicaid health plan
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none"><li>On July 1, 2018, Washington moved to a unified PDL for the Washington Medicaid health plans and the FFS program.</li><li>The FFS PDL includes mental health and addiction treatment drugs.</li></ul>
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<p>The health plan must use the authorization criteria, limits, and restrictions used by the FFS pharmacy program. This includes:</p> <ul style="list-style-type: none"><li>Must have tried and failed—or is intolerant to—at least two or more preferred drugs within the drug class unless contraindicated, not clinically appropriate, or only one drug is preferred.</li><li>Safety edits and limits based on age, gender, dose, or quantity may be in place for some drugs.</li></ul>
Health Plan Allowed To Implement Pharmacy Lock-In Program	Health plans are required to operate a Patient Review and Coordination (PRC) program. If enrolled in the PRC program, individuals are assigned to one primary care provider, one pharmacy and one prescriber for controlled substances, and one hospital for non-emergent care for 12 months. Enrollees who are enrolled in the PRC may not change their health plan for 12 months.



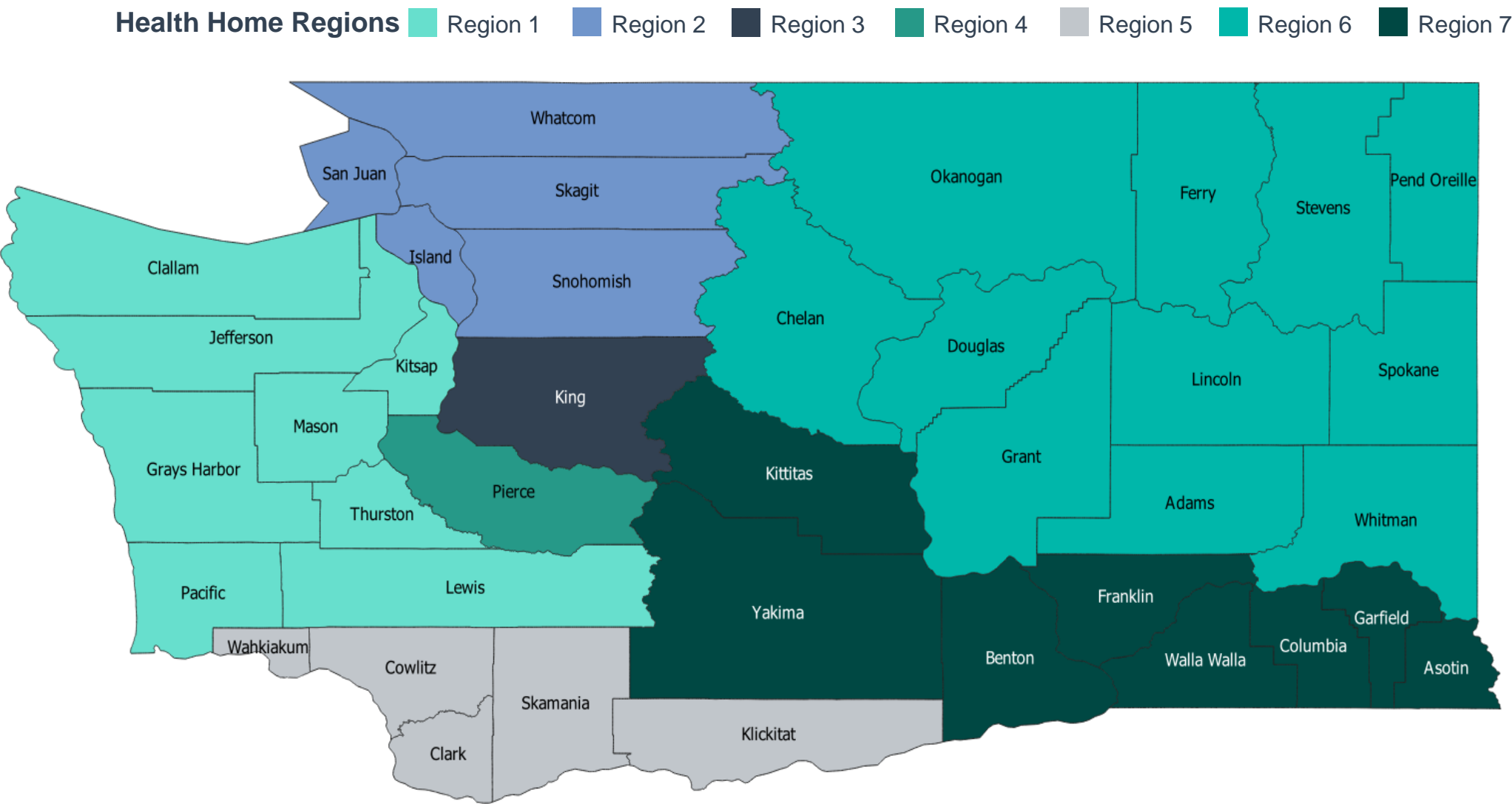
# D.4. Medicaid Program: Care Coordination Initiatives

			
<p>Accountable Care Organization (ACO) Program</p> <p>The state has ACOs for its school and public employee and retirees benefit plan and may expand this option to other payers.</p>	<p>Affordable Care Act Health Home</p> <p>The state implemented health homes for individuals with one chronic condition who are at-risk for another chronic condition in 2013. Behavioral health conditions are eligible conditions.</p>	<p>Patient-Centered Medical Home (PCMH)</p> <p>None</p>	<p>Other Care Coordination Initiatives</p> <p>None</p>

## D.4. State Medicaid Health Home Characteristics

Washington Health Home Program Overview	
Target Population	<ul style="list-style-type: none"> <li>Individuals with one chronic condition, including SMI and addiction disorder, and at-risk for another chronic condition</li> <li>Washington uses its health home model for its dual eligible demonstration.</li> <li>As of September 2021, 11,591 beneficiaries are enrolled in the health home program.</li> </ul>
Enrollment Model	Automatic assignment with ability to opt-out
Geographic Service Area	Statewide divided into seven different regions
Care Delivery Model	<ul style="list-style-type: none"> <li>The health plans and other qualified provider organizations act as lead entities that contract health home agencies to serve the health home population through seven different regions across the state.</li> <li>Care Coordination Organizations (CCOs) provide actual health home services to enrollees. CCOs can be both behavioral health and physical health provider organizations.</li> <li>Every health home enrollee must have a health action plan.</li> </ul>
Payment Model (July 2020)	<p>FFS:</p> <ul style="list-style-type: none"> <li>\$281.28 (\$870.38 during COVID-19 pandemic) one-time initial outreach, engagement, and health action plan fee</li> <li>One health home activity must be provided: \$208.36 (\$244.60 during COVID-19 pandemic) per member per month (PMPM) intensive level of care coordination; \$83.34 (\$200.94 during COVID-19 pandemic) PMPM for low level of care coordination.</li> <li>The lead entity may retain 8.5% for administrative costs.</li> </ul> <p>For health plan:</p> <ul style="list-style-type: none"> <li>PMPM is included in capitation rate, and the health plan sets the rate</li> </ul>
Practice Performance & Improvement	Hospital, ER, and SNF admission rate

# D.4. State Medicaid Health Home Service Areas



## D.4. State Medicaid Health Home Service Areas & Lead Entities

Service Area	Lead Organizations Serving The FFS Population	Lead Organizations Serving The Managed Care Population	Counties
1	Olympic AAA (OAAA), UnitedHealthcare (UHC)	Amerigroup (AMG), Molina Health Care (MHC), UHC	Clallam, Grays Harbor, Jefferson, Kitsap, Lewis, Mason, Pacific, Thurston
2	Community Health Plan of Washington (CHPW), North West Regional Council (NWRC)*, UHC	AMG, CHPW, Coordinated Care of Washington (CCW), MHC, UHC	Island, San Juan, Skagit, Snohomish, Whatcom
3	CHPW, Full Life Care (FLC), MHC, UHC	AMG, CHPW, CCW, MHC, UHC	King
4	Elevate Health (PC ACH), MHC, Pierce County Health Services (PCHS), UHC	AMG, CCW, MHC, UHC	Pierce
5	Area Agency on Aging & Disabilities of SW Washington (AAADSW)*, CHPW**, MHC, UHC**	AMG, CHPW**, MHC, UHC**	Clark, Cowlitz, Klickitat, Skamania, Wahkiakum
6	Community Choice Action Health Partners (CC-AHP), CHPW**, CCW**, MHC	AMG, CHPW**, CCW**, MHC	Adams, Chelan, Douglas, Ferry, Grant, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Whitman
7	CHPW, MHC, South East Washington Aging & Long Term Care United*	AMG, CHPW, CCW, MHC	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Yakima

\*Not a managed care plan

\*\*Not an available health plan in all counties in the Coverage Area

## D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Family Planning Only Program	Authorizes family planning services to uninsured men and women capable of producing children; women losing Medicaid coverage 60 days postpartum; and adolescents or domestic violence victims in need of confidential services at or below the 260% FPL	1115	None	07/01/2003	06/30/2023
Medicaid Transformation Project	Authorizes the state's DSRIP program, alternative LTSS programs, and addiction treatment demonstration.	1115	None	01/09/2017	12/31/2022**
Washington Consumer Director Employer Program (WA-15)	The program will transfer the administrative functions and responsibilities of personal care and respite Individual Provider (IP) management from DSHS and Area Agency on Aging (AAA) staff to a contracted CDE vendor, the Consumer Direct Care Washington, LLC.	1915 (b)	None	10/01/2021	09/30/2026
Washington COVID-19 Public Health Emergency (PHE)	In response to the novel coronavirus (COVID-19), CMS authorized the state to modify the eligibility groups, coverage options, and service delivery of Medicaid to services to provide adequate health care coverage to beneficiaries during the public health emergency.	1115	None	03/01/2020	Pending*

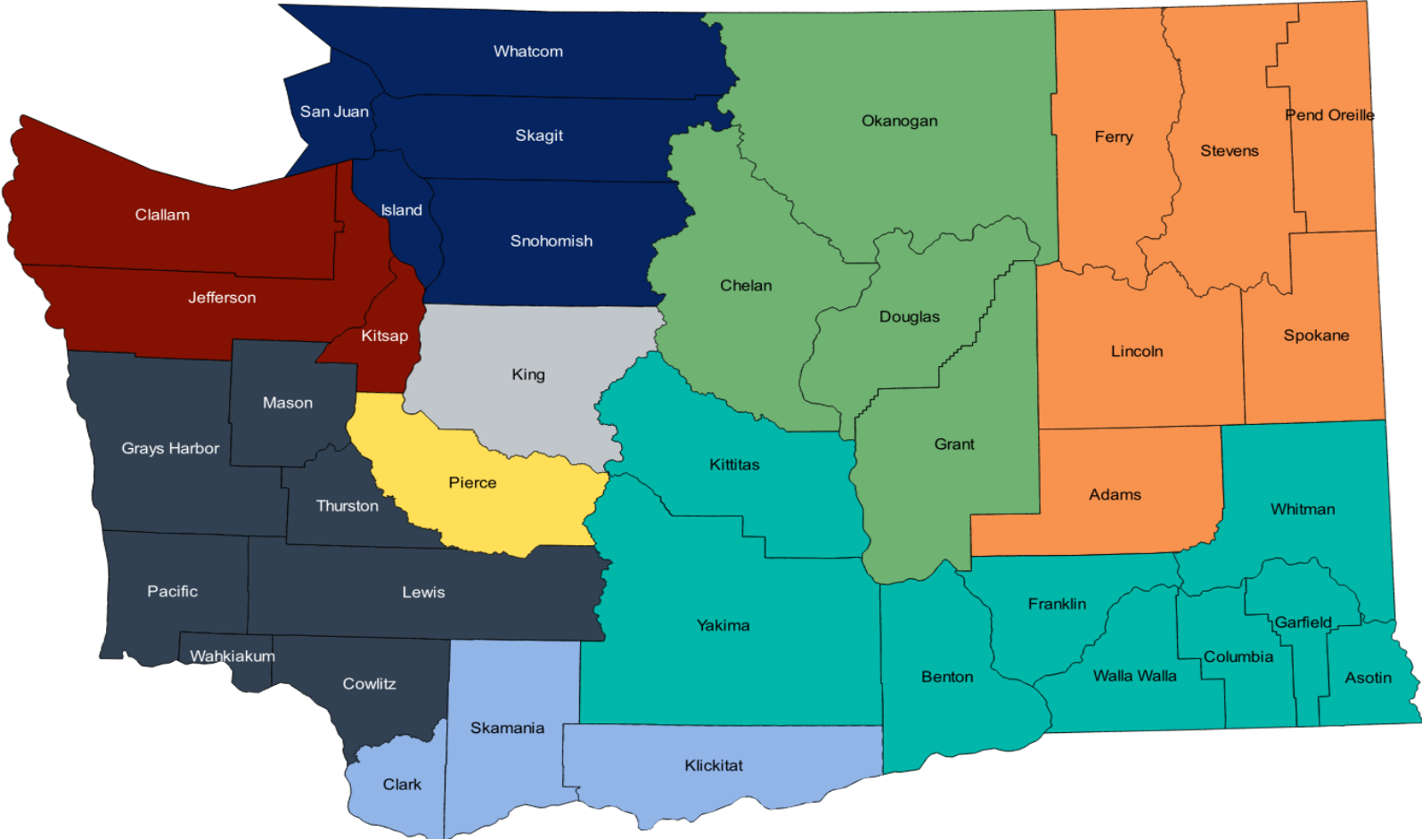
\*Note. The Washington COVID-19 Public Health Emergency waiver does not have a set expiration date. Once the Department of Health & Human Services declares the end of the public health emergency, the waiver will be discontinued.

\*\* Still listed as pending per Medicaid.gov.

# D.5. Medicaid Program: Demonstration & Care Management Waivers: Accountable Communities Of Health

## Accountable Communities Of Health

- Cascade Pacific Action Alliance
- HealthierHere
- North Central ACH
- North Sound ACH
- Olympic Community of Health
- Elevate Health
- Better Health Together
- Southwest Washington Regional Health Alliance
- Greater Health Now



## D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2023 Enrollment Cap	Operating Unit	Concurrent Management Authority
WA COPES (0049.R07.00)	Individuals who are physically disabled or disabled (other) ages 18 to 64, or individuals age 65 and above	56,644	Department of Social and Health Services/Aging and Long-Term Support Administration (ALTSA)	None
WA Basic Plus Waiver (0409.R03.00)	Individuals with a developmental disability any age	12,000	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Individual and Family Services (1186.R00.00)	Individuals with a developmental disability ages 3+	8,100	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Core Waiver (0410.R03.00)	Individuals with a developmental disability any age	6,000	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Residential Support Waiver (1086.R00.00)	Individuals who are physically disabled or disabled (other) ages 18 to 64, or individuals age 65 and above	3,660	DSHS/Aging and Long-Term Support Administration (ALTSA)	None
WA New Freedom (0443.R02.00)	Individuals who are physically disabled or disabled (other) ages 18 to 64, or individuals age 65 and above	675	Aging and Long-Term Support Administration (ALTSA)	None
WA Community Protection Waiver (0411.R03.00)	Individuals with autism and/or I/DD ages 18+	504	Department of Social and Health Services/Developmental Disabilities Administration	None
WA Children's Intensive In-Home Behavioral Support (40669.R02.00)	Individuals with autism and/or I/DD ages 8 to 20	231	Department of Social and Health Services/Developmental Disabilities Administration	None

## D.6. Medicaid Program New Initiatives: Value-Based Payment

HCA has identified the following priorities to help guide VBP decisions and strategies for the 2022-2025 period. Each priority is linked to HCA's foundational VBP principles, which were discussed in an earlier section of this document.

1. **ACCESS:** HCA will develop methods to measure access to a broad spectrum of services and provider types and implement global budgets for rural providers with incentives to maintain and improve on access. HCA plans will also require MCOs to attest to how they are using those savings as a result of COVID-19-related decline in utilization and associated savings.
2. **AFFORDABILITY:** HCA plans to establish and support the Health Care Cost Transparency Board in order to calculate and analyze Washington's health care cost trends, including total cost of care, as directed by 2020 legislation. HCA will also continue the alignment of its VBP initiative with ongoing HCA work to measure and manage total cost of care, develop total cost of care metrics, and explore holding partners accountable to meeting total cost of care targets. Global budget payments will also be explored as a mechanism to manage costs and support providers, particularly in rural communities, who would benefit from more reliable and sustainable funding streams that prioritize value over volume.
3. **SOCIAL DETERMINANTS OF HEALTH:** : HCA will address SDOH over the long-term through the following activities:
  - Establish appropriate and impactful ways to capture partners' impact on SDOH, and ultimately incentivize partners to address SDOH.
  - Continue to examine the roles of MCOs, ACHs, PEBB, SEBB, and provider partners in advancing SDOH objectives, and establish appropriate strategies to reward and hold partners accountable in supporting clients' needs.
  - Engage in standardization of SDOH data elements and processes for SDOH data-sharing across public and private partners.
  - Explore including nontraditional and evidence-based services that address SDOH in bundled payments.
  - Explore requiring MCOs to measure and report SDOH intervention impact. And actively engage with other Washington health and human services agencies to advance SDOH objectives



## D.6. Medicaid Program New Initiatives: Value-Based Payment (cont.)

4. **HEALTH EQUITY:** HCA will strive to view all programs and purchasing through a health equity lens and address health equity in future VBP program design. HCA's Paying for Value surveys will continue to contribute to data collection around plan and provider health equity activities. HCA will work to measure and hold partners accountable to advancing health equity, including segmenting quality data by race, ethnicity, and language categories. HCA will explore opportunities to move beyond risk-adjustment, which can hide inequalities, toward also requiring risk stratification.
5. **PRIMARY CARE:** In strengthening Washington's primary care system, priority programs will include:
  - Expanding and optimizing the Health Homes program.
  - Implementing of a Multi-payer Primary Care Transformation Model under which teams of multidisciplinary providers will be accountable for a patient's care.
  - Consideration of primary care in all APMs and monitoring/addressing primary care spend.
  - Potentially pursuing a primary care bundled payment or another APM model.
  - Exploring how a pediatric alternative payment model intersects with a primary care model.
6. **ALIGNMENT:** HCA will better align programs by focusing on common VBP goals across programs. HCA will aim to ensure that across Medicaid, PEBB, and SEBB, providers and plans will be working to influence aligned outcomes.
7. **ACCOUNTABILITY AND SUPPORT:** HCA will explore transitioning from VBP withholds to penalties. Additionally, HCA will work to ensure that accountability and support align across programs, streamlining processes for partners and more effectively influencing VBP implementation.

# D.6. Medicaid Program New Initiatives: Value-Based Payment

		Demonstration Year (DY) Percentage Of Provider Payments In VBP Goal				
HCP-LAN Categories Eligible For VBP Goal	Example	DY 1	DY 2	DY 3	DY 4	DY 5
2C. Rewards for performance	Bonus payments for quality performance	30%	50%	75%	85%	90%
2D. Rewards and penalties for performance	Bonus payments and penalties for quality performance					
3A. Alternative payment models (APMs) with upside gainsharing	Bundled payment with upside risk only					
3B. APMs with upside gainsharing/downside risk	Bundled payment with upside and downside risk					
4A. Condition-specific population-based payment	Population-based payments via an ACO					
4B. Comprehensive population-based payment	Population-based payments for comprehensive geriatric care					
Subset of VBP goal above in categories 3A through 4B	As described above	-	10%	20%	30%	50%
MACRA Advanced APMs	Care transformation requirements including state-level best practices	-	-	10%	To be determined	

## E. Dual Eligible Financing & Service Delivery System

## E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	Managed FFS Dual Demonstration	PACE
Enrollment (December 2021)	133,064	12,511	997
Estimated SMI Enrollment	45,242	4,004	319
Management	<ul style="list-style-type: none"> <li>Physical &amp; Traditional Behavioral Health: Health Care Authority</li> <li>Specialty Behavioral Health: Behavioral Health Services Only (BHSOs) plans and Behavioral Health Administrative Services Only (BH-ASOs) plans</li> </ul>	<ul style="list-style-type: none"> <li>Physical &amp; Traditional Behavioral Health: Health Care Authority</li> <li>Specialty Behavioral Health: <ul style="list-style-type: none"> <li>Transitional Counties: Behavioral health organizations (BHOs)</li> <li>IMC Counties: Behavioral health services only plans (BHSOs)</li> </ul> </li> <li>Health Home: Lead entity</li> </ul>	One non-profit organization
Payment Model	<ul style="list-style-type: none"> <li>Physical &amp; Traditional Behavioral Health: FFS</li> <li>Specialty Behavioral Health: Capitated rate</li> </ul>	<ul style="list-style-type: none"> <li>Physical &amp; Traditional Behavioral Health: FFS</li> <li>Specialty Behavioral Health: Capitated rate</li> <li>Health Home: Per member per month for care coordination</li> </ul>	Blended capitated rate
Geographic Service Area	<ul style="list-style-type: none"> <li>Physical Health: Statewide</li> <li>Specialty Behavioral Health: BHSOs &amp; BH-ASOs available by county/region</li> </ul>	<ul style="list-style-type: none"> <li>Physical Health: Statewide</li> <li>Specialty Behavioral Health: BHOs &amp; BHSOs available by county/region</li> <li>Health Homes: Available statewide</li> </ul>	Selected ZIP codes including Seattle, Kent, Spokane, and Redmond

**Total Dual Eligible Enrollment: 146,572 | Total Dual Eligible Enrollment With SMI: 46,903**

\*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

## E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	December 2021 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	44,440	14,221
Molina Medicare Options Plus	Molina Healthcare of Washington	Medicare Advantage D-SNP	12,410	3,971
Humana Gold Plus SNP-DE H5619-067	Humana, Inc	Medicare Advantage D-SNP	8,962	2,868
Community HealthFirst Medicare Advantage SNP	Community Health Plan of Washington	Medicare Advantage D-SNP	7,062	2,260
Amerivantage Dual Coordination	Amerigroup Washington	Medicare Advantage D-SNP	1,712	548
Providence ElderPlace	Providence Health and Services	PACE	929	297
Molina Medicare Choice	Molina Healthcare of Washington	Medicare Advantage D-SNP	556	178
WellCare Liberty	WellCare Health Plans, Inc	Medicare Advantage D-SNP	212	68
WellCare Access	WellCare Health Plans, Inc	Medicare Advantage D-SNP	128	41
International Community Health Services PACE	International Community Health Services	PACE	68	22

## E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

1. Dual eligible enrollment as of December 2021 was 146,572.
2. Medicare covers most acute services (which may include psychiatric care); while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
3. Dual eligibles are excluded from Medicaid managed care and are enrolled in the FFS delivery system. For individuals enrolled in FFS, including dual eligibles, behavioral health services are delivered through the behavioral health administrative service organizations (BH-ASOs), which are administered by the health plans.
4. D-SNP enrollment as of December 2021 was 74,926, SMI enrollment for D-SNP was 24,473.

## E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

1. The state implemented a managed FFS dual eligible demonstration in July 2013.
2. The demonstration was scheduled to expire in December 2016. However, the state signed a Memorandum of Understanding with CMS on December 28, 2018 to extend the Dual eligible demonstration until December 31, 2020.
3. As of January 2023, the state has not released an extension or phase-out plan to cease or continue operations of the dual eligible plan.
  - The state will release an updated memorandum of understanding pending CMS approval.

# E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

Washington Managed FFS Dual Demonstration Overview	
Target Population	<ol style="list-style-type: none"><li>1. Full benefit dual eligibles</li><li>2. As of December 2021, 12,511 eligible beneficiaries were enrolled</li><li>3. Must have one chronic condition and be at-risk for another</li><li>4. Excludes<ul style="list-style-type: none"><li>• Individuals enrolled in PACE or a Medicare Advantage Plan</li><li>• Individuals receiving hospice services</li></ul></li></ol>
Geographic Service Area	Statewide
Enrollment Model	<ul style="list-style-type: none"><li>• Eligible beneficiaries are identified by the state and will be automatically enrolled in a health home network. The beneficiary can then elect to receive services through the health home.</li><li>• Beneficiaries can unenroll or change health homes at any time.</li></ul>
Care Delivery Model	<ul style="list-style-type: none"><li>• Care coordination provided via the health home model</li><li>• Care Coordination Organizations (CCOs) provide the six core health home functions</li><li>• Lead entities manage health home services for enrollees at the population level</li><li>• Creation of a Health Action Plan (HAP) to improve the consumer's health</li><li>• Use of the state's web-based clinical support system to share and coordinate data</li></ul>
Benefits	<ul style="list-style-type: none"><li>• Benefits are provided through the current Medicare and Medicaid FFS delivery system</li><li>• Specialty behavioral health services will continue to be provided by the BHSOs or BH-ASOs</li><li>• There are no changes to the benefits provided to individuals other than integrated care</li></ul>



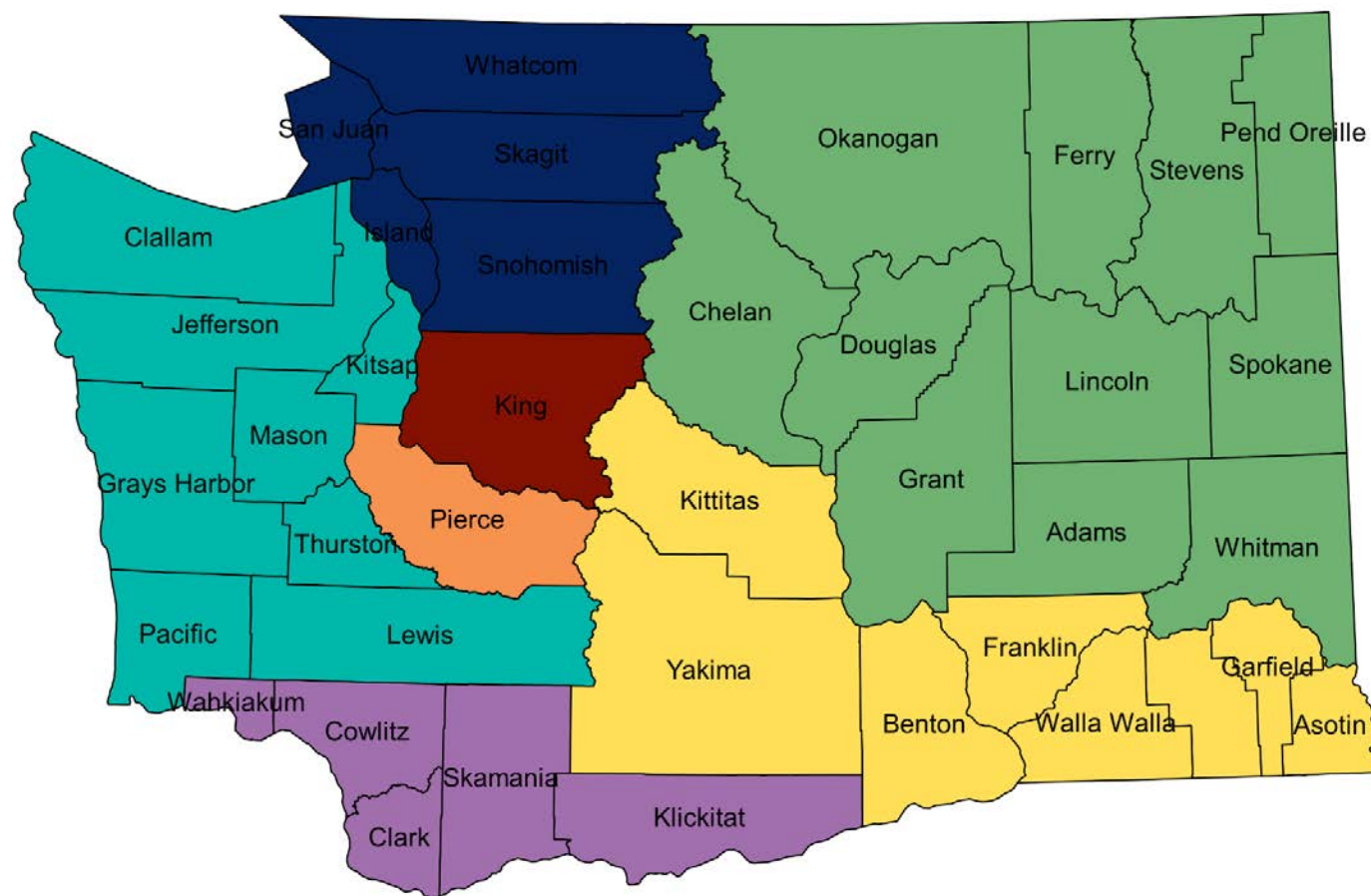
# E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

Washington Managed FFS Dual Demonstration Overview	
Payment Model	<ul style="list-style-type: none"><li>• Fee-for-service (FFS) payments from Medicare for Medicare-covered services</li><li>• Payments from Medicaid for Medicaid services according to the state plan</li><li>• PMPM rate as of December 2018, from the state for providing health home services:<ol style="list-style-type: none"><li>1. One-time initial engagement: \$252.93</li><li>2. Intensive level of care coordination: \$172.61</li><li>3. Low level of care coordination: \$67.50</li></ol></li><li>• The state will receive a retrospective performance payment, ranging from 65%-100%, if the program measures 13 benchmarks and meets at least seven of those benchmarks.</li></ul>
Practice Performance & Improvement	<ul style="list-style-type: none"><li>• State- and CMS-specific benchmarks to measure quality of care</li><li>• Retrospective payment to the state if the program demonstrates savings</li><li>• Independent evaluator</li></ul>
Program Evaluation	<ul style="list-style-type: none"><li>• The state’s second annual demonstration evaluation report included the following findings:</li><li>• The estimated Medicare gross savings for all cohorts up to Demonstration Year* 4 is roughly \$166.8 million, an increase of 37% from the \$105.3 million gross savings at Demonstration Year 2.</li><li>• There was a decrease in inpatient admissions by 4.5% from Demonstration Year 2.</li><li>• The percentage of eligible beneficiaries with LTSS and had an emergency room visit decreased from 10.4% to 9.7% from Demonstration Year 2 to 3.</li><li>• The percentage of eligible beneficiaries with behavioral health visits decreased from 3.0% to 2.9%, but the overall number of visits increased from 126 to 148 visits per 1,000 eligible months.</li></ul>

\*Demonstration Years: DY1:2014 DY2: 2015, DY3: 2016, DY4: 2017, DY5:2018, DY6:2019

## E.4. Dual Eligible Medicaid Financing & Delivery System: Washington Managed FFS Enrollment & Service Areas

Lead Entity	December 2021 Dual Eligible Enrollment	1	2	3	4	5	6	7
Community Choice	1,472						X	
Community Health Plan of Washington	249	X	X	X		X	X	X
Olympic AAA	418	X						
Northwest Regional Council	2,345		X					
Pierce County AAA	753				X			
SE WA Aging and LTC	1,404							X
Southwest AAA	1,104					X		
UnitedHealthcare Community Plan	250	X	X	X	X	X	X	X
Molina	202			X	X	X	X	X
Full Life	1,741			X	X			
Elevate Health	994				X			
Coordinated Care	<11						X	



Health Home Regions    ■ Region 1    ■ Region 2    ■ Region 3    ■ Region 4    ■ Region 5    ■ Region 6    ■ Region 7

# F. Long-Term Services & Supports Financing & Service Delivery System

# F.1. LTSS Financing & Service Delivery System

- The state excludes individuals in need of Long-term Services and Supports (LTSS) from enrolling in managed care. Therefore, beneficiaries are enrolled in FFS.

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2021)	N/A
Estimated SMI Enrollment	N/A
Management	<ul style="list-style-type: none"><li>• Physical health: FFS</li><li>• Behavioral health: Behavioral Health Services Only (BHSOs) and Behavioral Health Administrative Service Organizations (BH-ASOs)</li></ul>
Payment Model	<ul style="list-style-type: none"><li>• Physical health: Capitated rate</li><li>• Behavioral health: Behavioral Health Services Only (BHSOs) and Behavioral Health Administrative Service Organizations (BH-ASOs)</li></ul>
Geographic Service Area	Statewide

\*Long-Term Services & Supports

# F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

- The state excludes most individuals in need of Long-term Services and Supports (LTSS) from enrolling in managed care. Therefore, most beneficiaries are enrolled in FFS.

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X*
Disabled children			X*
Blind individuals	X		
Aged individuals	X		
Dual eligibles	X		
Individuals with I/DD	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients	X		
Other populations			

\*Note. Disabled adults and children are enrolled in managed care only if they do not require long-term facility or institutionalized care.

## F.2. LTSS Medicaid Financing & Delivery System: Overview

1. In Washington, LTSS beneficiaries are excluded from the state's managed care program, Apple Health. Instead, beneficiaries receive long-term services and supports through the state fee-for-service.
2. Apple Health covers a majority of health care services that can be provided at home, in an alternative living facility (community residential care facility, assisted living facility, or adult family home), or a nursing facility.  
These services include:
  - Doctor visits, hospitalizations, pharmaceuticals, immunizations, dental treatments, vision exams, behavioral health services, medical transportation, and Medicare cost-sharing.
3. Medicaid beneficiaries in need of LTSS receive additional support through Washington's Department of Social and Health Services.
  - The state's LTSS programs are tailored to an individual's needs in home- and community-based settings through services such as the Developmental Disabilities Administration (DDA) waivers or the Community First Choice (CFC) waiver.

## F.3. Medicaid LTSS Program: Health Plan Characteristics

- In the state, Medicaid LTSS beneficiaries are excluded from managed care and receive services FFS.
- Dually eligible beneficiaries in need of LTSS receive some services through one of the state's D-SNPs.

Health Plans	Parent Company	Plan Type	December 2021 Enrollment
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	44,440
Molina Medicare Options Plus	Molina Healthcare of Washington	Medicare Advantage D-SNP	12,410
Humana Gold Plus SNP-DE H5619-067	Humana, Inc	Medicare Advantage D-SNP	8,962
Community HealthFirst Medicare Advantage SNP	Community Health Plan of Washington	Medicare Advantage D-SNP	7,062
Amerivantage Dual Coordination	Amerigroup Washington	Medicare Advantage D-SNP	1,712
Molina Medicare Choice	Molina Healthcare of Washington	Medicare Advantage D-SNP	556
WellCare Liberty	WellCare Health Plans, Inc	Medicare Advantage D-SNP	212
WellCare Access	WellCare Health Plans, Inc	Medicare Advantage D-SNP	128

# F.4. Medicaid LTSS Program: Health Benefits

- Physical health, behavioral health, and addiction treatment services for the LTSS population are financed through the state’s FFS program.

LTSS Mental Health & Addiction Treatment Benefits			
1.	Intake, evaluation, and community treatment	13.	Evaluations for special populations
2.	Individual, group, and family treatment	14.	Psychological assessment
3.	Medication management	15.	Bio-feedback therapy
4.	Medication monitoring	16.	Inpatient psychiatric evaluation and treatment
5.	Peer support	17.	Freestanding evaluation and treatment services
6.	Brief intervention and treatment	18.	WISe Wraparound services (children under age 21)
7.	High intensity treatment	19.	Crisis services
8.	Therapeutic psychoeducation		
9.	Day support		
10.	Stabilization services		
11.	Rehabilitation case management		
12.	Residential services		

LTSS Specialty Care Benefits	
1.	Adult Day Services
2.	Assistive Technology
3.	Environmental Modifications
4.	Supportive Housing
5.	Supportive Employment
6.	Home Delivered Meals
7.	Individualized Training
8.	Specialized Medical Equipment and Supplies
9.	Personal Emergency Response System (PERS)
10.	Transportation
11.	Skills Acquisition Training
12.	Caregiver Management Training

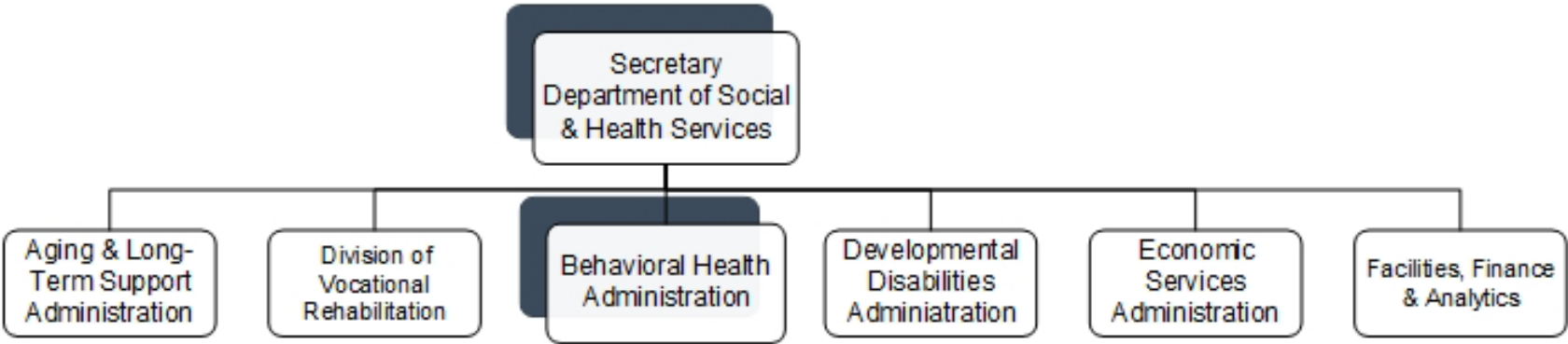


## F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Washington has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

# G. Washington Behavioral Health Administration & Finance System

# G.1. Washington Behavioral Health: Organization Chart



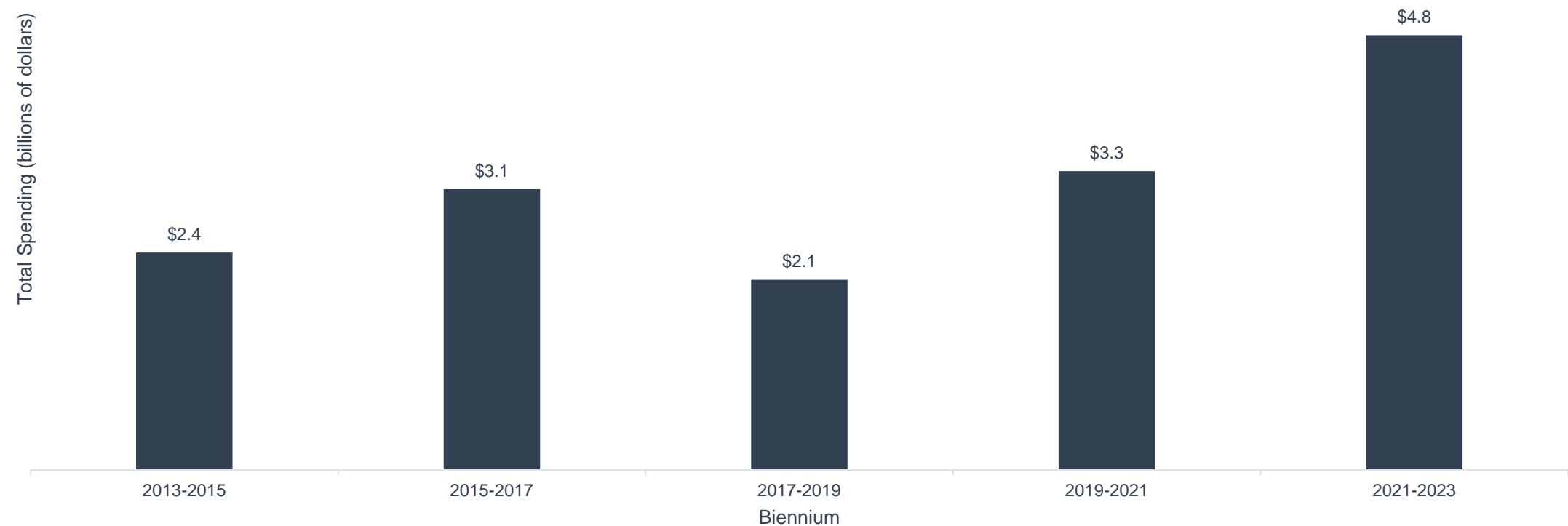
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Sjan Talbot	Deputy Assistant Secretary	Behavioral Health Administration	sjan.talbot@hca.wa.gov

# G.2. Health Care Authority: Behavioral Health Spending

Budget Item	SFY 2021-2023 Requested *	Percent Of Budget
Developmental Disabilities	\$3,738,886,000	78%
Mental health	\$1,069,869,000	22%
Total Budget: \$4,808,775,000		

\*Washington state budgets are enacted for two-year periods.

# G.2. Health Care Authority: Behavioral Health Spending Over Time



\*Washington state budgets are enacted for two-year periods. Actual spending is reported for biennium 2011-2013 through 2017-2019. Spending for biennium 2019-2021 and 2021-2023 is budget requested.

# G.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
Eastern State Hospital	Medical Lake	367
Western State Hospital	Lakewood	842
Total		1,209

## G.4. Behavioral Health Safety-Net Delivery System

1. Starting January 2020, all physical and behavioral health services for Medicaid Washington's behavioral health safety-net system is in a period of transition as a result of the move to integrate Medicaid physical and behavioral health services.
2. The state contracts with a behavioral health administrative services organization (BH-ASO) to manage services for the uninsured population, as well as crisis services for all populations (Medicaid and non-Medicaid). The BH-ASO model is currently implemented statewide under the supervision of Beacon HealthOptions.
  - Services provided to the uninsured population include mental health treatment and evaluation for individuals who are involuntarily or voluntarily detained, residential addiction treatment services for individuals who are involuntarily detained, outpatient mental health and addiction treatment services in accordance with less restrictive alternative court order, and additional mental health and addiction treatment services if resources are available.
3. The BHOs were phased out in favor of regional BH-ASOs for service delivery to the uninsured population in 2020.

## G.4. Behavioral Health Safety-Net Delivery System

Region	Organization	Counties
Greater Columbia	BHO-ASO	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima
King	BHO-ASO	King
Beacon Health Options - North Central	BHO-ASO	Chelan, Douglas, Grant, Okanogan
North Sound	BHO-ASO	Island, San Juan, Skagit, Snohomish, Whatcom
Pierce	BHO-ASO	Pierce
Salish	BHO-ASO	Clallam, Jefferson, Kitsap
Spokane	BHO-ASO	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens
Beacon Health Options - Southwest	BHO-ASO	Clark, Klickitat, Skamania
Thurston-Mason	BHO-ASO	Mason, Thurston
Great Rivers	BHO-ASO	Cowlitz, Grays Harbor, Lewis, Pacific, Wahkiakum



# H. Appendices

## H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDETabs01112022.zip">https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDETabs01112022.zip</a>
Medicaid	38.2% of adults age 18 to 64, not dually eligible for Medicare, who qualify for Medicaid based on a disability	Medicaid and CHIP Payment and Access Commission. (2022, June). Report to Congress on Medicaid and Chip. Retrieved October 2022 from <a href="https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicaid-and-chip/">https://www.macpac.gov/publication/june-2022-report-to-congress-on-medicaid-and-chip/</a>
	8.1% of persons in the Medicaid expansion population	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved October 2022 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDETabs01112022.zip">https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDETabs01112022.zip</a>
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved October 2022 from <a href="https://www.cms.gov/files/document/reporttocongressmmco.pdf">https://www.cms.gov/files/document/reporttocongressmmco.pdf</a>

# H.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligible	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved December 12, 2017 from <a href="https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf">https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf</a>
	32% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	8.3% of persons served by the Veterans Administration health care system or the TRICARE military health system	Military Health Systems. (2020, August 7). Examination of Mental Health Accession Screening: Predictive Value of Current Measures and Report Processes. Retrieved October 2022 from <a href="https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update">https://www.health.mil/Reference-Center/Presentations/2019/11/04/Examination-of-Mental-Health-Accession-Screening-Update</a>
No Health Care Insurance (Uninsured)	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2019, August). Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved December 16, 2019 from <a href="https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf">https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHDetailedTabs2018R2/NSDUHDetailedTabs2018.pdf</a>

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Alternative Benefit Plan</b>	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
<b>Accountable Care Organizations</b>	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
<b>Administrative Services Organization</b>	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
<b>Capitation</b>		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
<b>Carve-out</b>		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
<b>Certified Community Behavioral Health Clinic</b>	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Community Mental Health Center</b>	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(I) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
<b>Dual Eligible</b>		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
<b>Federal Poverty Level</b>	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
<b>Fee-For-Service</b>	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
<b>Health Home</b>		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.



## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.



## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Primary Care Case Management</b>	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
<b>Program Of All Inclusive Care For The Elderly</b>	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
<b>Serious Mental Illness</b>	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
<b>Supported Employment</b>		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
<b>Supported Housing</b>		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants; but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
<b>Value-Based Reimbursement</b>	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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